



WEB SITE: www.ostomysolano.org

SOLANO OSTOMY NEWS

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A graphic for the month of November. The word "November" is written in a large, brown, serif font. Below the text is a horizontal line of colorful autumn leaves in shades of red, orange, yellow, and green.

2020

DATE: November 5th and November 19th **TWO ONLINE VIDEO METINGS**

**HOSTS: November 5th at 7:00 pm – Cassandra Wunschel - Convatec
+ Mary Ann Chico & Dan**

November 19th at 7:00 pm – Peggy Terry & Dan + Additional Guest

**PROGRAM: Latest Greatest and Time Tested Convatec Products
Video Presentations + Roundtable + Q & A**

REFRESHMENTS: BYOB (Bring Your Own Beverage)

WHERE: In Your Living Room, Kitchen, Dining Room – You Pick It

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JUST A FEW COMMENTS

November – WOW! Every year I can't believe it's November already. With the relentless Covid-19 pandemic, continuous political controversy, terrible fires, and national protests, it has been an over stimulating year so far. I am looking forward to cooler weather and the changing seasons. The upcoming holidays are always a positive thing to look forward to and hopefully we all can enjoy them despite the virus restrictions.

I thought you might be interested in some statistics about our group.

1. Our total membership right now is **43 active members**. When I started my duties as Treasurer, about a year ago, we had **39 members**. So, the numbers have stayed rather steady.
2. Here is the makeup of the group based on **type of stoma**.
Ileostomy = 7
Colostomy = 22
Urostomy = 11
Both an Urostomy & Colostomy = 1
Unknown = 2
3. In the past **year and a half**.
We have acquired **12 new members**.
We have **11 members** who have **dropped out** for various reasons, i.e. all correspondence has returned, members have moved, unfortunately some deceased, etc. Most of these members, I have no way to reach them, as they have no record of physical address, phone number, or email address.

Just a reminder that our video meetings have moved to **Thursdays** instead of Wednesday. The next meeting is on **Thursday November 5th at 7:00 pm**. These meetings have been working quite well for the past few months or so and participation is growing. We are also trying to incorporate more learning experiences with videos, as well as having guest speakers from the health care industry and hosting representatives from ostomy product manufactures. **Check it out!**

Be careful out there!

Upcoming Meetings – Add to Your Calendars – Details to Follow

November 5th - Online Video Meeting - 7:00 PM –Convatec Guest Representative
Roundtable Discussion and Support

November 19th - Online Video Meeting - 7:00 PM – Roundtable Discussion and Support
Tentative Special Guest – Detail to Come

December 3rd - Online Video Meeting - 7:00 PM - Roundtable Discussion and Support
Tentative Special Guest – Details to Come



Ask Dr Beck

Transit Time

My food is passing into my pouch only 30 minutes after I eat. I get hungry an hour later and it's taking over my life. I have an ileostomy and had to have a revision of my stoma. I take potassium, vitamin B-12 and magnesium supplements. Is this normal? S.M. Dear S.M.,

Transit time denotes the time it takes ingested contents to travel from the mouth to the anus or a stoma. This varies considerably depending on what is ingested, a person's anatomy, emotional and physiological status. Ostomates tend to have a shorter transit time as they have less bowel "in circuit." Magnesium is a supplement that can increase transit time so you might discuss trying a different formulation with your physician. Foods that are high in protein and fat tend to prolong transit time. Another option you might discuss with your physician is to take a dose of loperamide (Imodium) 30 minutes before your meal. This increases the transit time by slowing down digestion. To better calibrate the dose you need, you can use liquid Imodium (20 drops = 2 mg which is the amount in a capsule). A dose lasts six to eight hours. You did not mention if you are losing weight. **If the transit time is too fast, absorption of calories or nutrients is diminished which might cause weight loss and malnutrition.**

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Ask Nurse Coulter

Urine Off Color

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.

Hello K.R. thank you for reaching out regarding your urinary stoma, which is also called a urostomy. To help answer your question, it will help to briefly explain how urine is eliminated from your body now that your bladder has removed. The urostomy is made from a small piece of bowel, which is a soft, flexible tube. One end of the tube is sewed closed and the ureters, which transport urine from the kidneys, are sutured to this end. The other end of the bowel is brought to the surface of the abdomen and sutured in place, creating the stoma. **The stoma is a red color because there are many blood vessels in this tissue, and these are close to the stoma surface.** If the stoma gets irritated, possibly by rubbing on the pouch or from a tight waistband, it can bleed a small amount. This could be why you are seeing some blood in your pouch. If you see the surface of your stoma bleeding, you should remove your pouch and apply a soft paper towel and moderate pressure on the bleeding area until the bleeding stops. This can take several minutes. The amount of blood that you see in your pouch is important. **A small amount occasionally, is not usually a concern.** But, if there is a large amount and no visible source, you should contact your doctor. If you are unsure if the amount is a lot, you may be able to take a photo and send it to your ostomy nurse or your physician.

"The amount of blood that you see in your pouch is important. A small amount occasionally is not usually a concern. But, if there is a large amount and no visible source, you should contact your doctor."

