



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

# SOLANO OSTOMY NEWS

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**DATE: SEPTEMBER 2<sup>ND</sup> & SEPTEMBER 16<sup>TH</sup>**

***TWO ONLINE VIDEO METINGS***

**HOSTS: SEPTEMBER 2<sup>ND</sup> - DAN & MARY ANN CHICO**

**SEPTEMBER 16<sup>TH</sup> – DAN & PEGGY TERRY**

**PROGRAM: ROUNDTABLE DISCUSSION - Q & A – GET REACQUAINTED**

**REFRESHMENTS: BYOB (BRING YOUR OWN BEVERAGE)**

**WHERE: IN YOUR LIVING ROOM, KITCHEN, DINING ROOM, YOU PICK IT**

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

**Wow** – I cannot believe how fast the fires got **out of hand**. What started out as a couple little fires in the Napa hills and in north Berryessa, **overnight**, turned into a catastrophe for many families in Vacaville and Fairfield. I hope that none of our fellow members were directly involved in the fires or lost any property or precious animals. What with the fires, heavy smoke, stressful economic situation for many families, protests around the country, and corona virus stresses and isolation, this has turned out to be a momentarily bad year for many people. **Sorry for all the negativism!**

2

**Along with all this** we have had to cancel all our **in-person meetings** since last February, and probably into the end of the year. I do miss the monthly get together and the comradery and support that the meetings have to offer. I like to think that our meetings provide some level of support, not just for current members, but for new ostromates as well.

We had our first **Online Video Meeting** on Wednesday, 8/19. The meeting went very well and was both supportive and informative. I think it took some members, including myself, a little while to adjust to the video meeting, but after a few minutes it all falls into place. Others who have experienced video meetings, in the past, are comfortable with the process. At least it is some form of support and comfort for our members.

**So**, because of the success with the first video meeting, we are going to have two video meetings each month, on the **1<sup>st</sup> and 3<sup>rd</sup> Wednesdays of each month**. I already sent out all the details in an email yesterday along with the **Link** for the meeting next Wednesday, **September 2<sup>nd</sup>**. I serve as the **Host** for all the video meetings, and when you join the meeting, I must let you into the group. If you have any questions about the process or setup of the **Zoom** software, or want to have a practice meeting connection, please give me a call. I will be sending out more details and reminders before the meeting next week.

**One more thing**. I want to thank in advance, our **CWOCN** supporters, **Peggy Terry** in Vallejo, and **Mary Ann Chico** in Vacaville for taking time out of their busy schedules to provide us with their expert advice.

Be careful out there!

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

**September 2<sup>nd</sup>** - Online Video Meeting - 7:00 PM - Roundtable Discussion and Support

**September 16<sup>th</sup>** - Online Video Meeting - 7:00 PM - Roundtable Discussion and Support  
Tentative Special Guest – Detail to Come

**October 7<sup>th</sup>** - Online Video Meeting - 7:00 PM - Roundtable Discussion and Support  
Tentative Special Guest – Details to Come



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***“Follow your dreams, find what makes you happy and don’t let the negatives take control of your life.”***

# 3

## Simple Ways To Eliminate Fears About Your Ostomy

Having an Ostomy brings on a whole set of challenges, struggles and emotional baggage!

### Wouldn't it be great to know how to deal with the many fears and anxieties that arise?

With this huge life change it can be difficult to get back on our feet again. I'm delighted to get you *started* with these 3 simple ways to eliminate fears.

## 1) Emergency supply bag

An unexpected leak can lead to a freak out, causing a whirlwind of panic and anxiety. Waking in the middle of the night to discover you've sprung a leak; being out socially and the big OH-NO happens! What about at work, how embarrassing. While it will take other emotional and mental techniques to conquer the feelings around all this, **we can be PREPARED on a physical level.**

Aside from having enough monthly supplies (**no fear of running out**) I advise having a small emergency bag. In it keep 3-5 of your supplies plus anything else you might need. That way everything is in one place and you can easily bring it anywhere!

### Emergency Supply Bag

Sample contents:

- Ostomy bags and disposable bags**
- Wafer/skin barrier/flange**
- Wipes – remover and adhesive**
- Seals if you use them**
- Stoma powder**
- Paper towels, scissors, and anything else you use**



Remember this very is helpful on a physical level but there are also many thoughts and feelings that arise around this issue.

