

C-M-E Ostomy Chapter

Jenna Kreke
Sarah Bush Lincoln
1000 Health Center Dr.
Mattoon, IL 61938

IN A WORLD
WHERE YOU CAN
BE ANYTHING
BE KIND.

Jiny Buddha



Charleston • Mattoon • Effingham Area Ostomy Chapter

Meetings

Meetings of our Ostomy Chapter are held the second Thursday of the following months:

- **April** - Lumpkin Family Center for Health Education at Sarah Bush Lincoln
- **July** - Effingham - location to be determined
- **September** - Lumpkin Family Center for Health Education at Sarah Bush Lincoln
- **December** - Mattoon- location to be determined

Special Invitation

A special invitation is being extended to all persons who have a colostomy, ileostomy or a urinary diversion (ileo bladder or ileo conduit) and all other interested persons who desire to participate in the organization. Our objectives are to help in the physical, emotional, and social rehabilitation of ostomy patients through mutual aid, information, and understanding.

For transportation, additional information, being added to the mailing list, please phone Linda Will, RN, Effingham, (217) 342-6651, or Ramona Tomshack, RN, CWOCN, Sarah Bush Lincoln, (217) 348-2189.

Individual Support

Upon request by a doctor or nurse, a specially trained person, will be sent to visit a person with an ostomy. The person will be chosen according to the patient, age, sex, and occupation. There is no charge for this service; and we do not give medical advice.

Please consult your own doctor or ostomy nurse for the medical advice that is best for you.

Chairperson

Paula Miller
1902 N. US Hwy 45
Mason, IL 62443
(618) 686-7975

Linda Will
511 N. Main St.
Effingham, IL 62401
(217) 342-6651

Medical Advisors

Linda Will, RN

Ramona Tomshack, RN, CWOCN
(217) 258-2189

Debbie Murray, BSN, RN, CWOCN
(217) 238-4850

Jenna Kreke, BSN, RN, CWOCN
(217) 238-4804



April Meeting

6 pm • Thursday, April 11

Lumpkin Family Center for Health Education
Sarah Bush Lincoln (Entrance C - north side of hospital)
1005 Health Center Drive • Mattoon, IL 61938

We would like to invite anyone to come to the support group meeting! This month we are having a Hollister representative at the meeting to show new products and offer any samples!

In case of inclement weather

If you think the meeting is possibly cancelled due to bad weather, you can call Ramona's number 217-348-2189 after 3 pm, she will include the cancellation information in her voicemail.

Holiday Greetings

The Chairmen and Medical Advisors would like to wish everyone a Happy Easter!

Spring, Spring is coming soon,
Grass is green and flowers bloom,
Birds returning from the south,
Bees are buzzing all about,
Leaves are budding everywhere,
Spring, spring is finally here!!



Do you have questions? If you have a question, you are not alone!

Email me at dmurray@sblhs.org or send your question to:

Debbie Murray
1000 Health Center Drive, Suite 302
Mattoon, IL 61938

The questions will be anonymous but answered in the next newsletter!

Frequently Asked Questions



Is there someone that can help me with my ostomy? I feel like no one understands.

Yes! The Wound, Ostomy, and Continence website has a link that shows all of the ostomy nurses in your area. Here is the link: https://www.wocn.org/page/Nurse_Referral

In the Mattoon/Charleston/Effingham area you have a couple options!

- Debbie Murray - Advanced Wound Center - 217-238-4850
- Jenna Kreke - 217-238-4804

If you are closer to Champaign:

- Nancy Bollero - Carle (Urbana) Colon and Rectal Surgery Dept - 217-383-3080
- We WANT to help you, call us, or come to a support group meeting to get a 1 on 1 meeting!!

What if you can't come see one of the ostomy nurses?

Did you know that each of the major companies have nurses on staff to assist you with problems you may have?? They will also send you free samples of products for you to try!

Here is the contact information!

- Hollister Secure Start Services - 1-847-918-5857
- Convatec Me+ - 1-800-422-8811
- Coloplast Consumer Care Advisors - 1-888-726-7872

Ostomy News and Products

H2ORS

With the summer months coming I thought I would share this H2ORS- it is an electrolyte drink to prevent dehydration. The best part is you can take it on the go!



Ostomy Pouch Cover

Did you know they make ostomy pouch covers?? Google it! They are sold on Etsy, Amazon...lots of places and they are pretty cool! It just goes right over your pouch to 'cover' it up with something pretty...or manly!



Did you know...