Regarding the **cloudy appearance** of your urine, I'm glad that you said you are feeling fine. This is a good clue as to what may be happening. The red tissue of the stoma is called mucosa, and, as its name implies, it continuously produces mucous keeping the bowel moist and lubricated. Since you feel fine, the cloudy stuff floating in your pouch is most likely mucous. To make the mucous less apparent and your urine less concentrated, it is important to drink enough water. To stay well hydrated, drink about 64 ounces (eight, 8-ounce glasses) daily. If you do this, your urine should be a **light yellow** color and the mucous should be much less visible. Saying this, it is important for anyone with a urinary stoma to

recognize the signs and symptoms of a urinary tract infection. Unlike people with intact bladders who will feel pain when they urinate, someone with a urostomy will not feel pain. Instead, they will notice **dark, cloudy urine, foul smelling urine, and may feel nauseous, have a fever, chills, and possibly back pain.**

The only symptom older people may experience is confusion, so their family members should be on the lookout for this. If you notice any of these symptoms, be sure to contact your physician. They may order a test called a urine culture. For this test, urine should not be taken from the pouch because it is contaminated and will not give accurate results. The urine should be taken aseptically from your stoma. Usually a stoma nurse will collect the sample. They will remove your pouch first, then put on sterile gloves, clean your stoma with a sterile solution, insert a sterile catheter into your stoma, and collect the urine in, you guessed it, a sterile container.

IMAGINE

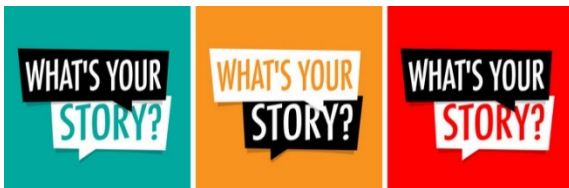
From Ostomy 101

...you are doubled over with pain intense enough to send you to the Emergency Room, distended, nauseated, and feverish. The Triage Nurse sends you back to a room where you are whisked away for a c-t scan, blood labs and x-rays, and then you wait. The pain continues and by now, you are begging for pain meds. The first physician who stops in to see you tells you they are awaiting all of the results, but it appears you will have a surgical consult. On, no! Surgery? But this intractable pain is so persistent, so throbbing, that you will do anything. The surgeon walks in, tells you that you have a blockage that will not resolve itself, and surgery is the only treatment he would recommend.



You awaken with an ostomy that may or may not be temporary, but you are in your late 70's, so who knows? As soon as possible, you are dismissed from the hospital, but before that, you are visited by a Wound and Ostomy Nurse who tells you that this is your one chance to learn what you have to do to take care of your appliance at home. In a fear-induced fog, you watch her do some things with a bag (pouch) and donut-shaped rubbery material, etc., and she is gone. She has left you a few bags to take home. Your ray of hope is that there will be a Visiting Nurse who will offer guidance when she comes to your home. You leave, not having learned at all how to even empty your pouch, what to do in the toilet, how to prevent yourself from awakening with your bed soaked because you didn't know to empty throughout the night.

Now consider all of this and think about the added fear that this is happening amidst the Corona Virus pandemic! My apologies for being so graphic, but this is the reality that hit me two days ago...a woman had this very experience, and in addition to all I have described, has an infection in her incision that requires intervention. But fears of exposure to Covid-19 have taken control of her.



What do we do when we are in such a crisis, at this critical time in history? Avoidance has the potential to be just as dangerous as the virus. Decision-making may not be as clearly cut as at other times. Weighing the options doesn't guarantee the right outcome.

I am rooting for all of us to look back at any decision we make at this moment in time. We are all doing the best we can with the limited knowledge we have. We are not comfortable being reactive, instead of proactive, but that seems to be our posture right now. Please take care in every way, every day. All of us depend upon each other to do that very thing...the only thing we know will help!



Ask Dr Beck

Hydration at Night

I had to get up four times last night to urinate and empty my ileostomy pouch. I drink water to stay hydrated which is important with an ileostomy. I rarely get more than 90 minutes straight sleep. Should I not hydrate in the evening? I get very thirsty. I don't think this sleeping pattern is healthy for me. L.B.

Humans need a certain amount of water to maintain health. This amount allows for the loss of water in urine, sweat, respiration and intestinal output. **Ileostomates lose more water than the average person**, some of which may be compensated by the kidneys concentrating their urine and by increasing water intake. What comes out is related to the amount and timing of what you take in. Short periods of sleep are not optimal and there are several actions you can take to improve your sleep pattern. These include larger meals at breakfast and lunch and a small/lighter and earlier dinner. I would attempt to get most of your fluid requirements earlier in the day and minimize fluids or snacks after dinner. If you are on any medications that increase urination (such as a diuretic) I would take them early in the day. **You can also take Imodium® about an hour before bedtime.** This will slow the transit of intestinal contents through the small bowel and allow the body more time to concentrate the output (reduce amount and frequency). **An Imodium® tablet is two milligrams, which may be too much. A liquid form is available that allows you to adjust your dosage.** There is almost no detrimental effects of taking Imodium® in this fashion. I would start at ten drops in the evening and adjust as necessary. The dose usually lasts six to eight hours.

