



WEB SITE: [www.ostomysolano.org](http://www.ostomysolano.org)

# SOLANO OSTOMY NEWS

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P.O. BOX 5142, VACAVILLE, CA 95696**

# APRIL

## 2020

**APRIL 15<sup>TH</sup> - MEETING IS CANCELED**

***NEXT MEETING DATE: MAY 20<sup>TH</sup>***

***PROGRAM: 41<sup>ST</sup> BIRTHDAY POTLUCK***

***WHERE: POTLUCK LOCATION TO BE DETERMINED***

The documents contained within this newsletter are presented expressly for informational purposes only. In no way are any of the materials presented here meant to be a substitute for professional medical care or attention by a qualified practitioner, nor should they be construed as such. ALWAYS check with your doctor or CWOCN.



## JUST A FEW COMMENTS

I hope this finds everyone happy, healthy and virus free. I am so happy that we are finally getting some rain. It was badly needed, and things are now looking very spring like and greening up and starting to bloom.

As you may or may not know, because of the COVID-19 virus outbreak, it was decided that we should cancel the meeting on Wednesday, March 18<sup>th</sup>. I do apologize to our members who do not have email, as the decision to cancel was decided too late to mail out a notice of cancellation. Hopefully no one came to the meeting and found that the lights were out. We have also decided to cancel our meeting for April 15<sup>th</sup> as well. It looks like the restrictions on group assembly will continue in force well past April 15<sup>th</sup>. I will continue to send out the newsletters for April and beyond.

Because of **no meetings in March and April**, the next meeting will be the **41st Birthday Party Potluck** on May 20<sup>th</sup>. Details on the Birthday Potluck will be forwarded later. Because the Holiday Potluck was in Vallejo, we are considering having the Birthday Potluck in Vacaville. Any comments?

On a delicate note, if you have already paid your annual dues, “**Thank You**”. If you have not paid your annual dues, we would appreciate your doing so as soon as you can. Your annual dues help cover the cost of the newsletter, potlucks, mailings to members, web site hosting, PO box, UOAA national dues, etc. If you are not financially unable to pay your dues, please let me know.

2

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### Upcoming Meetings – Add to Your Calendars – Details to Follow

**April 15th** - Vallejo Kaiser – Conference rooms A, B and C. Hallway past pharmacy #1  
**Meeting Canceled**

**May 20th** – 41<sup>st</sup> Birthday Potluck – Details to Follow

**June 17** – Vacaville Kaiser – 1 Quality Dr., Building B, Meeting Room H1A 1<sup>st</sup> Floor  
Program Details to Follow



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### What Are Some Examples of Skin Issues?

**SKIN IRRITATION UNDER TAPE** Irritated skin that develops only under the tape of your skin barrier can occur for a variety of reasons. The skin may be itchy, blistered or open and weeping. This problem can develop at any time, even if you have worn the same type of product for months or years. In this case, you may be sensitive to an ingredient in the tape, or your skin may have become damaged when tape is removed.

**RASH AROUND A STOMA** Sometimes a rash is caused by a skin infection or sensitivity, or even from leakage. The area may be red or red with bumps. Itching may also be a symptom. It is important to get assistance in determining the cause since the suggestions for treatment will vary.

**LEAKAGES CAUSING IRRITATION** Stoma discharge can be irritating to your skin, causing redness that can lead to open raw skin that weeps or even bleeds. This type of irritation is often very painful. (People with ileostomies are at the highest risk for this kind of skin damage.) A change in the size or shape of your stoma or the shape of your abdomen can change the fit of your pouching system, leading to leakage.

#### **WHAT ARE SOME OF THE SOLUTIONS?**

- Try a pouching system without tape. These products are adhesive but use a skin barrier instead of tape.
- Apply stoma powder to your skin before applying your new pouching system.
- Apply a liquid barrier film/protectant on top of the powder before applying the physical stoma wafer.
- Change your pouch promptly if drainage is leaking under the skin barrier.
- Change your pouch on a regular schedule before it leaks, generally every 3 days.
- Consider using accessories (convex skin barriers, paste, rings/seals) to help prevent leakage under the skin barrier.
- Contact your stoma care nurse if you are having difficulty keeping your skin barrier on.

