

C-M-E Ostomy Chapter

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

*Look for something positive
in each day, even if some days
you have to look a little harder.*



Charleston • Mattoon • Effingham Area Ostomy Chapter

Meetings

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

- **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 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

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

Medical Advisors

Linda Will, RN

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

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

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

Amber Wenthe, BSN, RN, CWOCN
(217) 994-3385



July Meeting

6 pm • Thursday, July 18

The home of Karen Luchtefeld
1607 N. Lakewood Drive, Effingham, IL 62401

Please bring a covered dish to share if you are able. Hope to see you there!

We would like to invite anyone to come to the support group meeting!

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 hope you have a safe and enjoyable summer!

THE WARMTH OF SUMMER WOULD BE OF NO GOOD
WITHOUT THE COLD WINTER GIVING ITS SWEETNESS.



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
1000 Health Center Drive, Suite 302
Mattoon, IL 61938

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

Did you know?

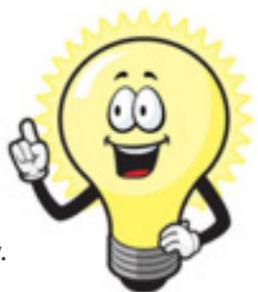


- Sometimes high sugar drinks can make hydration challenges even worse, as they sometimes cause diarrhea in some people.
- Don't wait until you're thirsty before you start drinking; thirst is a sign that you are already becoming dehydrated.
- Fatigue may be a sign of dehydration.
- You may notice that if you don't drink enough, your output may slow down and you might get crampy; take that as a warning to drink more!
- Artificially sweeteners may cause diarrhea, so be mindful when using them.

Sunscreen Safety

American Academy of Dermatology

- 1 in 5 Americans will develop skin cancer in their lifetime
- Broad spectrum means a sunscreen protects the skin from UVA and UVB rays, both of which cause skin cancer.
- SPF indicates how well a sunscreen protects you from sunburn
- While sunscreens can be 'water resistant' (for 40 minutes) or "very water resistant" (80 minutes), sunscreens are not waterproof or sweatproof and need to be reapplied.
- Most adults need about 1 ounce of sunscreen, enough to fill a shot glass, to fully cover their body.



Summer Tips

Sports, Swimming and Physical activity

The warm weather often brings us out of our living rooms and outside to enjoy sports and other physical activities. If you are healthy enough to partake, there may still be a few things to consider:

- Consider a stoma guard if you'll be playing sports or doing things outdoors that might cause an impact to your stoma
- Try wafer extenders. If you'll be around water, you could benefit from using wafer extenders to keep your protected from edge peeling.
- Cover up and keep your pouch secure. There are products designed to keep your pouch secure and concealed for when you hit the beach or pool. Something like the Stealth Belt or the Comfort Belt would work well to keep your pouch secure in the water, and there's even one specifically made for water sports too!
- Keep your pouch empty if you're swimming or doing any outdoor activities. This can help prevent leaks and the possibility of the dreaded blowout.
- Be sure to dry off your appliance if you do get it wet; having a wet appliance or only making things more uncomfortable



Stoma Guard



Wafer Extender

Urostomy - Night Drainage Systems

The New Outlook April/May/June

To avoid air pockets in the night drainage system, connect the night bag to a half full body pouch and squeeze the urine through the night bag. The body pouch will then remain empty overnight. When flushing a night drainage bag, add a teaspoon of ordinary vinegar to the water for a cheap and effective cleaner.

If you can't find a small enough funnel for this, use the pouch itself - first push your finger through the non-return valve inside the pouch for the water to flow freely -- the pouch then becomes the funnel.

