C-M-E Ostomy Chapter
Debbie Murray
1000 Health Center Dr., Suite 302
Mattoon, IL 61938

The Marsupial

APRIL 2022

Charleston • Mattoon • Effingham Area Ostomy Chapter

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

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

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 call Debbie Murray, RN, CWOCN, Sarah Bush Lincoln, **(217) 238-4850**.

Individual Support
Upon request by a doctor of 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

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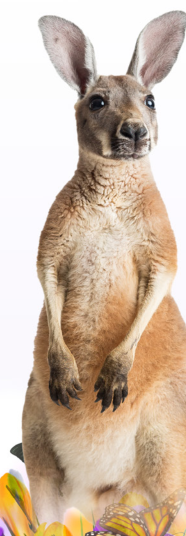
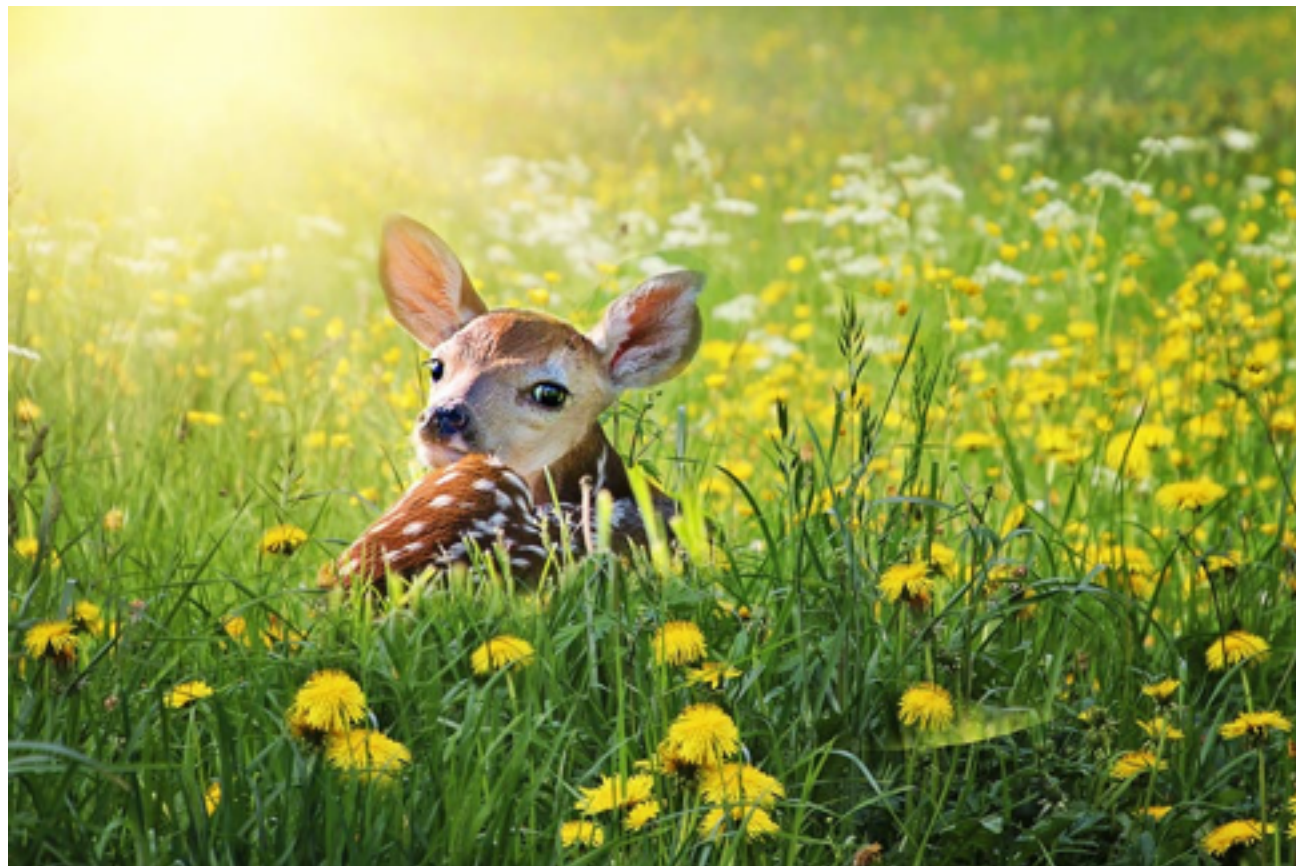


April Meeting

WE ARE BACK!!!