## 2) Daily Affirmation

So much of our fear is about what might happen, projecting into the future, all the “what ifs”. An affirmation can remind us to stay in the present moment. It's a practice or ritual for self-empowerment. They help us move from fear to love; change how we think and behave; switch to a positive mental and emotional state; to motivate and focus on own goals. It is important to acknowledge and accept our “shittier” feelings in order to move into a place of acceptance which will help release some of our fears. But the affirmation has to resonate with you, hence why I like to state what the problem is and also the intended positive outcome. Write down the affirmation and put it somewhere you see frequently (I suggest the bathroom!!!).

Here are a few **examples of affirmations** to get your creative juices flowing, but not your ostomy ones!

- Even though having an ostomy is really challenging and stressful, I'm alive and I'm grateful for that**
- I've been through so much already, I'm afraid of what might happen, but I'm trying my best to cope right now**
- Leaks happen, but I'm grateful for XYZ person in my life**

- ☐ **Shit happens, but I'm doing the best I can today**
- ☐ **I may never like how it looks, but I want to and can feel confident about myself today**

Of course, because the experience of having an Ostomy is so in depth it will require digging deeper.

### 3) Commit to self-care

We've been through so much already and we have undergone a tremendous amount. On top of that, we have an ostomy. We may feel let down by our bodies and we can be so hard on ourselves. We're scared about what will happen in the future, we worry about what people will think. Let's face it, accepting our appearance is a huge ordeal. **But, having an ostomy does not define who we are.**

Our bodies also do so much for us and it's important to learn to love and take care of ourselves. To be able to embrace how we look and overcome the fears around rejection. This will help release draining energy and instead focus our energy in a more positive way. To get our bodies (physical, emotional and mental) healthy again.

Take little steps to get back to doing things you enjoy. Practicing self-kindness and love is a simple and often over looked powerful tool.

- ☐ **Do you make time to help your body relax? I see great value in massage, acupuncture, yoga, meditation, anything that helps the body to rest and replenish**
- ☐ **What are you grateful for? Each day I try to find gratitude for small things, people and pets. Think of a happy memory, a fun trip or a friend that has helped you. Take the time to stop, pause and breathe into your gratitude**
- ☐ **What do you enjoy doing? I love getting outside for a walk, going to the beach, doing yoga. Returning to some of your pre-ostomy activities will help boost your confidence**



**I'm Elaine O'Rourke** and I've had an Ileostomy since 2005 due to Crohn's Disease.

The good news is, I am here to accelerate and eliminate much of the excess baggage about your ostomy. This will help you have more energy to get back into the life you wish. Imagine not being triggered every time something happens with your bag! How about getting through the day without a flood of tears, anger, embarrassment, sadness and all the negative self talk. My personal experience and knowledge makes me the perfect guide for the step-by-step program

**“Surviving to Thriving: Overcoming Ostomy Challenges so you can Live a Fulfilling Life”**

### Ask Nurse Coulter

#### **Inflamed Skin**

*My wife has had an ileostomy for about six months. We have done everything we can to stop skin inflammation that is the exact shape and size of the wafer cut out. Her stoma is a little lower than her skin. There are no leaks. Is the material of the pouch causing this? G.I.*

Dear G.I.,

Because the irritation is the exact size and shape of the wafer, it indicates that your wife has a sensitivity or allergy to the wafer or ingredients in the wafer. Fortunately, not every wafer is made of the same ingredients. If your wife were to see an ostomy nurse, the nurse would do a patch test to determine which wafers do and do not cause a sensitivity reaction. For this test, small pieces of skin barrier from many different wafers would be applied to the abdomen. The skin barrier pieces would be covered with a transparent dressing and would be left in place for 48-72 hours. The dressing and skin barrier pieces would then be removed. Skin barriers that cause a sensitivity reaction would leave a red area on the skin. Wafers made from that skin barrier could then be avoided. If your wife can't get a patch test done, I suggest that she try a different brand of wafer and pouch than she is currently wearing. I have found two products that cause fewer sensitivity reactions; Hollister Ceraplus and Coloplast Sensura. You can request samples directly from the companies. If for some reason, your wife must use the pouch she is currently using, I recommend adding a skin barrier, such as Brava Protective Sheet or Hollihesive between her skin and the wafer. To do this, cut the skin barrier the same shape as the pouch's wafer. Then cut a stoma-sized hole in the center of the skin barrier. After doing skin care, place this washer-shaped barrier directly to the skin and place the pouch onto the skin barrier.

