



WEB SITE: www.ostomysolano.org

SOLANO OSTOMY NEWS

**EDITOR: DAN BRUCE
OSTOMY ASSOCIATION OF SOLANO
P.O. BOX 5142, VACAVILLE, CA 95696**



2020

DATE: FEBRUARY 19, 2020

SPEAKER: DAVID WALTERS, COLOPLAST REPRESENTATIVE

PROGRAM: LATEST & GREATEST FROM COLOPLAST & ASK THE CWOCN

REFRESHMENTS: SUSIE MCGUIRE

**WHERE: KAISER VACAVILLE, 1 QUALITY DR., BLDG B
MEETING ROOM H1A, FIRST FLOOR**



FROM THE PEANUT GALLERY

At our meeting in January we had a nice presentation by **David Walters**, the **Coloplast Representative**. He presented some new and innovative products that can specifically help solve some issues with our pouching systems. I realize that most of our members are Kaiser patients and are tied into the Hollister products, but it is always good to look at other pouching options and accessories that are out there.

We also welcomed a new member, Glenda Hesley, to the meeting in January. She is having her Urostomy surgery at the end of January. I think she is looking forward to future meetings to gain from the experiences of our members.

David Walters will also present **Coloplast** products at our next meeting on **February 19th** in **Vacaville**. Mary Ann Chico, our resident CWOCN will also be there as well to answer your questions and concerns.

On another note, just as a reminder, we need to establish at least 2 members to do **visitations**. One member with a **bowel** ostomy and one with a **urostomy**. I am not personally good at this and would appreciate some one to help. I think we should stick to phone visitations only and not go into people's homes. Members would need to have rather extensive training before doing in home or hospital visitations. I personally feel that in person visitations should be left up to the professionals.

I also need someone to bring refreshments to the March and April Meetings in Vallejo. Please send me an email if you are available. Please remember that to keep refreshments simple and nothing elaborate.

Upcoming Meetings – Add to Your Calendars – Details to Follow

February 19th - Vacaville Kaiser – 1 Quality Dr., Building B, Meeting Room H1A 1st Floor
David Walters, Coloplast Representative + **Business Meeting**

March 18th - Vallejo Kaiser - Conference rooms A, B and C. Hallway past pharmacy #1
Peggy Terry, RN, BSN, CWOCN will hold a **Roundtable Discussion**

April 15th – Vallejo Kaiser - Conference rooms A, B and C. Hallway past pharmacy #1
Program to be Determined – Don't forget to pay your taxes!



OSTOMIES SAVE LIVES.

MEDICATION AND THE OSTOMATE CHART

The following information was developed to focus on a person with an ostomy. Absorption may vary with individuals and type of medication. Certain drug problems may arise depending on the type of ostomy you have and the medications you are taking. Make sure all your healthcare providers know the type of ostomy you have and the location of the stoma. This information will help your pharmacist and other healthcare providers monitor your situation.

Drug Group	Colostomy	Ileostomy	Urostomy
Antacids	Products containing aluminum may cause Constipation(e.g. Amphogel®, Basalgel®, Maalox®, Fast-Acting Mylanta®)	Products containing magnesium may cause diarrhea (e.g., Maalox®, Fast-Acting Mylanta®, Mylanta® Gelcaps Mag-Ox 400, Uro-Mag).	Products containing calcium may cause calcium stones (e.g., Childrens Mylanta®, Mylanta® Gelcaps).
Antibiotics	Caution-May destroy normal flora (may cause diarrhea).	May lead to diarrhea and risk of dehydration (e.g., ampicilin, cephalosporins, sulfonamides, etc).	Usually no problem.
Birth Control Pills	Usually no problem.	Birth control pills may not be fully absorbed. There may be a possible need to use other forms of birth control.	Usually no problem.
Corticosteroids (Cortisone)	Sodium retention. Possible fungal infection under face-plate due to suppression of immune system.	Sodium retention. Possible fungal infection under face-plate due to suppression of immune system.	Sodium retention. Possible fungal infection under face-plate due to suppression of immune system.
Diuretics	Usually no problem.	Caution--may cause electrolyte imbalance.	Will increase urine flow--may cause electrolyte imbalance.
NSAIDS Nonsteroidal anti-inflammatory agents® (e.g., Motrin®, Aleve®, etc.)	May cause bleeding from stomach or duodenum-gastric distress. Do not take on an empty stomach.	May cause bleeding from stomach or duodenum-gastric distress. Do not take on an empty stomach.	May cause bleeding from stomach or duodenum-gastric distress. Do not take on an empty stomach
Sulfa Drugs	Usually no problem.	Usually no problem.	Caution-use lots of water.
Vitamins	Liquid form is best. B complex may cause odor.	Liquid form is best. Vitamin B-12 is best by injection or nasal spray. Not absorbed well by oral route. Sublingual may be an option.	Tablet/Capsule okay. B complex may cause odor.

