



WEB SITE: www.ostomysolano.org

SOLANO OSTOMY NEWS

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P.O. BOX 5142, VACAVILLE, CA 95696



2021

DATE: May 6th and May 20th **VIDEO METINGS******

**HOSTS: May 6th at 7:00 pm – Hosts: Peggy Terry & Dan
Program – Collin Jarvis: Vice President of Marketing
Stealth Belt – Ostomy Support Solutions**

**May 20th at 7:00 pm – Hosts: Peggy Terry & Dan
Program – Andrew Dahl: Director Customer Experience & Retention
Byram Healthcare**

REFRESHMENTS: BYOB (Bring Your Own Beverage)

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

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IT'S JUST ME AGAIN

I hope this finds everyone happy, healthy, and fully vaccinated. May is a great month of the year. Everything is greening up, blooming, and getting into spring growth. They say, that “April Showers Bring May Flowers”. That is probably not true most years in California, as we rarely get showers in April. For us, its “April Irrigation Brings May Flowers”. May is also special with **Mother’s Day** coming up, and of course **Memorial Day**. We have some great guests over the next couple months. Many of our members are looking forward to travel again, and with that in mind, we are hoping an official from **TSA** will join us in June, to discuss travel related to us folks with an ostomy.

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Upcoming May 6th, we have **Collin Jarvis**, Vice President of Marketing for **Stealth Belt**, joining our meeting. Collin tells his inspirational story of his journey through the ostomy world at an early age, and he will of course discuss the Stealth Belt ostomy support products. www.stealthbelt.com

Upcoming May 20th, we have **Andrew Dahl**, with **Byram Healthcare** joining us to discuss the latest and greatest services, products, and company philosophy of Byram Healthcare. Many of you who are Kaiser members will appreciate this meeting.

Regarding our wonderful CWOCN’s, the Vacaville Kaiser still has not replaced the opening left by Mary Ann Chico. They are planning to do so, but we do not know when that will happen. In the meantime, **Peggy Terry** is still graciously covering both meetings every month.

In the past, as many members are traveling and busy with summer activities, we **have not** routinely had a meeting in **July**. We are planning to **not have any meetings**, Video or In Person in July this year as well. I am hoping that we will be able to have our first physical meeting in August, but that is of course pending right now.

Upcoming Meetings – Add to Your Calendars – Details to Follow

- May 6th** - Hosts: Dan and Peggy, CWOCN
Collin Jarvis: Vice President of Marketing
Stealth Belt – Ostomy Support Solutions
- May 20th** – Hosts: Dan and Peggy, CWOCN
Andrew Dahl: Director Customer Experience & Retention
Byram Healthcare
- June 3rd** – Hosts: Dan and Peggy, CWOCN
Donna Ruryk: Trio Ostomy USA
Trio Ostomy Care - Silicone Products



Moisture Math and My Ileostomy

By Sarah Biggart

Though having ileostomy surgery 15 years ago gave me my life and freedom back, it does bring its own unique set of concerns and challenges in daily activities and pouch changing schedule. I typically change my full appliance every fifth day.

Change day is day one, and I change my entire pouching system again on day five. I feel confident in my appliance, and this changing system has worked really well for me. Leaks are few and far between; however, as is true for most ostomates, they do happen occasionally. Leaks can happen to all of us, although my longest stretch without a leak is five years – not too shabby!



For me, my daily routine includes showering, exercising, getting sweaty – and weather permitting – swimming and jacuzziing in our community pool with my friends, family and neighbors. Even while doing all of these regularly, a five day wear time holds up for me.

So now, let's talk what I like to call "Moisture Math", and the moisture related variables that may affect my wear time.

Travel & Convenience:

If I am going away for the weekend, or traveling, I will do a full pouch change the night before I leave. I have always been a "better safe than sorry" girl, and being an ostomate has reinforced that mindset. If I can get away with not having to do a full pouch change in an unfamiliar setting, I will, just for my own ease and comfort. I've been held up traveling before, and it can feel stressful and uncertain. When you've had to sleep in an airport, just the added comfort of knowing I have a few days before needing to do a full change is just one less thing to be concerned about. So when setting off on a journey, I like to start with a freshly changed system.