We are excited to announce the April Ostomy Support Group meeting will be held in the Sarah Bush Lincoln Education Center on **April 7 at 6 pm**. We will have drinks and snacks.
Please remember that masks are required in a healthcare facility.
We can't wait to see you!

In case of inclement weather
If you think the meeting is possibly cancelled due to bad weather, you can call **(217) 238-2211**, cancellation information will be left on voicemail.



Ask your Ostomy nurse!!

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
Sarah Bush Lincoln Advanced Wound Center
1000 Health Center Dr., Suite 302
Mattoon, IL 61938

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

Easy Spring Dessert

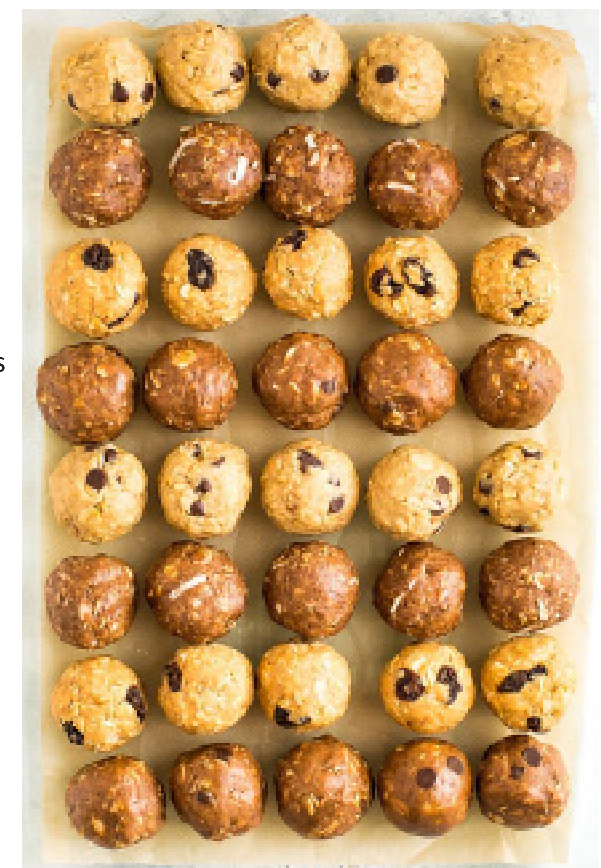
No Bake Protein Balls

Ingredients - Chocolate Peanut Butter

- 1 1/2 cup old fashioned rolled oats
- 1 cup natural peanut butter
- 1/4 cup honey or maple syrup
- 2 scoops, about 50-60 grams chocolate protein powder
- 2 tablespoons chocolate chips

Directions

1. Place oats, peanut butter, honey, protein powder and chocolate chips in a large bowl and stir to combine.
2. Getting the mixture to combine takes a little arm muscle and it may seem too thick at first, but it will come together as you keep mixing. I used my hands to knead the dough near the end and that seems to help.
3. Once combined, use a small cookie scoop to scoop and form the dough into balls.
4. Store in a convered container in the fridge or freezer.



Common Ostomy Problems and Possible Solutions

UOAA STL. Winter 2018 Excerpt from an article in the Huntsville, Alabama "Re-Route"

Food Blockages
Symptoms may include no output from the stoma for more than 4 hours, cramping in the abdomen, nausea or vomiting and high watery output.

Solution: Drink hot tea and increase your fluid input. Take a warm bath or shower and massage your abdomen. Have a glass of wine. This will help relax your abdominal muscles. Get down on all fours with your backside in the air. An undignified position, but it does help some people move a blockage. If the blockage persists for more than a few hours, seek medical advice from your nearest hospital.

Mucous and bleeding from the rectum
Solution: This is completely normal if your rectum is still intact, although annoying, since the mucosal lining of the rectum is still working. Try wearing a sanitary napkin to save soiling your underwear. If the bleeding is profuse, see your doctor.

Odor
Solution: Simple solutions that work for some ostomates are to place deodorants (such as m9 or a dual lubricant/deodorant) in your bag, they are available from your ostomy supplier. DO NOT place aspirin or mouth wash in your bag in an attempt to eliminate odor—doing so can cause damage to your stoma.

Bleeding
Solution: First, determine if the bleeding is coming from the surface of the stoma or from internally. If it is internally, then it's wise to seek medical advice. If the bleeding is from the surface of the stoma, it should stop quite quickly. Stomas are made from the same type of skin as the inside of your cheeks and you know how easily they bleed. Even the slightest little nick can cause it to bleed. If bleeding is profuse or doesn't stop quickly, seek medical help. Cuts to the stoma can also be caused by the wafer riding off center. Try "picture framing" the wafer with some tape to stop it from moving.

