



WEB SITE: www.ostomysolano.org

SOLANO OSTOMY NEWS

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P.O. BOX 5142, VACAVILLE, CA 95696



DATE: March 4th and March 18th ****VIDEO METINGS****

HOSTS: March 4th at 7:00 pm – Peggy Terry & Dan
Special Guest - William Lorimer – Ostoform Seal w/Flowassist

March 18th at 7:00 pm – Peggy Terry & Dan
Special Guest - Michelle Bliszack - Safe n Simple - Marketing Mgr

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

I cannot believe we are heading into March. I am definitely ready for spring. We are looking forward to the times when we can go about our daily lives without the threat of the virus. I am afraid that day is still a few months away, but my wife and I have both had our 2 vaccinations and feel things are on the upswing.

Our online meetings are going very well and the number of participants have increased. We have had new ostomates join us from Stockton, Grass Valley, Santa Rosa, Sebastopol and even San Diego. The meetings are always informative and supportive of ostomates and their issues and concerns.

At the February 4th meeting we had special guest that joined the group: **Brenda Elsagher, Director of Affiliated Support Group Affairs**. Brenda is aggressively reaching out to as many **Support Groups** as possible and trying to build a more cohesive support structure throughout the country. We are looking forward to hearing from her in the future as well.

On February 18th we had **David Waters, Coloplast Representative** as a guest, and **Dawnette Meredith**, Founder and President of **Ostomy 101**, which encompasses the San Diego Ostomy Association and surrounding areas. Ostomy 101 has its own smart phone app as well as a nice website, and sells **Ostomy Teddy Bears** for kids. **Ostomy 101** offers free classes, seminars and training for ostomates and families. It is a very useful website and the smart phone app has been downloaded over 85,000 times: Check it out : www.ostomy101.com or download the app on your smart phone.

At the upcoming meeting on **Thursday, March 4th** we will have a guest speaker from **Ireland**, William Lorimer. William is the Account Representative for **Ostoform Seals w/ Flowassist** : www.ostoform.com. William will join our meeting from his **home in Ireland** at 3:00 am in the morning his time. **Ostoform** is a new product that is just starting to be sold in the US. I guess it is fitting to have him in March as it is St Patrick's month.

At the upcoming meeting on **Thursday, March 18th** we will have a guest speaker, **Michelle Bliszack** from Safe n Simple ostomy. She is going to do a presentation on Hernia Prevention with an ostomy, and she will introduce new **Security Hernia/Ostomy Support Belts** from Safe n Simple.

Take care and be sure to get your vaccinations!

Upcoming Meetings – Add to Your Calendars – Details to Follow

March 4th - Special Guest - William Lorimer – Ostoform Seal w/Flowassist
Hosts: Dan and Peggy, CWOCN

March 18th – Special Guest - Michelle Bliszack - Safe n Simple - Marketing Mgr
Hosts: Dan and Peggy, CWOCN

April 1st – Potential Special Speaker – Nancy Stevens, Byram Healthcare



NURSE SHARES 4 COMMON CONVEX OSTOMY SKIN BARRIER MYTHS

Terri Cobb earned her RN degree in 1991 and became a board-certified CWOCN in 2011. Currently on staff at the Cleveland Clinic in Cleveland, Ohio

A convex ostomy skin barrier can help prevent output leakage and skin issues. Unfortunately, some misconceptions about convexity may keep people with ostomies from using it.

A convex pouching system refers to the shape of the back of the ostomy skin barrier – the side that goes against your skin. A convex skin barrier is not flat, rather it is curved or dome shaped. Using an integrated convex skin barrier is often referred to as “adding convexity” to a pouching system. This convexity provides a gentle push on the belly, allowing the stoma to protrude up and outward. This can help output go directly into the pouch and not under the skin barrier (which can cause a leak).

Common reasons for using convexity are to prevent leakage and related skin issues, and to avoid having to change the pouching system more frequently. If your pouching routine or body weight has changed, chances are it’s time to consider using a convex skin barrier.

Below are a few myths or misconceptions about using convexity:

1. All convexity is the same

Convexity should be chosen and customized based on your specific stoma and body shape. There are two main types of convexity: soft and firm. Soft convexity is flexible and conforms to your body as you move. Firm convexity is rigid and provides firm support around your stoma to help it stick out. In most cases, soft convex skin barriers are used on firmer abdomens, and firm convex skin barriers work best on softer abdomens. Someone may have a bad experience with convexity, only to learn that it was the wrong type for their stoma, body shape, or output. It’s important to know that the convex skin barrier opening needs to be close to the stoma in order to help the stoma protrude. This will also help reduce the possibility of leakage.