Weather:

I live in a very mild climate, not too much heat and humidity at any given time. My **Ostomysecrets®** Underwear keeps my pouch away from my body, and it helps limit complaints about excessive heat and moisture. I am a person who enjoys travel and adventures! Sometimes I wind up in warmer, muggier parts of the world. On those sweaty days, walking and exploring in the heat, moisture math joins the pouching equation. A couple of summers ago my family, friends and I spent 10 days in Florida, in July. Between walking an average of 10 miles each day enjoying Walt Disney World, swimming in the pools, afternoon downpours daily and being a general sweaty mess, I went to a very strict every other day change. It was more moisture than I typically deal with, and going back to my better safe than sorry mentality, it seemed like my best course of action. My sting free ostomy care products helped to make frequent pouch changes more gentle on my peristomal skin. I would do my changes at night in our room, in the air conditioning, so that my wafer had plenty of time to adhere to my skin before heading back into the sweltering Florida heat.

We all find our own way of managing our changing schedule, most Ostomy Nurses would recommend 3-5 days of wear time. What I would definitely advise against is waiting until you HAVE to change due to a leak. Before you realize you have a problem, waste is coming into contact with your peristomal skin, and that may lead to skin damage. Above all, you want to keep your skin healthy, happy and intact. So when would my daily activity impact my wear time? Again it's moisture math! I mentioned earlier that I like to swim and jacuzzi; a quick dip for an hour or so is very different than a big day out that involves being in a wet bathing suit all day. If I am planning a big day out on the water, in the pool, at a beach or waterpark, I figure that in to my changing schedule. For example if day one was Thursday, and day three is a big day out involving water, when I get home, I'll typically shower and do a full change.

I'm always mitigating risk, and making smart, informed decisions regarding my ostomy. Adjusting my routine accordingly to moisture variables helps to keep my peristomal skin healthy allowing me to enjoy whatever life brings my way. Whether you are new to the ostomy world, or a seasoned pro like myself, planning ahead – just a little – may help you to experience life to the fullest.



OSTOMIES DO NOT PREVENT US MAKING A SPLASH!

by Ellyn Mantell

From: www.morethanmyostomy.com

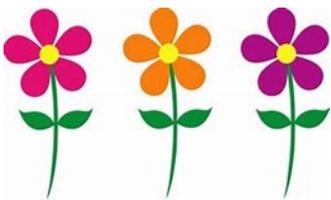


As a matter of full disclosure, I do not enjoy the water...never having learned to swim; and although learning was on my bucket list a few times, I never felt comfortable with my head in the pool. But I am aware that many live for this time of year when cooling down or just splashing around is good for the soul, and being an Ostomate does not prevent us from doing what we want!

Like so many ostomy-related issues, there is an entire industry devoted to assisting swimmers on participating without “pouch concern.” While looking in my stash of samples to help a new Ostomate, I came across an item that I would love to pass it along to you. They are by **SAFE AND SIMPLE**, which makes very skin-friendly products, and are called **½ ARC SKIN BARRIER STRIPS**. They provide a water-resistant seal and will provide the Ostomate with the confidence that he or she can swim without concern about losing adhesive protection. I also showed the new Ostomate **Brava Elastic Barrier Strips by Coloplast**, which are designed in multiple shapes to fit many contours of stomas. There are many more products that can be found advertised in **THE PHOENIX Magazine** (“The” magazine for all things ostomy!) so that confidence and security is attainable.



Additionally, there are swimsuits that are designed for the special needs of an Ostomate. I can absolutely recommend **Ostomy Secrets by Convatec** for their unique design. The men’s line includes trunks in different colors; the women’s line includes full suits or just bottoms that can be worn with tops from other suits. I love my black and white polka dot bottom that I pair with a bright lipstick red tankini to sit by the pool. No, I don’t swim, but a girl has to look the part! Give me a big hat, yes, a colorful mask, and I am summer-ready!



The full collection, like their underwear and intimate wear, have an internal pocket for the pouch on both sides, since colostomies are usually on the left side, while ileostomies are usually on the right side. Urostomies can be either side.