Phantom rectal pain
ie: you get the urge to go to the toilet-the old way- even though you know you can't

Solution: This pain is because your body needs time to adjust to its new plumbing and still thinks it needs to go to the toilet in the old way. Try going and sitting on the toilet anyway, even though you know it's pointless. A lot of people find this alleviates the pain. The good news is that over time, phantom rectal pains become less frequent and eventually disappear altogether.

Stoma is placed on or above the beltline
Solution: This is more common in men than women for some reason. DO NOT let them site your stoma on or above the belt line if at all possible. Belts will stop the stool from flowing into the pouch so try wearing trousers a size bigger than you would normally wear and wear braces of suspenders to keep them up rather than a belt.

Stoma shows through a tight dress
Solution: Try wearing bike pants or similar pants under your outfit that will smooth out the line of the bag. Empty frequently.

What is the Right Activity after Surgery?

Phoenix Fall 2021

Whether your ostomy surgery was weeks, months or years ago, you've probably been told that you can do anything after surgery that you did before surgery. That is true: however, before returning to physical activities, it is important to understand what happens to your body after ostomy surgery.

Most of us associate healing and recovery with an improved sense of well-being and exercise plays an important part. Exercise provides an increase in oxygen and nutrients to the body that can assist with healing. It can lift our mood and improve stamina. But when it comes to recovering from ostomy surgery, how much exercise and what type is right?

General Guidelines
The medical profession agrees on general post-operative guidelines for those recovering from abdominal surgery. The Wound, Ostomy, Continence (WOC) nurses should focus on hernia prevention as one of the areas of education for a person undergoing ostomy surgery. WOC nurses offer suggestions based on their knowledge of the healing process, type of surgery performed and any research supporting post-operative recovery guidelines.

Learning how a stoma is created, how surgical wounds heal and how certain activities affect healing will help you understand why these precautions are used. An abdominal stoma, whether a urostomy (ileal conduit), colostomy or ileostomy, is created by advancing the end of the intestine through a hole cut into the abdominal muscle, subcutaneous (fatty) layer and skin. The intestine is brought above skin level, cuffed over like a sock and stitched to the skin.

We know that uncomplicated surgical incisions begin to strengthen (called tensile strength) about three to four weeks after surgery and continue to strengthen for up to a year and beyond.

The first six to eight weeks after surgery is generally the time frame given for physical recovery of a non-complicated surgery. However, in some populations, it can be anywhere from three to six months. Surgical incisions heal to about 80% tensile strength of non-wounded tissue.

Risk of Hernia
Peristomal hernias are a risk of ostomy surgery. There is no one reason for a peristomal hernia to occur. Many risk factors have been stated, including but not limited to:

- Infection at the time of surgery
- Relative health at operation
- Weak abdominal muscles

During the healing process, the fascia layer forms a ring around the intestine. If the ring widens, loops of intestine can pass into the fatty layer to form a hernia. A hernia may occur at any weak spot in the fascia. This may be observed as a bulge next to the stoma.

Most hernias occur within the first two years of stoma creation. One frequent observation is that a permanent colostomy develops a hernia (0-58%) more commonly that a permanent ileostomy of urostomy (0-28%). One theory behind this is that the more formed stool of the colostomy will expand the fascial ring as it passes out of the stoma, unlike urine or ileostomy stool that is mostly liquid. Increased abdominal pressure can further enlarge a weak spot.

So, now that you are armed with the knowledge of stoma construction and a time frame for wound healing, let's return to those lifting restrictions and low impact exercises. When lifting any weight, it's not just your arms that are used; you also use your abdominal muscles you protect your back from strain during lifting.

This action can increase abdominal pressure. When pressure increases, any weak points, like the stoma, may be strained. Think of a balloon. As you squeeze one end of the balloon, the pressure makes the other side of the balloon bulge. This is basically what happens with increased abdominal pressure.

Lifting laundry baskets and grocery bags is not the same as working out at the gym, but these actions can cause an increase in abdominal pressure. Vacuuming is a push/pull motion that may also increase abdominal pressure. Therefore, guidelines recommend that these and similar activities should be avoided during the acute healing phase.

Again, these are guidelines for the early recovery stage after surgery while incisions are knitting together and gaining tensile strength. We believe that protecting the healing incision is one of the many factors in gaining optimal tensile strength.