The first stoma ever recorded dates back to 1706 when a battlefield wound resulted in a prolapsed colostomy. There are also surgical textbooks from the 1700s that show an etching of a woman looking down at her abdomen. She has a colostomy and in her lap are rags and moss to absorb the output of the stoma. Then, in 1776, there is a record of a French physician constructing a stoma due to intestinal blockage. A sponge held tightly to the abdomen by an elastic band absorbed the output. While stoma construction was rare at this time, there are other reports of stoma formations, and of stoma output being managed through a variety of mechanisms such as leather pouches with drawstrings.

Along with regular stoma enemas, these are the first records of attempts at creating ostomy appliances. It wasn't until 1912 that Mary Manney of Chicago, Illinois filed a patent for a 'surgical appliance, which may be secured to the body of a person upon whom a surgical operation has been performed; the device being particularly useful in operations of that character in which an incision has been made in the abdominal wall.' In the 1920s, Dr. Alfred Strauss, a Chicago Physician, came up with the idea of a rubber pouch that could be held in place on the abdomen by adhesives and belts.

Can you shower with an ostomy pouch?

Source: Vancouver (BC) Ostomy Highlife

The most common question I get asked post-op or in clinic is: "How can I have a shower?" The answer is fairly simple: with your pouch on or off. I recommend not showering with only a flange (of a two-piece system) in place, as this may decrease your wear time.

Showering with your pouching system off:

On days that you are planning to change your pouching system, I would recommend that you remove the pouching system prior to showering or while in the shower. Unless you have a very strong shower there is no concern of the shower water touching your stoma so enjoy your shower. If you wash your peristomal skin with soap make sure you wash well to remove any soap residue as this may prevent your new pouch from adhering to your skin. If your stoma has been active during the shower no need to worry, just wash your shower/bath as you usually would.

Showering with your pouching system on:

On days that you don't change your pouch, there are many options available on the Internet to keep your pouch dry and some of you may even use Saran Wrap all around. I suggest not wasting your money on these. There is no need for this, as your pouching system is designed to withstand water and can get wet. The fabric/cover and or tape border will get wet but a dry towel can be used to pat it dry or you can use a hair dryer on a low setting. If using a hair dryer be very careful not to burn through the pouch as plastic can melt with heat. Most pouching systems dry fairly quickly if patted with a dry towel. If you have a pouch with a filter remember some companies require you to cover the filter to prevent it from getting wet.

What is a Stoma?

Liberty Medical

The stoma refers to the piece of intestine that you see on your belly. No matter what type of ostomy you have, stomas have common features.

A normal stoma is:

- Pink-red in color
- Moist like the inside of your mouth
- May slightly bleed when rubbed
- May move and change shape
- Without nerve endings for touch



Even though a red stoma looks like it should hurt, it doesn't! The stoma stays red and may bleed slightly when cleaned because of a rich blood supply within the tissues. After surgery, you may see sutures (stitches) around the

outside of the stoma which will gradually dissolve. The stoma is also swollen after surgery which will decrease in size over 6-8 weeks. You will not have control over when the stoma will pass waste (stool or urine). When the waste is ready to leave the body, it will pass through the stoma into the pouch on your belly. The stoma is unique to you, depending on your body shape and the way the stoma was made.

Your stoma may be:

- Round, oval, or irregular in shape
- Even with the skin, protrude above the skin level or pulled inward below the skin level
- Located on either the left or right side of the belly

Unwanted Ostomy Supplies?

Do you have unwanted ostomy supplies?? We can help!!

You have options.

- **First option:** Take them to your local support group meeting. Some one else in the group might be using that product.
- **Second option:** Sarah Bush can donate them overseas-call Debbie at 217-238-4850 or bring them to the Advanced Wound Center at Sarah Bush Lincoln.

- **Third option:** Send them to Friends of Ostomates Worldwide (FOW) USA. They ship them to countries that are in need of ostomy supplies. They will accept open packages provided the supplies are bagged and labeled with item name, size and manufacturer. Remember, no expired supplies or liquids.

Send them to:

FOW-USA 4018 Bishop Lane Louisville, KY 40218
www.fowusa.org • info@fowusa.org

DIGESTIVE FUN FACTS

Our salivary glands produce around 1.5 liters of saliva each day

Once swallowed, food travels to the stomach, taking about 7 seconds

The intestines are home to more than 500 species of bacteria

Food doesn't need gravity. The muscles in your esophagus constrict and relax in a wavelike manner called peristalsis

Although digestion begins in the mouth, 90% occurs in the small intestine

The length of the entire digestive system is approximately 30 feet



"You only live once, but if you do it right, once is enough."