5

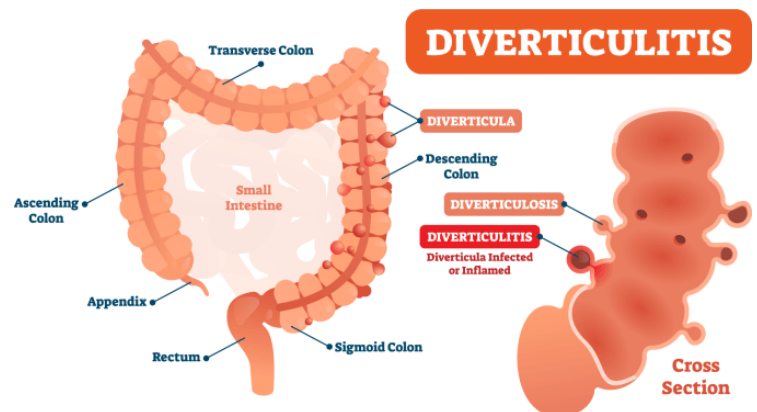
## DIVERTING DIVERTICULITIS

By Ellyn Mantell

From the time I can remember, constipation was always an issue for me. I assumed I was doing something wrong to cause it. It turns out that I was born, like so many, with a redundant foot of bowel, which in layman's terms, means that my colon was not only oversized, but a portion of it went in the wrong direction. Here is what I mean...the colon or large intestine ascends on the right side (ascending colon) and goes across the abdomen (the transverse colon) and descends the left side (the descending colon.)

That is exactly the path that stool takes in its journey to leave the body. My redundant foot of bowel meant that the transverse colon actually went up at the connection to the descending colon, for a foot, before heading downward, so stool had to travel against gravity before leaving my body.

My first barium enema was when I was 10 years-old, and although we didn't know what the problem was, I was always told at that time, and every subsequent test, that my sluggish bowel would be an issue for me, (and it truly was, until my ileostomy 6 years ago). So, it came as no surprise that I was also told, each colonoscopy or c-t scan, that I had severe diverticulosis, which could become diverticulitis, a problem that often requires medical intervention.



The **diverticula** are **small sacs** that form along the mucosal lining of the colon, often due to straining to move stool through the intestinal tract, which puts pressure on the intestinal wall (which causes the bulging). This issue can worsen with age, medications and other causes of constipation. If the diverticula are inflamed or rupture, serious infection can result, which then is called diverticulitis.

While **diverticulosis** **doesn't cause discomfort**, **diverticulitis** can be **terribly painful**, cause fever, constipation or diarrhea, nausea and fatigue. Several in our [Ostomy Support Group](#) have had resections of their colon and ostomies due to diverticulitis. Some choose to be reversed after the several weeks of healing necessary to allow the connection in the intestine to do its job. Others choose, instead, to live with their ostomy, which offers them freedom from constipation.

There are ways to avoid diverticulitis, and they are manageable for most. Eating a high-fiber [diet](#) rich with fruits and vegetables and whole grains is a great place to start. You may remember that I have also mentioned that is a smart way to enhance our immune system, which may help fight Covid-19. Add more fluids, and if possible, pitted

watermelon, for an extra kick of fluid. These tips will soften waste and help it pass more quickly through your colon. That may reduce the risk of diverticula becoming inflamed. Also, exercise and maintaining a healthy weight are very helpful.

Many physicians recommend reducing red meat; some used to say avoid nuts and seeds, although that restriction seems to have changed. As I tell others with an ostomy especially those with an [ileostomy](#), if you eat nuts and seeds and fresh fruits and vegetables, which are healthy and filling, please chew, chew, chew, since that is the best way to avoid inflammation or a [blockage](#).

Many medications can impact [motility](#) of the bowels, so be mindful to changes when you add or delete medications, and please address with your physician any concerns. And most important, if you notice any changes, pain, distention, nausea, vomiting or generalized discomfort in your abdomen that has you concerned, do not wait. Speak with your physician and consult UOAA's [blockage card](#) and don't be hesitant to go to the Emergency Room if needed. Much can be done to not only make you feel better, but to prevent a manageable situation from becoming extremely serious!