Nutrition, hydration, medications, and smoking are also items on a very long list of factors that affect healing. This article focuses on only one of the factors: how exercise of physical activity may affect recovery from ostomy surgery and what guidelines can be given to prevent complications. Most of the information found on physical recovery after ostomy surgery is anecdotal. For example, we understand that when returning back to an old activity or starting a new activity, we must remember to start out slowly to determine how our body responds.

We also know that what works for one person may not be appropriate for the next. Therefore, it is difficult to make specific recommendations for exercise programs. Once you are ready to increase your activity level, contact your physician, WOC nurse, physical therapist or qualified health professional to create a personal exercise program. With their help, you may have to make some modifications on how to perform certain activities, but don't let that stop you from doing the things that you enjoy!

Ask a Nurse

The Phoenix Magazine

Miralax Substitute
I have a colostomy and constipation. I have been taking Miralax since my doctor suggested it several months ago. The problem is I feel dehydrated and I think it's because of the Miralax. Is there something else I can take instead?
~ T.C.

Dear T.C.,
Yes, there are many different laxative you can take. Which laxative you and your doctor choose is really based upon the cause of your constipation. Most people are constipated due to a lack of water and fiber in their diet. Other patients need to take medications that slow transit-like narcotics, or certain heart medications and vitamin supplements.

Most laxatives work by drawing water into the intestine to make stools softer and easier to pass. Miralax (PEG solution) is an osmotic laxative; magnesium products are saline laxatives. Other medications like Amitiza (lubiprostone) increase fluid secretion and transit, while Linzess (linaclotide) increases the production of a chemical called cyclic guanosine monophosphate; this increases fluid secretion into the intestine and reduces the sensitivity of pain-sensing nerves. If you use any of these laxatives that draw water into the bowel lumen, it is important to drink plenty of fluids to maintain hydration. Stimulant laxative like Senna and Phenolphthalein are also available but are generally discouraged for long term use; they may be a reasonable solution for occasional bouts of constipation.

Blood in the Bag
I noticed some blood and I'm not sure where it's coming from. It's not a huge amount. I can't tell if it's coming from inside or outside the stoma. How much blood is a cause for concern?
~ B.L.

Dear B.L.
The best way to tell where the blood is coming from is to remove the bag and closely observe the effluent- is the blood oozing from the edge of the ostomy, or coming out of the central aspect of the stoma? Your ostomy nurse may be a great resource in helping you sort this out. Remember if you have an ileostomy, the consumption of red foods may cause your output to look "bloody," when it is actually red food dye that you are seeing. Passing large clots or filling the bag with blood is cause for serious concern and immediate evaluation by your colorectal surgeon or gastroenterologist.

Ileoscopy Preparation
I am having my first ileoscopy tomorrow and I was told to take a laxative for this procedure. My gastroenterologist told me to never take any kind of laxative. I told the nurse that I was told to never take a laxative, so she said don't take it. Will I still be able to do the procedure? It is to determine if I have Crohn's rather than ulcerative colitis as originally diagnosed.
~ B.B.

Dear B.B.
You are right; an ileostomate should never take a laxative. Preparing for ileoscopy might include a day or two of a clear liquid diet to decrease the amount of residue in the small bowel. Taking a laxative will put you at high risk for dehydration and subsequent kidney injury, electrolyte imbalance, and possible dangerous changes in heart rhythm.

Challening Landscapes

The first ostomy pouching systems had very stiff barriers (the part that sticks to the skin: also called wafers). They were cemented to the skin, and despite wearing a belt to hold them tightly to the skin, they often leaked. Some ostomates wore rubber pouches that unfortunately retained odor. Others placed a bowl or cloth over the stoma and their skin would be eroded when they took it off.

Fast forward to today…fortunately, we have superior materials to work with that are disposable and odor-proof. That being said there may be still challenges to face. In this article, we'll focus on one of the more common challenges: when the area on which to place the pouching system is not very flat. We're discussing contours like hills (convex surfaces) and valleys (concave surfaces) that make keeping a skin barrier attached more difficult.

First things first- if you are having leaks, or have leaks very rarely, you probably don't want to mess with success. If, however, you've had some trouble recently, start by taking a good look at the contours around your stoma. A mirror might be needed to get a better perspective. Is the area where the wafer needs to be placed flat or sloped? If it is sloped, is it rising up away from the stoma or is the stoma on top of a mound? Is the slope sharp or is it a gentle contour?