Source: Melvin F. Baron, PharmD, MPA, 2002

This Belt with Built in Bag Cover and Support Sounded Interesting?? Maybe Not??



ReadyMade Ostomy Belt

- **Moderate Support:** perfect for strenuous activities
- **Pre-tailored:** with soft, antimicrobial, stretch materials
- Support the flange/wafer & bag to increase appliance wear time
- Sleep, work, & play: can be worn 24/7, 365



Ostomy Belts

Ostomy Belts offer the best in class when it's time to protect, conceal, and support your ostomy bag in comfort.

PouchWear ostomy support belts are for both men & women, and for business, sleeping, or activities. You can expect moderate support for sports, increased ostomy bag wear time, flange protection, and more, without sacrificing comfort or discretion. The ostomy belt is equipped around your waist with an ultra-flat 3" belt, with internal lining, for added structure, and an adjustable Velcro closure. PouchWear Ostomy Belts will fully enclose your ostomy bag to provide discretion under clothing, all with a convenient, quick & easy, flip out pocket for drainage. Choose from seamless horizontal or vertical ostomy wear and get the best ostomy belt available.

<https://pouchwear.com/>

Ask Nurse Brown



Paste Durability

My paste ring never lasts long enough. It comes off, allowing my output to pool around the stoma and under the paste ring. It hasn't seeped all the way under the wafer, which is good, but I don't like all the pooling. Is there anything I can do for this? I've heard of a convex wafer and thought about trying that. Would I still need paste with a convex wafer?
M.W.

Dear M.W.,

If output is pooling around your stoma, this could challenge the seal of your pouching system. A barrier ring may hold up better to pooling than paste. A ring, however, can add height to your pouching system, so try rings that have a slimmer profile. Not all barrier rings are equal; some will hold up longer to liquid or semi-liquid pouch contents than others. Choose a ring that is described as extended wear. You may evaluate your pouch system changing routine as well. Are you using soap with lotion that could interfere with adhesion of the system? With some wafers and rings, the addition of a no-sting barrier wipe can also interfere. If you continue to have undermining of your wafer, you might try a pre-cut convex pouching system. (See next question.) A proper sized pre-cut convex wafer will provide enough pressure around the stoma to make a good seal. I do recommend using a barrier ring when your output is liquid or semi-liquid, even with convexity.

"A barrier ring or stoma paste can help prevent undermining of the wafer if there is some overfilling."

Adherence Issues

The upper right of my skin barrier just won't stay in place. I always have my stool break through the same place every time. Yet, when I try to remove it, I have to pull really hard to get the rest of the barrier off and it will either leave a residue or take a layer of skin and leave me with a sore. I've tried several different brands including one-piece and two-piece.

R.B.

Dear R.B.,

If you are leaking at the same site every time, I wonder if you have an issue requiring customization of your appliance. If you have a low spot, scar, abdominal fold, stoma near your umbilicus, herniation, flush stoma or other anatomical variance, it could be the cause of your leakage problem. Solutions may include, but are not limited to, the use of a flat or convex wafer, addition of paste, strip or ring, adjustment of your stomal pattern, use of an appliance belt or even adjusting the products used to cleanse or protect the peristomal skin. If you have not seen an ostomy nurse recently for an evaluation, it would be recommended for you to make an appointment. Take a spare appliance and everything you use in your care for review and do not change the pouching system before the appointment since it will be removed for the examination. I even request on occasion that people save and bring a wafer that has leaked in a plastic zip lock bag, if possible, to demonstrate the exact location and to assess the used wafer. This is especially valuable if the one you wear to the appointment is intact. From your question, I do not know what system you are using. If you are using wafer designed to adhere for several days, it might explain why it is so difficult to remove after only a day or so. If your skin is fragile, the wafers with more aggressive adhesives might not be best for you. Also, if your skin is at risk for injury, use of a protective barrier to ease removal may prevent damage or irritation. Many manufacturers do not recommend use of these products under the more durable or wafers designed to be changed less often than every few days or so. Some people find that using an ostomy appliance adhesive removal product eases removal of the wafer followed by gentle cleansing of the skin. I did have a gentleman who seemed to have one area of skin that was unusually moist and almost oily to the touch and no other visible reasons for leakage of the wafer at the site. We cleansed his skin with an ostomy appliance adhesive removal product, rinsed well, applied a topical ostomy barrier powder then sealed the area with an ostomy sealant and let it dry thoroughly. It was only in one small place, not the entire area. This eliminated the leakage problem. Hopefully, these suggestions will help!