## Urology Concerns

UOAA 8/2010

**Germs** are all over the world but when they are in the urinary tract, either in the conduit, the ureters, or the kidneys, they are in an abnormal location, and that is what causes an infection. What causes infection? Mostly, the reasons are unexplainable! Why do some people get more colds than others?

**Infections** can be caused by obstructions, kidney stones, tumors, cysts or scar tissues. Almost synonymous with obstruction is infection, and then too often comes stone formation. Once you have stone formation, it's hard to get rid of the infection. It's a kind of a cycle that goes around and around. Infection can be caused by urine being forced back to the kidneys through the conduit. This could happen if you fall asleep with the pouch full of urine and accidentally roll over on the pouch, causing urine to be forced back through the stoma and the urinary tract with tremendous pressure. Invariably, the urine in the pouch is contaminated. In general, to prevent and treat infection, you need a good flow of urine, much like a stream. That not only dilutes the bacteria or germs in the urine but also helps wash them out. Two and one-half quarts of liquids daily are required for the average adult. Night drainage is a MUST. Otherwise, you run the risk of urine backing up into the kidneys which can cause irritation or infection. This is especially important for urostomates with only one kidney. It's important to be aware of the symptoms of a kidney infection: elevated temperature, chills, low back pain, cloudy urine, or decreased urine output. People with ileal conduits normally produce mucus threads in their urine which give a cloudy appearance, but bloody urine is a danger sign. You must see your doctor if any of these symptoms occur.

3

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## Protecting My Stoma

*Via New Directions, R. W o m TX*

Stomas are hardy<sup>1</sup> but some common sense rules apply. Stomas should be protected from direct physical blows. This can occur from too tight clothing, contact with rigid objects -belt buckles, pushing against something with them- like a snow shovel, etc. People with ostomies engaged in contact sports should protect their stomas by wearing an ostomy system without any rigid parts<sup>1</sup> and if necessary, by wearing a stomal cover made to protect it from blows and hits. Dr. Katherine Jeter, writing about children with stomas, in *These Special Children* states: "Stomas may be slept on, rolled on, and even sat upon by another child for a few minutes without undue concern."



### **What is involved in a stoma inspection?**

At each pouch change, check your stoma for color, shape and function. Watch for any stoma concerns, such as swelling, retraction, stenosis, or prolapse. If you have urostomy, you should be on the alert for crystal formation or alkaline encrustation-gritty white deposits coating the stoma. Any stomal complication should be reported to your ostomy nurse.

### **Why will the stoma bleed sometimes?**

Because the mucous membrane out of which the stoma is formed is so highly vascular, some bleeding may occur with rubbing of the stoma. This bleeding should stop quickly. Prolonged bleeding or an increased amount of bleeding could indicate another problem, which would be prudent to report to your ostomy nurse.

### **Can a stoma be cut?**

Cuts or lacerations of the stoma can occur, and some can be quite serious. Because a stoma has not sensory nerves - and therefore no feeling, although a blocked stoma demonstrates that there are still quite a few nerves there of a different type - it can be cut without you actually feeling it. Causes of stoma lacerations include shifting of the barrier, too small an opening for the stoma, incorrect pouch application, etc. Consult your ostomy nurse for diagnosis and treatment in any case of stomal laceration.

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## **Some Interesting Links – Maybe?**

<http://stolencolon.com/>

<https://ostomyconnection.com/>

<https://www.wocn.org/>

<https://youtu.be/U34sGCh504>

## [WHEN AN OSTOMY REVERSAL PLAN TAKES A U-TURN](#)

By Ellyn Mantell

### UOAA

Setting the scene for you, imagine the patient who has controlled ulcerative colitis or Crohn's Disease, or diverticulitis and is suddenly terribly symptomatic with infection and unremitting agonizing pain. Or consider the patient who has an accident in the intestinal region of their body. Or the patient who hears the news following a colonoscopy that there is colorectal cancer. Or the patient, like me, whose motility issues have made it impossible for the bowel to function. All of these scenarios are happening every day, all day, in hospitals and households and they all may very well lead to either a [colostomy](#) or [ileostomy](#). (I believe a urostomy is always a permanent surgery)

Frequently, depending upon the physicality of the ostomy, a [reversal](#) in a matter of six months to a year is either discussed or promised to the patient. It is usually explained that for the connection to heal, it requires that time, and once healed, the reversal is smooth sailing. Except, in many cases, it is not, and that is what I want to bring to your attention, based on the people with whom I have spoken. Please remember, I am not a medical professional, but I interface closely with many patients in many situations, so I speak from my observations.