Mae West

Fluid and Electrolyte Problems

Problem	Symptoms	Treatment
Dehydration	Increased thirst, dry mouth, dry skin, decreased urine output, fatigue, shortness of breath, headaches, dry eyes and abdominal cramping.	Increase fluids, (any type, Gatorade/PowerAde high in potassium & sodium) Daily intake of fluids should be 8-10 (8 oz.) glasses.
Sodium Depletion	Loss of appetite, drowsiness, headaches, abdominal and leg cramping, feelings of faintness, particularly when standing, cold sensation in arms and/or legs.	Increase intake of foods and beverages high in sodium such as any regular soup, bouillon, Gatorade/PowerAde.
Potassium Depletion	Fatigue, muscle weakness, gas, bloating, shortness of breath, decreased sensation in arms and legs.	Increase intake of foods high in potassium, such as orange juice, bananas, Gatorade/PowerAde

Foods high in potassium: black eyed peas, bananas, bouillon, chicken, fish, oranges, pinto beans, potatoes, raisins, tomato or vegetable soup, veal, watermelon and yogurt.

Foods high in sodium: broth, buttermilk, canned soups, canned vegetables, cheese, soy sauce, table salt, tomato juice and commercially prepared foods and bread.

Ask a nurse

The Phoenix Magazine - Winter 2018

Urostomy Question

I have a urostomy and my urine always looks cloudy. Is this anything to be concerned about?

Answer:

If you have an ileal conduit or a colon conduit, remember, urine will have mucus from the piece of intestine used to create the stoma. Sometimes this causes the urine to look cloudy. This is perfectly normal. As an aside, if your adhesive is breaking down faster than usual, or your urine has a strong odor not caused from any food which create their own special odors, you may have an infection. If you suspect an infection, you need to see your regular doctor who may refer you to a urologist. A urine culture sample will then be taken to verify if an infection is present.

Summer Wear Time

I have had my ostomy for three years with no major problems. However, I noticed last summer that my wear time went down from about four or five days to two or three days. I'm concerned I will have this problem again. What can I do to keep my wear time the same in the summer heat?

Answer:

This is a typical complaint with decreased wear time during the summer months or during strenuous activities that cause perspiration. Try wearing natural fabrics or wicking type fabrics to help cool your skin. There are pouch covers that can wick some of the moisture so as not to trap moisture between the pouch and your skin.

There are some who recommend the use of an antiperspirant, but I would be concerned that applying such a product under your wafer could introduce a potential for irritation and could also cause wafer adhesion problems. You can add wafer extenders to support your pouching system until it dries. You may just need to change your pouch more frequently during the summer.

To Fiber or Not

I had a colostomy eight weeks ago. Adjusting to new routines has been fairly smooth, but one issue has come up; the consistency of the discharge is often too stiff to descend into the pouch. Lubricating the inside of the pouch didn't help.

One member of a medical staff advised me that adding Benefiber would soften the stool, but a second member of the staff said that adding fiber would only stiffen the stool

further. So, fiber yes or fiber no? If yes, how much, how often? Or are there other solutions?

Answer:

If you are trying to help stool pass down in your pouch and pouch lubricants have not helped, first try to increase your daily intake of water (if not prohibited by an existing medical condition). Adequate hydration is the first choice in helping to soften the stool. A good habit is to drink when you are thirsty and include foods that have a higher water content in your diet. It is estimated that 20% of your water intake is ingested in food. Foods such as melon, lettuce, and grapefruit naturally have high percentages of water.

When it comes to increasing your fiber intake, consider the differences in how fiber functions in the GI tract. There are two different types of fiber- fiber found in foods or available as supplements- soluble or insoluble. Both fibers are carbohydrates and are derived from plants. Unlike other carbohydrates, fiber is not broken down and absorbed in your intestines, it just passes through.

Soluble fiber forms a thick gel in the presence of water and insoluble does not. Soluble fiber competes with your large intestine by holding on to water. There are also many foods that contain soluble fiber that you can add to your diet. Some examples are barley, oats, peas, flax seed, berries, soybeans, bananas, oranges, apples, carrots, beans, figs, prunes, and sweet potatoes.

Insoluble fiber passes through the digestive system unchanged. Insoluble fiber bulks up the stool to help it move through the intestines and is found in the seeds and skins or fruit, nuts, whole grains, bran, whole wheat, lentils, apples, avocados, and brown rice.

Since you are wanting to change the consistency of your stool, you should increase your intake of natural sources of gel forming soluble fiber in your diet and or take a soluble fiber supplement. Benefiber, Citrucel or Fiberchoice are some choices of soluble fiber supplements. The general recommendation for an adult is 25 grams/day, but follow the recommendation on the packaging of the supplement. Try drinking an additional glass of water after you take the soluble fiber supplement to ensure an adequate amount of water in the GI tract. A sugar-free fiber supplement will generate less gas than a sugar filled supplement.