2. A convex skin barrier is uncomfortable or even painful

If your convex skin barrier is causing pain or discomfort, you are not wearing the right type of convexity. Based on your needs, and with guidance from a healthcare professional, consider trying some of the many convex barrier options available and see if they make a difference. The importance of addressing leakage should outweigh the fear of trying something different. Use the health of the skin around your stoma as a barometer. If your skin looks good, and you are not leaking, you’ll know you’re using the right type of ostomy skin barrier for a good fit.

3. I have to wait to use convexity

You don’t need to wait a certain amount of time before using a convex skin barrier. Each person is different. Some may need to add convexity immediately after surgery, while others may not need to add it at all. There is no concrete rule, and it depends on the type of stoma you have and how well it protrudes. If your belly is soft enough, you can start right away. Again, it’s important to prevent leakage while keeping the skin around your stoma healthy, and trying convexity could help accomplish both goals.

4. If my stoma is level with my skin, I need a convex skin barrier



In most cases this is true, but choosing a type of convexity can depend on your stoma output. There are always exceptions and everyone has different experiences. For example, someone who has a colostomy with formed stool and regular bowel habits may not need to use convexity, even if their stoma is flush to the skin. That's because formed stool is unlikely to leak underneath the skin barrier. On the other hand, more liquid output can increase the chances of leakage.

Consider trying a convex ostomy skin barrier to see if it will help prevent leakage and skin issues, and increase your pouching system wear time (i.e., how long you can wear your skin barrier before it fails). Convex skin barriers come in both pre-cut and cut-to-fit options and are covered by most insurance plans. An ostomy nurse can help determine which type of convexity is right for you and when you should use it.

For more information on skin barrier convexity and other resources, visit the [Hollister Ostomy Learning Center](#).

[4 Things I Wish I Knew Before My Radical Cystectomy](#)

By [Liz Hiles](#) · October 23, 2020

When I met with my urology oncology surgeon the first time, a friend who is a nurse went with me. I had a list of questions and she went over them with me. We hit all the clinical points straight on and I quickly agreed to my radical cystectomy. So quickly that my very capable surgeon with a dry sense of humor did not know how to react.



I wanted to be rid of the cancer

He was shocked at my readiness to evict my organs, especially my reproductive organs, and surprised at my familiarity with ostomies. I had suffered, in virtual silence, for over 2 years and I just wanted the cancer to get out of my body! I wanted to return to a sense of normality and live a

life where I was not in [constant, excruciating pain](#) and discomfort.

Despite being so ready to move forward with his plan of action, there were things I didn't even know to ask and things that he probably didn't even know to share.

1. The severity of the pain post-surgery

When you wake up from surgery, you will feel like you were cut from chin to crotch. When I woke up from my surgery, the pain is unreal despite being given pain meds. My surgery was planned for 8 hours and ended up taking 9 hours. I'm not even sure exactly how long I was "out" as it all blended together for the first few days. In actuality, my scar is only about 4-5 inches, but I could have sworn in those first few weeks that it was much, much larger! Obviously, with time, it gets better, but it is definitely a level of pain that I was not prepared for.

2. Your stoma will have a mind of its own

Your stoma will have a mind of its own and changing a urostomy appliance will become an art form. I remember when my WOC RN (wound, ostomy, and continence nurse) first came to see me, she started going over all of this information. She realized I probably wouldn't retain a lot of it, but was shocked that I already knew a lot of the terminology associated with ostomies. I explained that I worked in a GI office as an admin, so I was familiar with the terminology and the technology, but I had never actually seen one in person.

Changing a urostomy appliance on my own

The first day, she changed everything with instructive dialogue as I watched. The next day when she came, I wanted to see if I could do it on my own. She talked me through everything, and as I was taking the washcloth off of my stoma, it sprouted urine out as if I was walking past a barrel of clams at a fresh seaside market or something! I screamed and slammed the washcloth into my belly to cover my stoma. We laughed and I apologized for screaming. I just had not expected that!

Four years later, I can predict it all a bit better. My stoma is still unpredictable. I have to really pay attention when I'm [changing my appliance](#) so that I don't end up spraying everything with urine.

3. Your digestive system will be forever different

They mess with just enough of your bowels that your digestive system will be forever different. Fifteen centimeters is not a lot. It is the average length of ileum (part of your bowel system) that they use to reroute the plumbing from your kidneys to your stoma. All it takes is 15 cm for your digestive system to react differently to a lot!

