



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

# SOLANO OSTOMY NEWS

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



**2021**

**DATE: *January 7<sup>th</sup>* and *January 21<sup>st</sup>* **\*\*VIDEO METINGS\*\*****

**HOSTS: *January 7th* at 7:00 pm – Mary Ann Chico & Dan**

**Guest - Louis Verhoeven – Cymed Ostomy Product Presentation**

***January 21<sup>st</sup>* at 7:00 pm – Peggy Terry & Dan & Possible Guest**

**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

**Happy New Year to Everyone!** Can you believe that we are heading into **2021** already! With the arrival of the first vaccines, I am looking **positively** toward 2021 as the beginning of the end of the pandemic. I am looking forward to when we can have unrestricted family and friend interactions, begin to travel again and have at least a somewhat normal life (whatever that turns out to be).

**First Off**, it is with sincere regret, that I need to inform you that on January 15<sup>th</sup>, **Mary Ann Chico**, CWOCN is moving on to a new position with Kaiser at the hospital in Vallejo. The **January 7<sup>th</sup> Video Meeting** will be her last meeting with the group. This is a promotional opportunity for her at the Vallejo facility, but she will no longer be working as an Ostomy Nurse. She did inform me that her position at the **Kaiser in Vacaville** will be refilled, and I am hoping that her replacement will also be an active participant of our support group. I will keep you posted on how it develops.

**At the Next Online Video Meeting**, Louis Verhoeven, QC/ Customer Service/ National Account Manager, we be joining us to discuss **Cymed** ostomy products. Cymed makes quite unique products that most ostomates may not have ever seen or heard about. It should be interesting.

**Like Old Photos?** Jim Stacey, Rochelle's husband, brought me some photos and albums of past ostomy group get togethers. I thought some of you may be interested in seeing them. I took pictures of the pictures and uploaded them to our Google account for all to see. Most of the photos are 10 – 15 years old. I am only able to recognize a few members, but maybe you will see more familiar faces. Click on this link to view the photos: <https://photos.app.goo.gl/ELo6TkM7VpeYUyEd9>

Please be safe out there and remember that even though we need to isolate ourselves for a bit longer next year, we can hopefully look forward to a **great new year**.

Take care out there!

---

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

**January 7<sup>th</sup>** - Online Video Meeting - 7:00 PM –Roundtable Discussion and Support  
Louis Verhoeven – Representative, Cymed Ostomy Products

**January 21<sup>st</sup>** - Online Video Meeting - 7:00 PM – Roundtable Discussion and Support  
Tentative Special Guest – Details to Come



---

### Urostomy Infections - Pouch Care and Prevention

- Wash your hands before and after changing your pouching system.
- Inhibit bacterial growth in your pouch by changing it every 4-5 days and empty it when 1/3 full.
- Use a night-time drainage bag to decrease the overgrowth of bacteria.
- Drink 6-8 glasses of water per day (unless directed by your health care provider not to)
- Drink cranberry juice and incorporate Vitamin C into your diet

I thought this was an interesting and appropriate poster for the upcoming months as they roll out the Covid vaccines

## Three Ways to Avoid COVID-19 Vaccine Scams

While vaccination details are getting worked out, here's what you can be sure of:

- You can't pay to put your name on a list to get the vaccine. **That's a scam.**
- You can't pay to get early access to the vaccine. **That's a scam.**
- Nobody legit will call about the vaccine and ask for your Social Security, bank account, or credit card number. **That's a scam.**

Ignore any vaccine offers that say different, or ask for personal or financial information.

Learn more at

[ftc.gov/coronavirus/scams](https://ftc.gov/coronavirus/scams)

[consumerresources.org/beware-coronavirus-scams](https://consumerresources.org/beware-coronavirus-scams)



## [REVERSING THE DECISION FOR OSTOMY REVERSAL](#)

Inspiration from Ostomy Connection [www.ostomyconnection.com](http://www.ostomyconnection.com)

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 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. (You will notice that I have left urostomy out of this discussion, because this is to be about reversal, and to my knowledge, there is no such thing for bladder issues.)

