



WEB SITE: www.ostomysolano.org

SOLANO OSTOMY NEWS

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



DATE: March 18, 2020

SPEAKER: PEGGY TERRY - RN, BSN, CWOCN

PROGRAM: SHARING EXPERIENCES & ROUNDTABLE DISCUSSION & Q & A

REFRESHMENTS: *Beverly Spain*

WHERE: KAISER VALLEJO, 975 SERENO BLVD.

MEETING ROOMS A&B, FIRST FLOOR. HALLWAY PAST PHARMACY #1

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JUST A FEW COMMENTS

I can't believe we are already heading into **March**. I am definitely ready for spring. Seems like it has been a long cold winter. At our meeting in February in Vacaville 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. Remember that you can purchase products other than Hollister by requesting an exception through your WOCN or physician. Mary Ann Chico, CWOCN headed up some very interesting discussions with the group as well.

In the near future, I am going to work on updating our web site www.ostomysolano.org. I already made some quick changes several months ago to fix most of the incorrect information, but the site needs some fine tuning and expansion. We are not really doing "visitations" right now, except over the phone, and most of the newsletters were outdated (already removed some), and many of the links are not working, etc. Anything you would like to see added, deleted or updated, please let me know.

Looking forward to seeing you in Vallejo on March 18th (day after St Patrick's). Don't celebrate too much!

Upcoming Meetings – Add to Your Calendars – Details to Follow

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!

May 20th – Annual Birthday Potluck – Location to be determined.

What is a Stoma? Liberty Medical

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. 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.



Make Some Noise for Quality Ostomy Care in 2020

Authors [Jeanine Gleba](#) & [Ellyn Mantell](#)

[Excerpts From UOAA Pheonix Magazine](#)

[United Ostomy Associations of America](#) (UOAA) has been advocating for quality of care since its inception. Recent initiatives include revising the UOAA Ostomy and Continent Diversion Patient Bill of Rights and creating patient/caregiver self-advocacy toolkits and provider educational resources. UOAA recognizes that a significant impact from our efforts could take many years. However, the small changes we are seeing inspire a steadfast determination.

Our passion for improvement is driven by the many stories shared—tales of people trying to navigate self-care or dealing with inadequate care for their loved ones—and the underlying tone of helplessness. We need to start making our collective voices louder to make a positive change.

We know that having the services of a WOC nurse or a trained ostomy nurse at many health care facilities is limited. We also know that across the country, a tremendous gap exists regarding access to ostomy care. Regardless of the lack of access to this nursing specialty, it is the responsibility of a facility to provide the proper care necessary for the medical conditions of the patients they accept. How should facilities be held accountable?



UOAA stresses that ongoing, in-service education for nursing staff or anyone who cares for our patients is critical. **Although each type of facility is regulated differently, patient-centered care remains crucial. If a facility can't afford to hire a staff member to meet a particular specialty need, it is recommended that they hire a consultant to ensure positive patient outcomes.** It is our hope that medical providers in every type of facility will fully understand and acknowledge that care does not stop after the patient leaves acute care. We encourage staff to speak up, be patient advocates, and meet with their administrators concerning the issues these patients face. More medical professionals need to be encouraged to get a certification in the specialty of ostomy care and education.

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In 2020, UOAA will launch an awareness campaign to keep this issue in the spotlight. Can we count on you to make some noise with UOAA until every ostomate receives the care they deserve?

Be Your Own Advocate

By Bobbie Brewer, GAOA ATL, UOAA Update

Advocate:

One who pleads the cause of another; one who defends: a voice.