My body reacts differently to certain foods

Greasy, spicy, and sweet foods all hit me differently now and I definitely feel some type of way about that! I expected sweet to react differently and I really have not had a lot of greasy foods for about 15 years now, but I love spicy! Antacids, stool softeners, and imodium are all over the counter meds that I now not only keep on hand, but I often actually carry them with me now. I never know what is going to react with my system or how and I don't want to be kept off guard.



4. Pelvic floor dysfunction is real

It is not that I thought this was a myth. I never thought it would happen to me since my pelvis had not experienced the trauma of childbirth. I never thought that a procedure could cause it. After hearing an IBD physician speak about sexuality issues with ostomies at a conference, a lot of things I was experiencing made a lot more sense.

Damaged nerves during surgery

Nerves are damaged during surgery since there is no way to see and/or cut around them during a procedure. This not only impacts [pelvic strength and sexuality](#), but it can contribute to other problems. Problems, for instance, involving the control of your bowels. There are physical therapists out there who specialize in pelvic trauma. Certain exercises can help to reverse some of these effects. You will have to put work in to overcome this one. Time alone is not enough.

These aspects are all manageable

All of these things and more impact life after your [radical cystectomy](#). The medical community does not discuss these issues with patients prior to surgery. A gap in medical preparations you could call it. These are all manageable. With the help of your medical team, you can overcome them all. Even with them, my quality of life is better with them than it was before bladder cancer.

**** Just a word from Dan's personal experience with a Urostomy: If you need to change your pouching system, do so as soon as you wake up in the morning before even considering eating or drinking anything. Your body and kidneys are in shut down mode during sleep and your stoma will almost never urinate unexpectedly, or if it rarely does, it is only a trickle. ****

Ask Nurse Coulter

Sensitive Skin

After 20+ years of absolutely no skin or leakage problems, my skin became very sensitive to almost every adhesive on the market. Without applying Natural Care Gel under the wafer, I start itching pretty quickly. Bard Co., the manufacturer of Natural Gel, was bought out by Beckton Dickson who dropped the product.

Is there another product that dries to a protective film on your skin? All of the “ostomy wipes” I’ve tried result in itching and breakdown under the wafer in 24 hrs. or less. I even tried Witch Hazel with no success.

P.L.



Dear P.L.,

I’m sorry to hear you’re experiencing skin sensitivity and that your tried and true product has been discontinued. I’m not sure which other ostomy wipes you’ve tried, as there are many types and brands. Some wipes help to remove the pouch, others clean the skin, others apply a protective coating, and still others combine two or more of these properties. Each pouch manufacturer, some product suppliers and other medical product manufacturing companies offer protective wipes. Some of them offer more than one skin barrier formulation. The variety of choices definitely complicates the decision.

When choosing a protective wipe, be sure to choose an alcohol-free product. These won’t cause pain or stinging when applied to irritated skin. Your pouch manufacturer likely has a sting-free barrier wipe or spray. Ask them to send a few sample packets. Other products my patients have had good outcomes with are 3M’s Cavilon No-Sting and Trio’s Elisse skin barrier. Both come in a wipe and a spray version.

There are two other products that are more long lasting and have been designed to protect damaged skin from bodily fluids such as urine or wound drainage. These contain cyanoacrylate. Medline’s

Marathon and, newer to the market, **3M’s Cavilon Advanced** are two such products.

These products cost more than the less robust items discussed above, but they last longer and should only need to be applied once per week. You will know that the Marathon product is still on the skin by the purple hue it leaves on the skin. Cavilon Advanced is clear, but look closely and you should be able to see a film where it was applied.

After you’ve received samples or purchased a skin protectant to try, be sure to clean your skin well before applying them. After application, let the liquid dry completely to leave a thin protective coating. Finally, with each pouch change, be sure to remove as much of the protective film from your skin as possible.

In a case of “too much of a good thing,” the film layers can build up on the skin and decrease the pouch wear time.

Cavilon Advanced and Marathon are exceptions to this last rule. They will adhere strongly to your skin and last a long time, so do not scrub or peel these two barriers off your skin. After about a week they will release from your skin and you can apply a new coating.



Dan’s Note: When you do need extra protection because of skin issues and you are doing “crusting”, it looks like the Cavilon **Advanced** liquid barrier does not reduce wear time. Here is a link to the new product. I am not sure where to purchase, or if it is covered through Medicare. You can probably get a sample as well?

https://www.3m.com/3M/en_US/company-us/all-3m-products/~3M-Cavilon-Advanced-Skin-Protectant/?N=5002385+3290168073&rt=rud

Ostomy Supply Manufacturers

FREE Samples

Coloplast Corp. 800-533- 0464 : ConvaTec. 800-422-8811 : Cymed Ostomy Co. 800-808-7456 : Hollister Inc. 888-808-7456 : Marlen Manufacturing. 216-292-7060 : Perfect Choice Medical Technologies 800-665-4312 : Safe n’ Simple 844-767-6334 : Securi-T USA. 877-726-4400

FREE Virtual Ostomy 101 Classes



These classes are designed to give new patients confidence for LIVING with an Ostomy. The class will start with Ostomy basics, pouching options, troubleshoots and end with swimming, bathing, exercising, travel, work, school and more.