Frequently, depending upon the physicality of the ostomy, **reversal in a matter of 6 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 person, 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. There are a million of us in the United States who have one or more of the three types of ostomy: ileostomy; colostomy; and urostomy. **I want to educate my readers that making peace with their new anatomy may be safer and provide a more predictable future than hopes for a reversal**. I believe that those who know they will be an ostomate for the rest of their life tend to embrace 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 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!



4

---

### **Hollister Convex CeraPlus™ Skin Barrier**

The CeraPlus™ skin barrier with Remois technology\* is infused with ceramide. Ceramide is a natural component of human skin that helps prevent water loss that can lead to skin dryness and damage. It features a formulation to help protect the skin's natural moisture barrier and maintain good peristomal skin health from day one. This skin barrier has soft and flexible convexity designed to achieve a better fit to help prevent leakage. It may help provide gentle pressure around the stoma to help obtain the right fit and conform to uneven skin surfaces. It also comes with an adhesive border that may help provide peace of mind and increase confidence in those with skin creases. It also features a floating flange to help allow a secure pouch and barrier coupling without pressing on the abdomen. To request a sample, visit [hollister.com/ceraplus-2piecesoftconvex](http://hollister.com/ceraplus-2piecesoftconvex) or call 888.808.7456. \*Remois is a technology of Alcare Co., Ltd.



## “Inny” Dr. Beck

My stoma is considered an “**inny.**” It doesn’t stick out and I have a lot of problems with leakage. I’ve tried convex wafers and I still have problems. Is there a procedure or surgery to lengthen my stoma?  
W.T.

Dear W.T.,

If the measures you and your WOCN have tried don’t work, your ostomy (which I assume is an ileostomy) can certainly be revised. As I have discussed in previous columns this can be a small or large procedure. Increasing the protrusion of an ileostomy can often be accomplished with a minimally invasive or local approach. The minimally invasive approach starts by making an incision around the ostomy where the skin meets the bowel mucosa. With continued dissection, adhesions of the bowel to the abdominal wall muscle are divided. Additional bowel may now be brought out of the abdomen and reattached to the muscle/fascia by suturing the bowel end to the skin. If the abdominal wall or skin openings are too large, they may be narrowed with individual sutures at the corners of the skin opening. Most local revisions may be accomplished on an outpatient or 23-hour status and a bowel preparation is not required for an ileostomy revision. One dose of perioperative antibiotics are used. If adequate bowel cannot be mobilized out of the wound, a larger incision in the middle of the abdomen may be necessary. The ease or difficulty of your prior operations can give some insight into how extensive a stomal revision would be in your specific case.



---

## Sugar and Diarrhea

Understanding how carbohydrates can be problematic for ostomates

*Lately I have been having a lot of water output. I’ve heard that I should stay away from “simple” sugars. Is this true? What are “simple” sugars?*

K.L

Dear K.L.,

Diarrhea can be an indication of illness or could truly be food intolerance. Let’s rule out any illness first. Do you have a fever, abdominal tenderness, weight loss, signs or symptoms of dehydration, severe bloating, increased abdominal girth (distention,) pain, unusual odor or color to your stool? Has your ostomy been functioning differently from usual leading up to the diarrhea?



***“Some people find that certain foods, especially ones high in ‘simple’ sugars can cause flatus and/or diarrhea.”***

If you consume a lot of fruit juices, foods made with granulated fructose or corn syrups that are high fructose, sometimes, the small intestine just can’t handle (absorb) the amount ingested resulting in “watery” stools or diarrhea. Lactose is found in milk and milk products such as cheese, or even some so-called “nondairy” items such as whipped topping. Lactose intolerance is typically due to a lack of the enzyme lactase which is necessary to tolerate and digest the lactose.

If you answered yes to these questions, you should see your physician for a thorough assessment to rule out any other causes of these symptoms. Your physician may even want to do a stool culture to rule out any infection. Some medications can also cause diarrhea. Ask your physician or pharmacist.