There is so much change and challenge in the health care arena that it has become more important to be our own advocates. We must become more informed about ostomy surgery and its influence on routine health care issues. Consider:

Emergency Room Visits

Speak up and let all the medical staff know that you have an ostomy. You may have to give a quick medical explanation of ostomy surgery and the changes that have been made to your systems (intestinal or urological). Ask about all of the procedures and/or medications that are offered and their impact on your ostomy. Severe diarrhea in individuals with an ileostomy quickly becomes a dehydration problem and requires immediate infusion of fluids and electrolytes. Intestinal blockage requires a determination of the difference in a food blockage or for some other reason. A quick x-ray of the abdomen can help establish the cause and thus the solution. Most food blockages will pass with time, with fluid and with pain medication, and possibly a nasal-gastric tube if nauseated. If you are unable to communicate your concerns, be sure to have another knowledgeable person with you to speak for you.

Medications

Make sure all of your medication providers, including **your physician and your pharmacist**, know the type of ostomy you have. Absorption may vary with individuals and type of medications.

For individuals with an ileostomy, medications in the form of enteric-coated tablets, time-release capsules or long acting meds may not be absorbed and therefore no benefit received. Before the prescription is completed by the physician, inform or remind him of these limitations. A pharmacist can assist in choosing the form of medication that will be best absorbed. Remember to speak up and ask questions. A well informed advocate is best!

Ask Nurse Anita



Is it safe to NOT use a nighttime drainage system with my urostomy? I hate feeling tethered to the container all night and am not sleeping well at all.

The short answer is yes, it is medically safe to go without a nighttime drainage system. However, that will increase the risk of a leak. Feeling tethered to the night bag can be a nuisance and impair your sleep patterns. Furukawa and Moiroka (2017) found that people with ileal conduits do suffer from poor sleep quality. **Out of 86 people in this study, 67% experienced urinary leakage while sleeping, and 40% had to purchase a new mattress.** Inevitably, the quality of life decreases when a person's sleep quality is poor. If you don't mind getting up every 4 hours or so, then go without the nighttime drainage system and see how you do. If you are a heavy sleeper, consider setting an alarm clock to wake you up.

But let's discuss the benefits of a nighttime drainage system. A nighttime drainage system is a large container or bag like a catheter drainage system with tubing that attaches securely with an adapter to the urostomy pouch. **Most people enjoy using a nighttime drainage system because they don't have to get up at night to empty the pouch. A pouch holds about 350 mL whereas a drainage system can hold up to 2,000 mL. Many people experience decreased worry of having leaks when they are connected to the night system.** When the night bag is hung over the side of the bed the tubing and/or your pouch may get twisted and kinked and this can be disruptive to sleep.

The other benefit of using a nighttime drainage system is that it prevents urine from being in contact with the stoma and surrounding skin. Keeping urine away from the stoma prevents urinary crystals from forming and causing pseudo verrucous lesions. Polyps may also be reduced with decreased urine contact. Urinary tract infections may be reduced using night drainage systems by decreasing the risk of bacterial overgrowth which may occur from urine sitting on the stoma and surrounding skin.

Various night systems are available from a gallon jug that sits on the floor to the more common drainage bag that hangs on the side of the bed. **Coloplast** makes a unique nighttime drainage system that promotes less twists and kinks. It is a micro-pouch specifically for use with their specific nighttime drainage system. The micro-pouch is a very small pouch, about the size of the barrier (used with a two-piece system) and can be positioned in any direction you choose. The collection side bed type bag is unique in that it has flexibly corrugated tubing that can be cut to a shorter length. **This type of system is designed to prevent the pouch from twisting and the flexible tubing from kinking. It connects to a bedside drainage bag that can be hung on the side of the bed.** Clean the night drainage bag every day by rinsing it with cold water twice, shaking vigorously for at least 10 seconds both times. Drain the water into the toilet. Fill the empty bag to about 1/2 full of one part vinegar and three parts water (1:3). Soak the bag for 20-30 minutes. Rinse the bag out with warm water and hang it up to dry. Medicare allows for one replacement bag monthly, but they can last longer. **Remember that these bags can be a source of infection, so it is important to keep them clean.**



Dale Hold-n-Place leg Band – works to keep the tubing from your night bag in the correct position so it will not tangle, even laying on your side or on your back. They are inexpensive and last a long time.

Interesting Links – Maybe?