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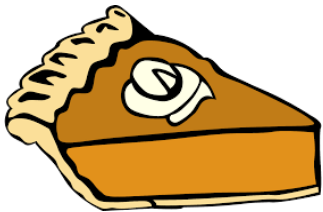
After all the times I've pooped my pants, I was so ready for an ostomy

Lindsay Norris

Sep 13, 2019

Lindsay is an oncology nurse at The University of Kansas Cancer Center.

To be honest with you, after all the times I've pooped my pants at this point, I was so ready to have an ileostomy. I had surgery in October 2016, about six weeks after radiation was complete. The radiation targeted the tumor of course, but I had a lot of muscle damage in the area leaving it difficult to have any bowel control. Combine that with the burning diarrhea side effects from oral chemo, and yeah, not fun. I practically skipped into surgery.



The surgery itself went very well. I was the first case of the day, so it was a super early morning arrival and feeling a little weak and dehydrated from the bowel prep the night before but still in good spirits. I'd been counting down to this day from the moment my doctors told me it was stage 3b colorectal cancer — I was anxious to be cancer-free. There's always a lot of waiting around in the pre-op area, so my husband and I passed the time with nervous small talk and phone games. I think we tagged each other in every single funny internet meme we could find. All the surgeons, nurses, and anesthesiologists came into my room for their final checks. Eventually, I found myself being carted off while the sleepy medication pushed through my IV and then got a “see ya later” kiss from my husband. I knew he was going to have such a long day of waiting and I hated that.

I don't think anything can prepare you for the moment before surgery. The ride down the hallway. Slipping consciousness by the moment. Realizing you're in the operating room. I remember being filled with emotion as I heard [Here Comes The Sun](#) playing (my new theme song, motto, motivation, obsession). I drifted off to sleep to the lyrics that had given me hope. The surgery lasted about seven hours and my surgeon came to talk to me

afterward in post-op. I could tell he was pleased with the outcome. He was confident they were able to remove all of the tumors and there were no surprises along the way (having cancer makes you dislike surprises). Between the good news and the ice chips, I was a happy camper. I gave my new "accessory" a quick peek under the blanket and surprisingly wasn't too freaked out at the sight of it (thanks anesthesia), then went back to sleep.

The next six days in the hospital went better than expected and soon I was resting and recovering at home in my own bed. A call from my surgeon confirmed that all the margins around the tumor were clear (i.e. he got it all) and out of the 12 lymph nodes that were removed around the tumor... ZERO had cancer. He also mentioned the pathology report calling my tumor low grade, so maybe not as fast-growing as we had originally thought. All in all, it was the best report I could've hoped for. I was off work about seven weeks and had built my way back up to normal diet and exercise, got used to my new ostomy, watched the entire Parenthood series (highly recommended), and was able to recharge and get ready for the next battle in this war IV chemo.

Mentally preparing myself for life with an ostomy was a challenge, but doable. I was thankful for my surgeon who laid it all out there from the start and let me know this would have to be permanent. I had plenty of time to wrap my head around that. And being an oncology nurse, I've obviously taken care of many patients with an ostomy, so it wasn't foreign to me. The pep talk I gave myself before my first bag change was something close to what you tell yourself when you're about to change a baby's diaper. At some point... you're going to touch poop... with your bare hands... it's not that big of a deal... you just do what ya gotta do!

Having an ostomy is simply normal for me now. But that doesn't mean I haven't had a pity party or two along the way. Every now and then something happens that reminds me I'm different. Now, if you don't mind, I'm gonna jump up on a little soapbox for a moment. [RANT](#): I'd like to give the general public a friendly reminder that **not all disabilities are visible**. No, I don't necessarily consider my ostomy a "disability" but it does require me to use medical supplies, and need a little more restroom space, like having a sink together in the same space as the toilet... so yes, sometimes I've had to use the family or handicap restroom. Once I was at a Royals game (actually it was my first public outing after surgery) and got a mean glare as I came out of the family restroom from a mom who was waiting with her kids. And I get it! A few years ago, if I were waiting for a long time outside of a family restroom with my toddler and baby, and I saw a single (visibly healthy) person coming out, I might've given a similar look. I felt terrible and didn't have the courage to explain myself, so I just darted off. There are plenty of invisible digestive disorders that could require a solo potty. Please, just give people the benefit of the doubt if you see them using a handicap stall.

It's been an adventure with mixed emotions, but most importantly, I know what this little lifesaving bag represents — a new start and chance at a cancer-free life.

Funny ostomy story: I was in Target when a sweet well-meaning lady stopped and said "oh your children are beautiful" and then turned to me and said, "and another on the way, how wonderful"... didn't have the heart to tell her it was just poop. HA!



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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 _____

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ADDRESS _____ CITY _____ ZIP _____

TYPE OF OSTOMY: COLOSTOMY _____ ILESTOMY _____ UROSTOMY _____

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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.