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

6

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## Nothing Scientific – Just Interesting?

### **Rising from Bed Too Quickly Can Be Hazardous**

A viral social media message has been circulating the Web for some time, reportedly from a cardiologist, suggesting the “one-and-a-half-minute law.” It purports that waking up suddenly from sleep and standing to go to the bathroom can result in dizziness or possible stroke and death. The message continues with a suggestion to lie awake for 30 seconds after waking; then sit up for 30 seconds; next, lower your legs and sit for another 30 seconds. Only then should you get up to use the bathroom. This, according to the message, can be especially important for older folks. We fact checked the story and discovered there's apparently no scientific evidence supporting the claim that rising quickly from bed can cause a stroke or sudden death. However, according to **Mayo Clinic**, **orthostatic hypotension** – also called **postural hypotension** – is a form of low blood pressure that happens when you stand up from sitting or lying down. The condition can make you feel dizzy or lightheaded, and maybe even faint. We shared this information with friends who told us the information was helpful. One friend wrote back with the following: It seems like good advice whether you're elderly or not, for three reasons: - Gives your eyes time to adjust - Gives your mind time to clear - **Gives the dog time to get the heck out of the way.**



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## Tips for a Successful Recovery after Ostomy Surgery

**By Diana Gallagher, MS, RN, CWOCN, CFCN – Facilitator for the NWA Ostomy Support Group**

For many, ostomy surgery is lifesaving but their initial feelings on living life with an ostomy are negative. For individuals with years of unresolved incontinence or inflammatory bowel disease, however, life after surgery is frequently viewed as a positive improvement. For them, an ostomy is the promise of a return to a normal life.

As you prepare for surgery, the following are important tips to help you transition into your new life and embrace living with an ostomy. For more information contact **United Ostomy Associations of America** at [info@ostomy.org](mailto:info@ostomy.org) or **1-800-826-0826**.



**Select a surgeon** with valuable experience in the type of surgery that you are facing. General surgeons as well as specialty surgeons can perform ostomy surgery. Specialty surgeons are those who have completed additional education, training, and fellowships within the specialty. These surgeons will be identified as Colorectal or Urology Surgeons. You can find a local physician through the website for the [American Society of Colorectal Surgeons](#) or by contacting the [American Urological Association](#).

**See an Ostomy Nurse.** BEFORE surgery, your surgeon may refer you to a specialty nurse, like a [Certified Wound Ostomy and Continence Nurse \(CWOCN\)](#). If not, you will need to find a specialty nurse. This nurse will help ease your transition into living with an ostomy. Although education may be provided during your hospital stay it can be difficult to focus and remember because of anesthesia, surgical pain and stress. Your ostomy specialist will provide comprehensive education including practice pouch changes before surgery. In addition, he/she will identify and mark the best location for your ostomy. This is important because during surgery it is difficult for your surgeon to know where the waistband of your pants sits, where creases or irregularities exist and other special considerations to consider when selecting that optimal site.

**Attend a United Ostomy Associations of America (UOAA) affiliated support group (ASG) meeting** in your community if possible. You may think that you do not need a support group or feel that you are the type of person who does not feel comfortable in a group setting. Put those feelings aside; listening in the beginning is a good start. [Join your local group](#), even if you don't initially find someone your age with a similar story, there is a lot to learn. UOAA affiliated support groups are truly one of the BEST places to obtain the necessary education, helpful hints, support, and resources. Don't feel that you are alone.

**Determine which supplies will work best for you.** In the beginning, you will most likely receive sample products from a number of companies. It is helpful to keep the 2 piece products from each manufacturer separated; wafers from one company will not necessarily snap onto a pouch from another company. The sampling program will help you try a variety of products to learn which ones work best for you.



**Order your regular supplies.** Once you know what you like best, an order can be placed through a distributor. There are countless distributors to choose from and depending on insurance, your supplies can be delivered monthly or every three months. The first time that you order, it is logical to order a month's worth of supplies. As your expertise develops, you may fine-tune your list. Insurance normally pays 80% of supplies that are medically appropriate. If you have a secondary plan, the remaining 20% may be covered. Check for a list of the established limits for each product. Reorder supplies so that you are never without the supplies that you need.