Sometimes, during those 6-12 months, the sphincter muscles of the rectum stop fully functioning, and the patient may be tied to the bathroom as never before. Or the connection is narrow and there may begin a pattern of bowel obstructions due to the backup of stool. Other times, the surgeon had good intentions for a reversal, but the patient is simply not a good candidate due to illness or stepping out of remission of some disease process.

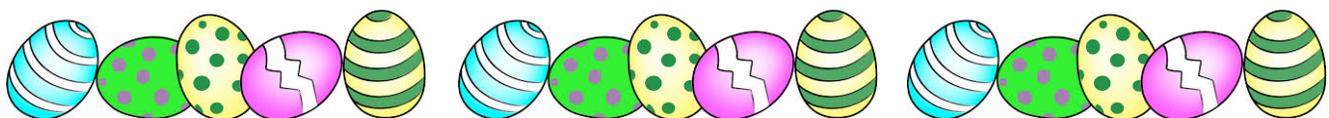
The reason I am writing this graphic and perhaps uncomfortable blog for many to read is that an ostomy can happen to anyone for a variety of reasons. UOAA estimates there are 725,000 to one million of us in the United States who have ostomy or continent diversion surgery. I want to educate all ostomates that making peace with their new anatomy may be safer and provide a more predictable future than hopes for a reversal. I believe and have heard from others who give ostomy support that those who know they will be an ostomate for the rest of their life tend to be more open to embracing their new body, physically and emotionally. Those who have been given (false, in some cases) hope for a reversal are frequently disappointed and angry, feel betrayed and lose faith they will ever be "normal" again.

[Support Groups](#) are a wonderful way to begin to think of the new normal. It is so beneficial to meet like people, learn about appliances, clothing, foods, sleep, intimacy, maintaining health and to simply [share experiences](#). If you cannot find one in your area, contact the [United Ostomy Association of America](#) or your local hospital. Take a family member, caregiver or friend if it gives you comfort. I guarantee you will feel [empowered](#) by taking this step, whether you are having a reversal in your future, or are embracing your ostomy for life.

Ellyn Mantell is a UOAA advocate and Affiliated Support Group leader from New Jersey. You can follow her personal blog at [morethanmyostomy](#)

### Get Ostomy Answers!

To send a question, please email: [publisher@phoenixuoaa.org](mailto:publisher@phoenixuoaa.org). You can also send by regular mail: The Phoenix, P.O.Box 3605, Mission Viejo, CA, 92690.



THE STOLEN COLON'S  
*Top 10 Reasons to have an*  
**OSTOMY**

1. No colonoscopy prep EVER!
2. You no longer have to try to hold in the noise when someone else comes into the bathroom.
3. You can go in the woods without even dropping your pants.
4. You have a constant reminder that you really are supposed to chew your food better.
5. No more accidental farts in front of someone you're trying to impress...
6. ...but you are now the master of the "silent, but deadly."
7. You can poop in bed... Or in the car... Or really anywhere.
8. It opens up a whole new world of ostomy fashion.
9. There's no need to bring along a magazine when going to the bathroom.
10. When someone asks, "Who farted?" you can reply with a confident, "Not me!"

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### A LITTLE OSTOMY TEST

**1. Your appliance has been on for 2 days and you experience a burning, uncomfortable sensation around your stoma. You:**

- A. Ignore it. It seems to come and go anyway,
- B. Wait until the designated day to change your appliance.
- C. Take a cool bath.
- D. Change your appliance immediately.

**The answer is D.**

Ideally, your appliance may stay on for five to seven days. However, if you experience burning or itchiness around the stoma, discomfort or pain around the stoma or discoloration of the adhesive, change your appliance regardless of the day. These signs usually indicate leakage. Stool or urine on the skin is very irritating. In addition, itching or irritation under the pouch can be due to dehydration. If you are pretty sure the appliance is not leaking and there is nothing externally wrong with it, try drinking a few glasses of water instead of removing the appliance. Don't be a hero. When it bothers you, change your appliance.