<https://ostomyconnection.com/>

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

<https://www.inspire.com/groups/ostomy/topic/pouching-options/?origin=tfr>

Beryl of Wisdom

Beryl Evans, RN, MS, has been a certified wound ostomy nurse for 48 years.

The Sticky Subject of Paste

Ostomy paste has been an ostomy care accessory for over 40 years and for just as long the messy solution it offers has created problems for most ostomates. Whether carefully applied or spread like peanut butter, paste is tricky to apply and can be difficult to remove. A little product knowledge and a few tricks may help. The most popular paste products, Adapt (Hollister) and Stomahesive (ConvaTec), contain pectin and alcohol. Pectin is used to help hold the paste together. Alcohol keeps the product in a semi-liquid state so it can squeeze out the tube, but it can be tough on the skin.

Application Secret

Unfortunately, most paste products offer little instruction on use. **The big secret to using paste is to apply it to the flange or one-piece pouch just around the edge of the opening and then to let it dry for 10 minutes or more. This extra time before use allows most of the alcohol to evaporate and the pectin to gel the paste making it more like putty with less ooze.** When the paste is applied to the skin or flange and immediately sealed to the skin the alcohol is trapped on the skin. We all know alcohol is very drying to the skin and will complicate any peristomal skin problem. When irritated skin and alcohol meet, pain, burning and possible skin damage can be the result. When the undried paste is immediately sealed onto the skin it tends to ooze out under the flange or one-piece pouch which makes it more difficult to remove. **When the pouch is changed, many ostomates complain it has taken them an hour or more to completely remove the paste using any number of ill-advised aids like credit cards or sharp instruments. When this problem occurs, I advise patients to wipe any drainage from the remaining paste and apply the new pouch system after applying new paste using the method discussed above. This greatly shortens changing time and all the paste will be more easily removed with the next change.**

Paste Properties

Other common pastes, such as Brava Paste (Coloplast) and Eakin Cohesive Paste (ConvaTec), **are non-alcohol pastes and do not require drying time.** Karaya paste is not pectin based. It uses karaya and alcohol as its base ingredients. Karaya is a plant-based ingredient from a tree in India. It has been largely replaced by the pectin products. The Karaya paste has more alcohol than the pectin paste and needs to dry for at least 15 minutes. Paste is a very useful product for ostomy care, but is more difficult to use than the newer barrier seals. However, it is less expensive than barrier seals and a good alternative for uninsured ostomates. Knowing a little about the different pastes and how to use them will help keep your skin healthy while providing good pouch security.

Ask Dr. Beck

Dr. Beck is board certified in general and colon and rectal surgery and is a Clinical Professor of Surgery at Vanderbilt.

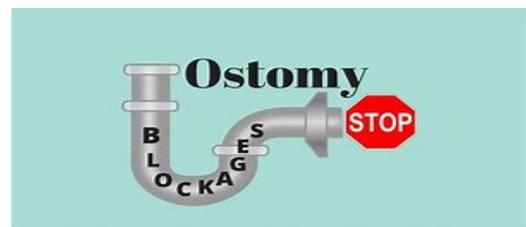
Blockage

I read about bowel blockages. What does it mean and what would happen to me if I got one? My colostomy is new.

L.L.

Dear L.L.,

In general, each part of your intestinal tract has a certain diameter (think of the size of a pipe). Intestinal contents are moved through the intestine by several methods (most by muscular contraction). If the contents are liquid or soft, like paste, they can be pushed through even narrowed areas. The bowel lumen (diameter) can be reduced by strictures (from Crohn's or surgery), adhesions or kinks. **The most common cause of a blockage is eating the wrong stuff, such as a big bag of chips, popcorn, broccoli, or fresh fruit. This collection of fibrous food may result in a food plug or blockage.** With a blockage or obstruction, the intestinal contents tend to back up and stretch the bowel proximal to the area of narrowing or blockage. Stretching the bowel wall results in crampy pain and distention. Patients may also experience nausea or vomiting (more common if the blockage is proximal or prolonged). As intestinal contents are not passing through the bowel, the ostomy output tends to be reduced, changed in character, or stopped completely. **If an obstruction occurs, we usually recommend that the patient go on liquids until their symptoms resolve. If pain or blockage symptoms persist for more than four hours, you should contact your physician or go to an emergency room. An exam or x-rays help to confirm the significance and site of the blockage. Risks associated with an intestinal blockage are restricted blood flow to or rupture of the bowel (a perforation).** If the physician doesn't think that the bowel is ischemic (reduced blood supply) or perforated, the patient is given IV fluid, may receive a nasogastric tube (removes