Now let’s discuss “**simple**” sugars and how they can affect colostomy function. Simple sugars are foods like candy, cake, pies, juices, cookies or a large intake of carbohydrates that may even include white pasta or bread. These foods can cause diarrhea due to the high carbohydrate load, **especially with a sensitive or shortened gastrointestinal tract.**

Sometimes, reducing the amount consumed or **eating some protein at the same time may slow down this effect**. Some people do not have this problem while others find that certain foods, especially ones high in “simple” sugars can cause flatus and/or diarrhea. You may find it helpful to keep a list of foods that you have eaten and keep a record of the ones that were not well tolerated so that you can avoid them. If introducing a new food, eat only a small amount of it and only one new food at a time so you can do an accurate evaluation.

In evaluating foods that may cause diarrhea, there are still some that we should discuss that are not related to simple sugars, fructose or lactose intolerances. These may include prune juice, grape juice, baked beans, highly spiced food and occasionally some vegetables such as cabbage or broccoli. Some find the answer to the problem of diarrhea by keeping an accurate food diary. Take this daily record with you to your doctor’s appointment for occasional problems not related to illness or food intolerances. Some foods can thicken output; these may include bananas, applesauce, cheese, boiled rice or marshmallows to list a few. Also, some people have reported improved bowel function by adding yogurt or some “probiotics” often seen in TV commercials.

If diarrhea persists for any period of time, you need to contact your physician, avoid dehydration and pay special attention to the peristomal skin to prevent possible irritation from the liquid output.

*Answered by Marlene Muchoney, WOCN*

## 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.



## Ask Nurse Coulter

### Showering

*Should I shower with my pouch on or take it off? What will give me the longest wear time?*

*W.V.*

**Dear W.V.,**

Your question is one that I get asked nearly every day by patients and their family members. Regardless of the type of stoma you have, urostomy, ileostomy, or colostomy, you can take a shower with your pouch on or with your pouch off. The pouches are waterproof and are designed to be worn when showering, bathing, or swimming. On the day you change your pouch, prepare your new pouch and set it on your counter. Remove the

old one and get in the shower. Let the water flow gently over your stoma. It won't be injured by the water, your soap, or your shampoo. **Be sure not to rub your stoma with a wash cloth**, but wash the skin around the stoma well. People have told me that pouch-free showers are the best showers of the week! When you finish your shower, dry your skin well and apply your pre-prepared pouch. You might ask "But what if my stoma functions when I'm in the shower?" It may be disconcerting if this happens, or I should say when it happens, especially if you have a urostomy or ileostomy, but do not worry. The output from the stoma won't hurt the shower stall or your pipes. Just be sure to rinse your skin well if this happens. **Fun fact: close to 80% of people urinate in the shower, even if they don't have a stoma!**

***“Regardless of the type of stoma you have (urostomy, ileostomy, or colostomy), you can take a shower with your pouch on or with it off.”***

**Let me clarify something regarding a two-piece pouch.** Remove both the pouch and the wafer from your skin before the shower. If you take a shower with only the wafer on, water will go around the stoma and seep under the wafer around it. **This will break down the seal and decrease your wear time.** If it is not your pouch change day, you can shower with your pouch on. After the shower, be sure to dry the pouch well using a hair dryer on a low warm or cool setting. Take care to dry the wafer that attaches to the skin

and the part of the pouch where it contacts your skin. By keeping the pouch and your skin dry, you will avoid getting a fungal rash near your stoma. This will also help maintain a good wear time. Since the pouches are designed to be worn when in the water, you should be able to wear it for a normal wear time. Most people with an ileostomy change their pouch and wafer about twice a week. Those with a urostomy change the pouch every 5 to 7 days. Wear time for a colostomy pouch varies by pouch type, but if someone with a colostomy wears a 2-piece pouch, the wafer is usually changed every 5-7 days. Wear time should not be affected by the shower.

Some people have told me that they use waterproof tape or wafer extenders around the wafer to help secure the wafer while showering, hot tubbing, or swimming. Based on information from manufacturers, this shouldn't be necessary, but **many who wear pouches find the tape or extenders make them feel more secure.** As stated elsewhere in this column, these products can trap moisture and/or effluent under them, which can lead to a fungal rash or skin breakdown, so they should be used with caution.