**2. When you remove your appliance, you notice the skin around the stoma is reddened. To treat it, you:**

- A. Apply cool compresses for a short period of time before reapplying your appliance.
- B. Apply a protective powder such as Stomahesive or Karaya to reddened skin areas, remove any excess, and continue with reapplying your appliance.
- C. Apply a soothing cream or ointment to the reddened skin areas.
- D. Use an alcohol wipe on your peristomal skin.



**The answer is B.**

It is important to observe the skin around the stoma. Use a mirror to help observe the skin and stoma. If the skin appears reddened, irritated or weepy, you may require a protective powder. You may need to change your appliance every two or three days until the

skin heals. White creams and ointments may be a reasonable solution for skin irritation in other areas of your body, they may not be useful around your stoma because your appliance will not adhere to moist or oily skin. Cool compresses may be soothing but cannot heal the skin. Alcohol will dry the skin which may cause it to itch.

### 3. Your neighbors invite you to a pool party. You:

- A. Decline the invitation since you cannot swim with an ostomy.
- B. Limit your fluid and food intake for 12 hours prior to the party so your stoma is not active.
- C. Accept the invitation.

#### The answer is C.

If you enjoyed swimming before the operation, continue to swim after. For extra security while swimming, you may want to picture-frame the adhesive part of your appliance with a waterproof tape or apply a skin sealant, for example-Sween prep, directly over the adhesive-. Printed rather than solid colored bathing suits help to camouflage the outline of the appliance. Some women prefer bathing suits with skirts and some men prefer boxer-style trunks, but snug fitting suits may be worn to hold the appliance firmly in place. if f you have an ileostomy, limiting food and drink will not stop your ostomy from functioning. When the stomach is empty, the discharge is liquid, highly acidic and gassy. Skipping meals or limiting fluid intake leads to dehydration and/or electrolyte imbalance.

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## Ostomy Caregiver Action Network Tips

1. Exercise moderately at least 2.5 hours per week, pursue a hobby, do meditation or yoga to relax.
  2. Join an ostomy or cancer support group. If you can't leave the home, there are many online forums and social networking websites. If computers are not your thing, call a support organization.
  3. Accept offers of help and ask people to help you with tasks such as grocery shopping.
  4. Do something at least one day a week for yourself – meet a friend for lunch or go to a movie.
  5. Watch out for signs of depression and don't delay in getting professional help when you need it.
  6. Organize medical and ostomy supply information so it's up to date and easy to find.
  7. Give yourself credit for doing the best you can in one of the toughest jobs there is.
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“Good news. The pain in your chest wasn't a heart attack. It was your belt buckle.”



“I guess colostomy surgery hasn't kept Grandma out of the fast lane.”

# Eating with an Ostomy; Foods and Their Effects

## Food Reference Chart for People with an Ostomy

Listed below are general guidelines for individuals who have a colostomy or ileostomy. It is important to know the effects that various foods will have on stool output. The effects may differ for each person depending on surgery type and length/ function of the remaining bowel. To determine individual tolerance to foods, try new foods in small quantities. Remember to always chew thoroughly.

**Disclaimer:** This document contains information developed by United Ostomy Associations of America. This information does not replace medical advice from your healthcare provider. You are a unique individual and your experiences may differ from that of other patients. Talk to your health care provider if you have any questions about this document, your condition, or your treatment plan.

### GAS PRODUCING:

ALCOHOL (BEER)  
BROCCOLI  
BRUSSELS SPROUT  
CABBAGE  
CARBONATED BEVERAGES  
CAULIFLOWER  
CHEWING GUM  
CUCUMBERS  
DAIRY (e.g., EGGS, MILK)  
LEGUMES ( e.g., BAKED BEANS, LENTILS, PEAS)  
MELONS  
NUTS  
ONION  
PICKLES  
RADISH  
SOY PRODUCTS  
SPICY FOODS

### \*ODOR PRODUCING:

ASPARAGUS  
BROCCOLI  
BRUSSELS SPROUT  
CABBAGE  
CAULIFLOWER  
EGGS  
FATTY FOODS  
GARLIC  
LEGUMES (e.g., BAKED BEANS, LENTILS, PEAS)  
ONION  
SMOKED FOODS  
STRONG CHEESE  
**SOME MEDICATIONS**  
**SOME VITAMINS**