Blood with Urostomy

I recently had my bladder removed and have a urinary stoma. Right after surgery, my urine was a little bloody, but then it cleared up. It is a little bloody again and has a bunch of cloudy stuff floating in it. I feel fine. Is this normal?

K.R.

Dear K.R.,

It is normal for the urine to be slightly bloody just after surgery for an ileal conduit. As you stated, it will clear in a few days. Some people have blood-tinged urine a little longer, if they still have small, temporary catheters (called stents) inserted during the surgery that protrude from the stoma. The surgeon will remove these days or weeks later depending on their preference. It is also expected that you will see mucus "shreds" in the urine when a piece of the intestine is used to create the ileal conduit. Without seeing your urine however, I am concerned that it was clearer and now is "a little bloody with increased cloudiness." You need to call your physician to report these observations. It appears as though you have a urinary tract infection. Often, a urine culture will be ordered by the physician before an antibiotic is initiated to select the appropriate medication for treatment. If a medication is ordered at the same visit, you should have the culture done before you start the antibiotic and then follow physician directions. Some doctors prefer to initiate antibiotics before the culture results are available, since it may take 48 hours or more for a result to be obtained. Remember that urine for a culture should never be taken from the pouch or night drainage system and should always be a clean specimen to be as accurate as possible. Other symptoms of a urinary tract infection are fever, chills, loss of appetite, abdominal or back pain, especially associated with bloody, cloudy or foul-smelling urine. In conclusion, call your doctor to follow up. This might be an infection.

Working to protect access to ostomy supplies for Medicare beneficiaries

By Jeanine Gleba, UOAA Advocacy Manager

There are approximately 1,000,000 individuals in the United States who rely on ostomy and/or urological devices to ensure proper health and to function at the highest level possible. Due to differing body shapes, physiology, and medical circumstances, there is no one-size-fits-all product that can meet everyone's needs. In fact, there is often the need for individuals to use several different types of devices during their lifetimes.

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Top Priority

A top federal advocacy priority for UOAA is to preserve and protect access, choice and affordability of medically appropriate ostomy and urological technology and supplies. Throughout the year, we advocate on several fronts including joining forces with coalition stakeholders for a unified message as well as individually educate decision-makers and elected officials. An example of a specific ongoing effort is working with the government to keep ostomy and urological supplies EXCLUDED from the Medicare Competitive Bidding Program. According to cms.gov, under this program suppliers submit bids to provide certain medical equipment and supplies to people with Medicare living in, or visiting, competitive bidding areas. Medicare uses these bids to set the amount it pays for each item. If you have Original Medicare, the Competitive Bidding Program requires you to get competitive bidding items in competitive bidding areas from a contract supplier, unless an exception applies.

Advocating on Your Behalf

Attempts to drive down costs – like expanding Medicare's Competitive Bidding Program (CBP) to include ostomy and urological supplies – will result in restricted access, reduced choice and decreased value to both the Medicare Program and its beneficiaries. In late 2018, UOAA Treasurer George Salamy and I were in Washington, DC with other concerned stakeholders where we met with Demetrios Kouzoukas, Principal Deputy Administrator at the Centers for Medicare and Medicaid Services & Director of the Center for Medicare, and also had several key legislative office meetings about Medicare's Competitive Bidding Program (CBP) to ensure ostomy and urological supplies remain excluded from the program.

Understanding the Issue

We were able to share what it means to live with an ostomy and why product choice is so important as a result of the everchanging needs of patients over the course of their lives and the need for multiple products, often from different manufacturers. By allowing people in these meetings to handle product samples they left with a greater appreciation for the uniqueness of the products and it was extremely beneficial to their understanding of the issue. Overall, we were very pleased with the information we elicited from CMS and we confirmed that they are focused on other areas (ventilators, off-the-shelf knee braces and off-the-shelf neck braces) for the present time (at least until 2021) for potential expansion of the CBP program. In addition, the legislative aides that we met with also reiterated that they knew of no discussions in Congress to include these products in Medicare's CBP. We will continue to be vigilant on this issue and educate key decision-makers on how this impacts people living with an ostomy so that all ostomates have access to the ostomy supplies that they need. Find updates and more information on this issue and all of our advocacy priorities at ostomy.org.



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MEMBERSHIP: DUES ARE \$15.00 PER YEAR, \$ 5.00 PER YEAR FOR SPOUSE. CHAPTER IS OPEN TO OSTOMATES, SPOUSES, PROFESSIONALS, SUPPLIERS AND FRIENDS. ORGANIZED UNDER THE AUSPICES OF THE AMERICAN CANCER SOCIETY.

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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.

Happy
Valentine's
Day

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