---

## Ask Nurse Coulter

### Peeling Edges

*I recently did some yard work and worked up quite a sweat. I was ready to take a shower and noticed the edges of my wafer were starting to peel off of my skin. It's the part of the wafer that looks like a bandage. What type of tape should I use to keep it from peeling?*

L.N.

**Dear L.N.,**

Thanks for contacting us L.N. Yard work and exercising especially during the warm months can stress a pouch. There are some techniques to help improve the adhesion. Before discussing those, let's briefly discuss wafers, which are also referred to as baseplates and skin barriers. There are two basic materials that make up most wafers: a hydrocolloid and a tape. The hydrocolloid is tan or brown in color and can be confused with wax. However, unlike wax, this part of the wafer is sticky and absorbs moisture such as sweat and water from stoma output.

Some wafers include tape surrounding the hydrocolloid. This tape collar adds extra security to the edge of the wafer. Depending on the manufacturer, wafers with may be called flexible wafers or, aptly, "with tape." Those without tape are called solid wafers or simply "without tape." It sounds like you wear a pouch with a tape collar, and this is the part that lifts after you work in your yard. Adding wafer extenders or waterproof tape can help

prevent this peeling. Wafer extenders are arc shaped pieces of hydrocolloid and have become a popular pouching accessory in recent years because they add an extra sense of security and give peace of mind for those who wear pouches. For the same reasons, both extenders and waterproof tape are also popular for swimming and hot tubbing.



As an ostomy nurse, I am a proponent of most things that provide peace of mind, but I must add a word of caution. Because of the waterproof nature of these products moisture from sweat and output can be trapped under them. Trapped moisture from perspiration can lead to an itchy fungal rash. Trapped stoma output, especially from an ileostomy, can be harsh on the skin, causing red, painful and burning breakdown. Some tapes provide a more breathable option for securing or extending the wafer. Tape is not the best choice for those who have sensitivity to tapes or ingredients commonly found in tape, such as rosin

---

## 13 Questions Doctors Wish Their Patients Would Ask

Make the most of your doctor's visit to become an empowered patient.

Being inquisitive during doctors' office visits is healthy. Speak up with questions like these:

- What preventive care services are right for me?
- Which internet resources can I trust for medical information?
- How does my family medical history affect my risk for certain conditions?
- Why are you prescribing this medication?
- Will flying post-surgery affect my recovery?
- How could high blood pressure affect my health down the road?
- How does sleep impact my health?
- What do you do for your personal wellness?
- How many patients with my condition have you treated?
- Does my child really need an antibiotic for this?
- My real fear is X – how concerned should I be?
- Can we talk about end-of-life care?
- When should I come see you again?



### Sources

Jack Der-Sarkissian, MD [Jack F. Jacoub, MD](#) Michael Langan, MD, FACP  
[Suzanne Olbricht, MD](#) Lisa Ravindra, MD, FACP Stanley Spinner, MD  
Philip Werthman, MD



**SOLANO CHAPTER DIRECTORY**

**OFFICERS AND BOARD MEMBERS**

DAN BRUCE, COORDINATOR/FACILITATOR...530-979-7772  
OPEN, CO-COORDINATOR...

DAN BRUCE, TREASURER.....530-979-7772

FRANK JOHNSON, BD MEMBER.....448-5853  
"KATS" YAMAMOTO, BD MEMBER...745-4441

**MEDICAL ADVISORS**

ANDREW CHAE, MD  
KAISER/VALLEJO

**RN - ET NURSE'S**

PEGGY TERRY, C.W.O.C.N.  
KAISER VALLEJO  
MARY ANN CHICO  
C.W.O.C.N.  
KAISER VACAVILLE



**COMMITTEE CHAIRPERSONS**

**VISITATIONS:** OPEN.....

**PROGRAM CHAIR:** OPEN.....

**NEWSLETTER:** DAN BRUCE.....530-979-7772.

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

**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.

**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.



**OSTOMY ASSOCIATION OF SOLANO**  
**P.O. Box 5142**  
**Vacaville, Ca 95696**