Sometimes, the stoma is in a deep, narrow canal like when it is in an abdominal fold. There might be a crease or fold at each end of the stoma. This is especially the case with oval stomas. Perhaps there is a scar nearby that prevents a good wafer seal. Stan facing a mirror and turn sideways to get a better idea of the contours surrounding your ostomy. Be sure to take a look as you sit sideways in front of a mirror as well. It is often a seated position that causes folds that may be causing trouble with keeping a good seal.

Flattening a Hill
One solution for a stoma sitting atop a convex mound (rounded outward) like on a pregnant abdomen or a hernia part is to use a very flexible barrier. Most one piece pouching systems, when the pouch is permanently attached to the barrier, are the most flexible and often are most advantageous on convex areas. These are made y every major manufacturer: Coloplast, Convatec, Genairex, Hollister, Marlen, Nu-Hope, and Schena.

There are some two piece pouching systems that have a flexible barrier and the pouch snaps on to a raised collar. That way the collar floats up above the barrier loosely so you can snap the pouch on and off without disturbing the barrier. This kind would be especially useful for those using a closed-end pouch that is thrown away whenever there is stool in it.

Weight Gain
If weight gain causes contour challenges, you may certainly choose to work on losing the extra pounds. I know that is easier said than done, but sometimes the inconvenience of the leaks is a strong motivation and the result is also better health in general. Weight loss does not have to be an all-or-nothing proposition. Try to approach it remembering that every pound makes a difference, in health an in the contour of your abdomen.

Gentle Slopes
For gently inward sloping (concave) contours, shallow creases or folds near the stoma, it is often enough to simply fill the dip with moldable ostomy rings or strips. The material is a lot like skin-friendly putty and they are sold by every major manufacturers such as SafenSimple and Perfect Choice Medical.

Think of the material like 'caulking' for windows to keep cold air from getting in, only in this case we're trying to keep the ostomy output from leaking out. You can mold most of these into any size or shape and fill the fold or crease or dip with it so now you have made a flatter 'landing strip' on which to place your wafer. Using a ring or strip to fill in the dips may allow you to continue to use the same pouching system you may prefer. In the case of oval stomas with creases at each end, sometimes the ring or strip material is enough to fill the creases, but you may also consider using a barrier that is ether cut-to-fit or moldable by stretching the hole in the middle, so you end up with the oval shape when you're ready to apply the barrier. The Hollister Adapt oval convex barrier rings are a bit more firm to hold up to excretions and come in a pre-shaped oval.

Adding Convexity
If the dip in the abdomen is directly next to the stoma, sometimes a convex ring (either the more firm rings or the softer putty type rings mentioned before) can be placed around the stoma to fill the dip and a regular wafer can be placed over that. Convex skin barrier to fill in a dip in the peristomal skin are available from all the major manufacturers. Convatec Surfit Natura Moldable convex includes a moldable opening, great for those with stomas not exactly round.

Adding a convex ring or using a firmer wafer with built-in convexity is often a great solution for someone with soft tissue in the area that dips down. A belt is occasionally added. If the tissue is more firm, such as a muscular abdomen with a dip near the stoma, a more flexible approach may be better.

Deep Valleys
For those who have a stoma in a deep fold or crease, there are two main approaches. One is to try to very flexible barrier. These would usually be combined with some of the moldable ostomy rings or strips that can be shaped to fill some of the depth prior to placing the wafer.

The second most common approach for a deeper dip is to use a convex barrier that is fairly firm and sometimes us a belt attached to help it stay secured to the abdomen. The belt may be a simple elastic narrow one that attaches to each side of the pouching system or it may be a wider belt that is made to also help hold in a hernia or abdominal fold as well as keeping the pouching system firmly on the skin. The wider ostomy belts have a hole in them to allow the pouch to be accessed while wearing it. There are numerous sizes and types available from the major manufacturers. I've known some that wore a cummerbund or other soft, stretchy material like a rube top or biking shorts to help the pouch stay in place. Always go with the simplest solution that works.

Custom Solution
As you can tell, when there are 'landscape' challenges, the key is to try several options until you hit upon the one that works best with your skin and particular contours. Your ostomy nurse can partner with you to help find a solution. There are rare times when all options are exhausted and a workable solution can't be found. In these cases, a surgeon might choose to move the stoma to a new location. This, of course, is not done unless necessary because it means surgery which causes scarring and possible complications. A solution can nearly always be found if you work with your ostomy nurse.