Ostomy Pearls

Jan Colwell RN, MS, CWOCN, FAAN

Let's talk about the basic principles in ostomy care. The first and perhaps the most important principle: find a pouching system that provides a consistent wear time that maintains intact peristomal skin. So what does that mean? A pouching system should not leak from the time it is placed on until it is taken off or changed and this is called "wear time". Wear time varies from person to person with an ostomy. A group of people with an ostomy were asked how long they wore their pouching systems; the average wear time was at or about 4 days. But that is an average; some people wore their pouching system for 3 days, some for 5 days. There are several items to consider when determining wear time. The adhesive or seal on the pouch is made out of a material called hydrocolloid. A hydrocolloid absorbs moisture over time and slowly loses the adhesive seal, causing the skin around the stoma to be exposed to the stoma output (stool or urine). Moisture comes from several sources, including from the skin from sweating and from the stoma output (the more liquid the stool the quicker the hydrocolloid absorbs moisture; the same happens with a urostomy). So what does this all mean? When the pouching system is removed it is important to look at the back of the pouching system adhesive to check for erosion or softening of the hydrocolloid. If the opening in the skin barrier is much larger than it was when it was placed on (i.e. erosion), the larger opening could allow the stool or urine to contact the skin and cause skin injury. It might be advisable to decrease the wear time by one or two days if erosion is present. Wearing the pouching system too long can also cause leakage, allowing the stoma output to get under the adhesive seal.



Another important principle is that the size of the opening in the skin barrier should be the same size as the stoma. The skin barrier opening should be at the junction of the skin and stoma to cover all of the skin around the stoma to prevent the stoma output from contacting the skin and causing injury. A skin barrier is available in cut to fit (no opening) or precut (a round opening which are available in a variety of sizes). If the stoma is round the opening in the skin barrier should be round; if the stoma is oval the opening should be oval. There are some skin barriers that you can mold to fit, by stretching the skin barrier opening to fit the stoma. It is advisable to periodically measure the stoma as stomas can change with weight gain or loss or just with aging.

A third principle is that a pouch should not be allowed to be more than ½ full because the weight of the stool or urine can pull the adhesive from the skin, another cause of pouch seal failure.

It is a good idea to periodically review the principles of ostomy care to avoid problems. Remember to consider these principles as you review ostomy care.

Dehydration

Dehydration is no fun, and anyone without a colon has likely been told by their nurse or doctor that maintaining adequate hydration is crucial. So here's just a little example of how some foods can help with preventing dehydration as well!

The water content of various fruits and vegetables:

Water content:

Apple:	84%
Celery:	95%
Cucumber:	96%
Lettuce (iceberg):	96%
Orange:	87%
Peach:	88%
Tomato:	94%
Watermelon:	92%

A basic salad of:

4 cups of romaine
1 small tomato
1 small cucumber
1 medium celery
1 small carrot
Contains approx 500 ml of water plus nutrients!!

Traveling

Zoe Prevette, RN, WOCN

An ostomy creates challenges with every first – first time to see the stoma, first appliance change on your own, and the first time you travel. Travel is a part of our culture and allows us to work, see friends and family and experience new places. But the first few times traveling, whether a short trip by car, a dream cruise or a long business trip by plane can cause some anxious moments. Below are some helpful tips collected from experts (ostomates who have “been there – done that”) to help as you prepare for your first of many adventures!

Before you Travel:

- ◆ “Make a list of everything you need for a ‘change’ well in advance of the trip and then put ALL of those items aside so you don’t forget anything.”
- ◆ “You can never be too prepared to travel. No matter what your method of travel, always think of the ‘oh no!’ moments and develop a plan to handle the moment.”
- ◆ If travelling internationally “learn the phrase. ‘I have an ostomy’ in the language of the country you are going.”
- ◆ If you are flying, contact TSA Cares toll free at (855) 787-2227 or email TSAContactCenter@tsa.dhs.gov about what to expect during screening
- ◆ Download a TSA travel notification card from www.ostomy.org to communicate discreetly if needed to airline personnel that you have an ostomy
- ◆ One seasoned traveler recommends fellow ostomates sign up for the TSA trusted traveler program
- ◆ Find a local WOCN in the areas you are travelling to as a resource

◆ If you are going out of the country: Go to <http://www.ostomyinternational.org/> to find groups in the intended country Let the contact know you are coming and ask about emergency supplies Look up contact numbers, including international phone number for the major ostomy suppliers