This is a collaborative program between UCSD and the Ostomy Support Group of North San Diego County. Registration is required.

For more information & registration visit
www.Ostomy101.com

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Informational / Inspirational / Community Ostomy Sites

www.Inspire.com

www.Newbieostomy.com

www.Stolencolon.com

www.Ostomyconnection.com

www.Ostomy101.com (Have a great App as well)

www.Colonclub.com

www.Ostomy.org (United Ostomy Associations of America)

www.morethanmyostomy.com

[MollyOllyOstomy](#) (not a website but on Instagram and Facebook)

www.Ostomyland.com (United Kingdom)

www.Myostomycare.com (BC Canada)



Colonoscopy Procedure

Ostomate [Joycejoyal](#)

From: www.inspire.com

Hello Everyone,

I've had a colostomy for 5 years which has been virtually problem free. I know, I'm very lucky! Now my oncologist wants to order a colonoscopy and I'm petrified that I may have problems after the procedure with the ostomy. How bad is the prep? Anyone else have the procedure?

Reply 1: I have an ileostomy and have to get scoped every year. It should not mess anything up for you! As for prep I'd assume they will have you do a day of laxative type meds which is annoying as the bag fills up fast with liquid output. Always bring backup supplies with you to the procedure!

Reply 2: I've had two since my surgery for cancer. The prep for me was the same as before ostomy. I eat light the day before prep, then next day do the prep. I mix Miralax into lightly flavored pitcher of water, with Crystal Light or something similar. Also take Dulcolax before all the liquid starts. Your prep might differ.

Your goal is to see clear output or pale yellow but clear output well before bedtime.

I also took a spare appliance kit with instructions in a big ziplock. Haven't needed to use it but each time the nurse said it was a good idea because the surgery center doesn't have a good supply. They just laid it on the gurney with me and returned it after as it wasn't needed. Evidently, they leave appliance on to do the procedure.

The staff both times were all very competent and totally in step with the procedure going through the stoma, so I didn't feel weird.

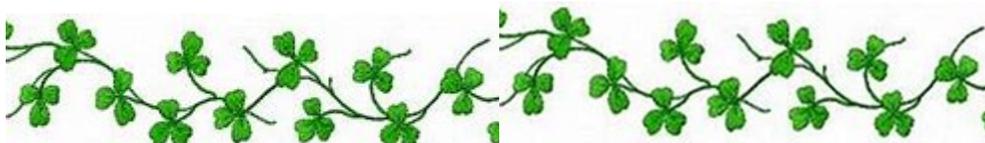
Once they get you set up, it takes maybe 15 minutes, then recovery to wake up. I had no discomfort afterwards, the 2nd time there was a spot of thin blood but nothing more afterward.

You can resume normal eating, but I suggest going easy that same day. Note that, because you've cleaned out your system, you probably won't have any output for a couple of days. My procedure was on a Tuesday and I didn't have much at all until Saturday.

Ostomate: Thanks for replying. I feel better. Hope no one responds with a horrible post procedure issue. Ive been so fortunate with minimal issue. I hate to upset the Apple cart. Lol. Thanks again

Joyce

Reply 3: I have a colostomy and my prep did not include the duccolax, just about 10 doses of Miralax, and I was clean for the test. I have all of my large colon . My doc said I probably will clear out just with the Miralax and I did. It was a bit messy and lots of trips to the toilet to empty bag. Some people order a extra large bag for just this purpose, but I didn't. **The doc used a child's size canal (scope)**, through the stoma, no big deal. I have a loop Ostomy, so I wanted him to check from the bottom too, just to make the whole test was complete. I did not get my bag because of cancer though, and I have no scar tissue. I would ask if you need the stimulant laxative though, because it would alleviate all the cramping!!!!



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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.

**MEMBERSHIP APPLICATION
(MAKE CHECKS PAYABLE TO OSTOMY ASSOC OF SOLANO)
MAIL TO O.A.S., P.O. BOX 5142, VACAVILLE, CA 95696**

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.



About a Nurse



"Yours is medication, and mine is coffee. They're both vital to our well-being."