proximal air and fluid) and is placed on bowel rest (nothing by mouth). Selected patients with an ostomy may benefit from stomal irrigation. Most of the time, these efforts will resolve the blockage. If the blockage is not resolved or the surgeon is concerned about ischemia or perforation, surgery may be needed.

Ask Nurse Coulter

Linda Coulter has been a Certified Wound Ostomy & Continence Nurse for 10 years.

Saline the Solution?

I have been irrigating my colostomy for about two years. I feel like my electrolytes get drained after an irrigation. I live in a hot and humid environment, so I sweat regularly. Should I be using saline or some electrolyte formula when I irrigate?

H.S.

Dear H.S.,

Congratulations on irrigating your colostomy. I hope you, like many people who irrigate their colostomy, have an improved sense of freedom. The environment where you live can make you susceptible to dehydration. One sign that you may be dehydrated is if you find that you do not get a complete return of the fluid you use for your colostomy irrigation. This is because the colon's major function is to absorb water, so if you are dehydrated, some of the water from irrigation will be absorbed into your body. If you find this happens to you, be sure to increase the amount of fluid you drink. This will help you stay better hydrated and will also help your colostomy irrigations to be more productive.

The best fluid to use for irrigation is tap water. Most people use between one half to one liter of room-temperature water. While it is true that the colon does absorb some electrolytes, the best way to get those electrolytes is orally, not through your irrigation fluid. To manage your electrolytes and hydration level, be sure to drink plenty of fluids, including water and rehydration fluids such as sports drinks or Pedialyte.®



Noisy Stoma

I had colostomy surgery just a few weeks ago and I've noticed a lot of noise coming from the stoma. Will this go away or is this a permanent thing? I'd like to return to work soon, but I am concerned about all the sounds.

T.S.

Dear T.S.

You are not alone in your concerns. In my experience, stomas do become less noisy as the body heals from surgery and as people return to a more regular diet. However, just like before surgery, gas is produced naturally by the flora that lives in the intestines. These bacteria aid in digesting carbohydrates, which results in flatus (gas) and odor that needs to be released from the colon. Because there is no muscle to control output from the colostomy, the gas releases when it reaches the stoma opening. The good news is that there are ways to control both the noise and odor from gas. Pouches are designed to be odor-proof. Many also have charcoal filters to help gas escape while reducing its odor.

As you heal and your diet returns to normal, you will likely notice that the volume of gas will decrease, but it won't totally stop. Wearing a stoma wrap, such as the **Phoenix** ostomy belt or the **Stealth Belt**, will help muffle the sound. A low cost and readily available option is a "**baby belly band**" which pregnant women wear. The wrap should be worn snugly, but not so tightly that they restrict the output from the stoma. **The Stoma Stifler** was designed specifically to reduce the volume of noise heard by gas passing through the stoma. Commercially available stoma guards may also decrease the noise level.

Finally, be aware of foods that may cause gas and odor. These include asparagus, beans, beer, cabbage, eggs, fish, melon, dairy products, onions and spicy foods. Each person is different, so you may need to learn which of these affect you most. There are enzymes that you can take with your meals to help lessen the gas and odor from these foods. One of these products is Beano, which comes in both pill and liquid form. Read the label on how to take these enzymes properly. Be aware that American-size servings are often twice the size of actual serving sizes. So, if the label says to take one pill per serving, you may need two pills for them to be effective.

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NAME _____ PHONE _____

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