**Select a place to keep your ostomy supplies organized.** Many people keep their basic supplies in a bathroom drawer, others buy a plastic organizer with several drawers that can be moved about. Excess supplies can be stored in a closet but regardless of where you choose to keep supplies, it is best to avoid temperature extremes and high levels of humidity.

**Be prepared.** In addition to the extra supplies that you keep on hand at home, always keep a small pouch with all the supplies necessary for a complete change with you. Like your other supplies, these should be kept away from temperature extremes and humidity. Hopefully, you will rarely need to make an unplanned change, but being prepared, makes most ostomates feel secure and confident. If you anticipate an occasional return to the hospital, keep a bag packed with your preferred supplies. The hospital may not have the brands that work best for you.

**Promptly consult your ostomy specialist for any problems.** This might be a decrease in normal wear time, a change in your stoma, or a problem with your peristomal skin. A good practice for all is to hydrate properly to avoid complications.

**Recover from surgery and LIVE life to the fullest.** Having an ostomy does not change who you are or what you are able to do. After recovery, work to strengthen your abdominal muscles to help prevent hernia risk and enjoy all your old activities including swimming. Every October UOAA holds the [Run for Resilience Ostomy 5k](#) where people of all ages prove living with an ostomy does not need to be limiting.

**Advocate for yourself.** You will find that not everyone is knowledgeable about ostomies. Educate others when possible but always be willing to advocate for yourself and others. You can also help to advocate on the national level by supporting [UOAA's advocacy program](#) and taking part in events like Ostomy Awareness Day held on the first Saturday in October. UOAA works toward a society where people with ostomies and intestinal or urinary diversions are universally accepted and supported socially, economically, medically, and psychologically.

**Share your experience and tell your story.** Your story has the power to help others as they begin their journey. Connect with others in person or online and offer to help the next person who has this life-saving surgery.

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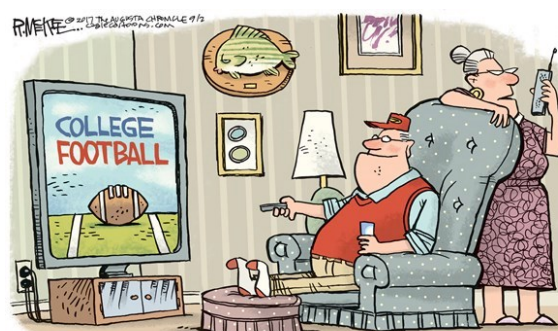
## Ask Nurse Coulter

### Fiber Phobic

*I was advised to avoid high-fiber foods because of my new ileostomy. I know not to eat foods with seeds, but is there anything else I should avoid? D.F.*

Dear D.F.,

You are correct. Following ileostomy surgery people are advised to follow a “GI Soft” or a “Low Residue” diet which means that high-fiber foods should be avoided. Besides seeds, other foods to avoid are nuts, corn, foods with casings or skins (e.g. sausages, some types of hotdogs, potato skins), mushrooms, celery and uncooked fruits and vegetables. Fresh, green leafy salads, shellfish, and some Asian foods which contain bean sprouts and bamboo shoots should also be avoided. A good rule to follow is if a food can be smooshed with a fork, it is okay to eat. It is also important to chew your food very well so it can easily pass through your stoma and not cause a blockage. This diet may seem restrictive until you realize what you can eat. For example, you can eat most meat and poultry, if you cook it well and chew it thoroughly. Many people are happy to hear they can eat hamburgers, cheese pizza, dairy products, eggs, skinless-potatoes, and spaghetti. In fact, your body needs the protein from meat and dairy products so it can build new tissue. The body also needs energy to heal. Energy comes in two forms: carbohydrates and fat. Without these important nutrients, your body can't heal well. You may wonder how long you will need to follow this type of diet. Generally, six weeks after surgery you can begin eating a more regular diet. It's a smart idea to start slowly. For example, don't have a huge salad immediately. Eat a few bites of the leafy greens and see how you feel. If you don't get pain or cramping, the next day try eating a larger amount. Continue like this and before you know it, you'll be back to eating like you did before surgery.



"NO, FRED'S NOT AVAILABLE TO TALK RIGHT NOW. YOU MIGHT TRY CALLING BACK LATER... LIKE, SAY, MID-JANUARY..."



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**MEMBERSHIP APPLICATION  
(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.



Is This The New Normal Covid-19 School Experience?



**OR**

Is Home School?