### MAY CAUSE LOOSE STOOLS; DIARRHEA:

ALCOHOLIC BEVERAGES  
APPLE AND PRUNE JUICES  
BAKED BEANS  
CHOCOLATE  
FRESH/RAW FRUIT  
FRESH/RAW VEGETABLES  
FRIED OR SPICY FOODS  
HIGH SUGARED BEVERAGES  
LEAFY GREEN VEGETABLES  
MILK/CHEESE (LACTOSE INTOLERANCE)



### \*\* STOMA BLOCKAGE:

CABBAGE (FRESH/RAW)  
CELERY  
CHINESE VEGETABLES  
COCONUT  
COLESLAW  
CORN (WHOLE KERNEL)  
DRIED FRUITS  
FRESH/RAW PINEAPPLE  
MUSHROOMS  
NUTS, SEEDS  
PITH FROM CITRUS (e.g., ORANGES)  
POPCORN  
SKIN OF FRESH FRUITS (e.g., APPLE PEELS, GRAPES )

### COLOR CHANGES:

ASPARAGUS  
BEETS  
FOOD COLORING (RED DYES FROM KOOL AID AND PUNCH)  
IRON PILLS  
LICORICE  
RED JELL-O  
TOMATO SAUCE

### \*ODOR CONTROL:

CONSUME PROBIOTICS (e.g., YOGURT, AIDS IN DIGESTION)  
EAT SMALLER/ MORE FREQUENT MEALS, AIDS IN DIGESTION  
FRUITS AND VEGETABLES; HELPS KEEP THE COLON CLEAN  
STAY WELL HYDRATED AND AVOID CONSTIPATION  
ODOR ELIMINATORS (DROPS, GELS, SPRAYS THAT CAN BE PLACED INTO AN OSTOMY POUCH)



### \*\*\*CONSTIPATION PREVENTION/RELIEF:

BRAN PRODUCTS  
FRUIT JUICES  
FRUIT (FRESH/RAW OR COOKED)  
OATMEAL  
PRUNES  
RAISINS  
VEGETABLES (FRESH/RAW OR COOKED)  
WATER (STAY HYDRATED)  
WARM BEVERAGES  
WARM SOUPS  
WHOLE GRAINS

### THICKENS STOOL for Diarrhea and High Output

APPLESAUCE  
BANANAS  
BOILED WHITE RICE OR NOODLES  
CREAMY PEANUT BUTTER  
HOT CEREALS (OATMEAL, CREAM OF WHEAT, RICE)  
MARSHMALLOWS  
PEELED POTATOES  
TAPIOCA PUDDING  
UNSEASONED CRACKERS  
WHITE BREAD, TOAST  
YOGURT



Applies to people with a colostomy



Applies to people with an ileostomy

\* Odor from diet will differ for each person. If you have concerns, discuss with your doctor. Odor eliminators may be purchased from distributors of ostomy products. \*\* People with an ileostomy are at greater risk for stoma blockage/obstruction. These food types should be eaten with caution and not introduced into the diet until 4-6 weeks after surgery. Introduce them slowly, one at a time, and chew well. \*\*\* Increasing the amount of fiber in your diet will help you avoid becoming constipated. Discuss options with your MD.



WWW.OSTOMY.ORG  
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**NEWSLETTER:** DAN BRUCE.....530-979-7772.

**BEVERAGE SERVICE:** OPEN.....

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(MAKE CHECKS PAYABLE TO OSTOMY ASSOC OF SOLANO)  
MAIL TO O.A.S., P.O. BOX 5142, VACAVILLE, CA 95696**

NAME \_\_\_\_\_ PHONE \_\_\_\_\_

OSTOMY BIRTHDAY \_\_\_\_\_ EMAIL \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ZIP \_\_\_\_\_

TYPE OF OSTOMY: COLOSTOMY \_\_\_\_\_ ILESTOMY \_\_\_\_\_ UROSTOMY \_\_\_\_\_

PROFESSIONAL OR OTHER OCCUPATION \_\_\_\_\_

IF YOU NEED A RIDE IN ORDER TO ATTEND THE MEETINGS, PLEASE CALL DAN BRUCE. HE CAN ASSIST IN ARRANGING TRANSPORTATION.



**OSTOMY ASSOCIATION OF SOLANO**  
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