Packing:

- ◆ Most ostomates suggest distributing your packed supplies between the carry-on and more than one other piece of luggage. However, one ostomate who travels frequently with business always carries all her supplies in the carry-on only
- ◆ Pack a change of clothes in the carry on
- ◆ “I also take the stuff out of the boxes and use a zip lock food storage bag and have the bags, wafers, paste, adapt rings, and everything I use in a zip lock in my carry on. Less room and weight.”
- ◆ “Have a list of the supplies and their numbers you use (especially if you have taken them out of manufacturer’s box) in case you need to purchase elsewhere while away.”
- ◆ “Take 2-3 times more supplies than you would normally use during the period of me you are traveling.”
- ◆ “When heat and Swimming is involved, I have 4 times my normal just in case!”
- ◆ “Pre-cut your pouches before packing. Scissors may or may not be allowed in carry-on luggage.”

Ask a nurse

The Phoenix Magazine - Summer 2019

Sampling Products

I have used the same pouching system with my ileostomy for four years. Three months ago, I sampled pouches and barriers from another manufacturer and had a lot of trouble removing them even with my adhesive remover. I think my skin got cut. In the next couple of months, it worsened. I went to my WOCN two weeks ago. The wound was oval of ½ by ¼ inch and sloping down from right to left from 1/8 to ½ inch deep. It was red and was oozing.

My nurse gave me Biotane AG and duoderm to put between the wound and my skin barrier. It is under the tape- not the waffer. Two weeks and three changes later it isn’t oozing as much and it is only a little smaller. Is there anything else I can do? How long will this take to heal?
~ P.M.

Dear P.M.

I am glad that you have an ostomy nurse following the care of your wound. The product you are using is an alginate dressing with silver. The alginate fills the wound bed (which at ½ inch is significantly deep). If the wound is getting smaller and has less depth, it is healing although it is possible that you have other medical problems that could be slowing the process. If the wound does not have as much drainage, you may be able to switch to a less absorbent dressing. I recommend that you stay the course, continuing your visits with your ostomy nurse, tweaking the plan as necessary based on the characteristics of your wound.

Ostomy Belts

What are the advantages and disadvantages of using a belt for my pouching system? I had colostomy surgery two months ago and I am searching for best solutions for comfort and security/leak prevention.
~ R.P.

Dear R.P.

An ostomy belt can help achieve and maintain a seal of the wafer around the stoma to prevent leakage, adding some extra security when you are active. Also, if you are using a convex wafer, a belt can improve its efficacy. Each belt is designed to fit the tabs of a specific system. Be sure to select the belt that was designed for your pouching system. Some have “hooks” that face in while others have hooks that face away from the abdomen. This varies according to the manufacturer. The belt should be worn parallel to the floor and not hiked up or down, so that it provides even pressure on the skin around the stoma.

You want it to be snug but not uncomfortable or causing undue pressure on the skin around the stoma. Some belts are wider than others for comfort. You should be able to obtain a sample belt from most suppliers.

Rectum Discharge

I’ve had a colostomy for eight years due to cancer treatment complications. Until now, I’ve had no problem with it. About a month ago I noticed a lot of clear discharge with some egg white substance discharging from my rectum. I have read that this is normal and not to worry, but this is becoming very frequent, especially when I stand up. I am looking for ways to manage this if possible. I am tired of soaking through disposable underwear several times a day.
~ C.W.

Dear C.W.

A small amount of discharge from the retained rectum is normal. However it sounds like you are having excess discharge. You may also be experiencing disuse or diversion colitis or may have some retained stool that is irritating your bowel. Your residual bowel should be checked by your physician every year or two to check for polyps of inflammation.

Giving yourself a small tap water enema may stimulate the bowel and help expel the mucous and sloughed mucosal cells. If this doesn’t work, I would ask your physician to order steroid enemas or suppositories depending on how much bowel is left. Additional options are to reconnect the bowl or remove the unused rectum and anus.