My pitch for sunscreen, once again...please use it! The last thing any of us need is skin cancer, which poses so much danger to all, and Ostomates need no other complications. We need to be as healthy as possible to maintain our independence and live our lives to the fullest. Lastly, please do not dehydrate in the heat of the summer. Plenty of fluids and staying cool are key to feeling well. Drink, drink and drink, because by the time we are thirsty, we may find ourselves disoriented and nauseated. Particularly ileostomates are most susceptible because our stomas are always producing output. Learn more by reading other information provided on my blog site, or visit the **UOAA (United Ostomy Associations of America)** website. Enjoy the summer...it always flies by so quickly!

How I Became an Ostomate

Ileostomy surgery provides relief from a unique disorder

By Debbie Kinder

I'd like to share my journey to becoming an ostomate. Now I'm sure we're all familiar with the most common ways: cancer, inflammatory bowel disease and diverticulitis to name a few. And then there's mine. **Gastroparesis with global dysmotility.** Gastro what? Yep, it's a big word but it simply means paralyzed stomach. Gastroparesis symptoms include intense nausea that can last days or weeks; inability to eat more than a few bites of food without becoming full very fast; intense nausea within minutes of eating; and daily vomiting and pain. Its impact goes beyond a "paralyzed" stomach and severely affects quality of life. The ability of the esophagus to push food to the stomach is done by contractions controlled by the vagus nerve. If the vagus nerve gets damaged, it can affect digestive functioning. A vagus nerve cannot be repaired.

There are several things' researchers have decided cause gastroparesis. One is diabetes. Another is an accidental nicking of the vagus nerve during a surgical procedure. Some say mental health challenges can bring on symptoms of gastroparesis, but that has not been clearly proven. This type is called idiopathic gastroparesis. It simply is a fancy way to say no one knows the cause. I am "blessed" to have this type. As my gastroparesis progressed, it caused dysmotility throughout my entire digestive system. I tried several procedures to help improve my digestion. One was the gastric stimulator. It failed. Then I used a feeding tube into the jejunum. After that failed, I was on total parental nutrition (IV nutrition) 14 hours a day. I suffer from malabsorption and malnutrition of certain nutrients. The next attempt to reverse my global dysmotility was a surgery called gut rehab surgery. First, they removed my diseased and paralyzed large colon. Then, they made the opening from the esophagus to the stomach larger and constructed a Brooke or end ileostomy.



And that, my friends, is how I became an ostomate. I am told I will always be an ostomate. When I was a social worker, the staff at a homeless shelter asked me if I would be willing to visit a shelter resident who has an ostomy. Because she had no home and no insurance, she could not get ostomy supplies. I also struggle with getting supplies because **Medicare only covers 80%**. If you can't afford the other 20% then you can't afford supplies even with insurance. I knew I had to do something to help others in my community who couldn't afford supplies, so I started **Kinders Closet**. Kinders Closet gives a short-term supply of ostomy items to the person requesting them. You can find Kinders Closet on Facebook or email: kinderscloset@yahoo.com.



I've learned that when life gives you medical challenges such as mine, try to find a way to make something good out of it. I'm proud to be an ostomate. It's allowed me to rise above my circumstances. It challenges me to be even more and do even more than before surgery. I run 5ks. I volunteer. I love to travel. Being an ostomate doesn't mean life is over. Being an ostomate has made life better. Embracing my ostomy as an appendage allows me to move on with life and challenge others to live life too. I hope my story helps anyone who is struggling with life as an ostomate. I also pray we understand there are many reasons people become ostomates outside of the normal reasons of cancer, bowel disease and diverticulitis. Despite the different start of our journeys, we can all get to the same destination of acceptance and a fulfilling life with an ostomy.

Pancaking

I have a colostomy and problems with pancaking. The only time I have stool go to the bottom of the pouch is if I have diarrhea. I have tried lubrication, Pam® and cooking oils. I always make sure air was in the pouch, yet I still have the problem. I have even tried stool softeners! What can be done for this problem that affects many of us? G.R.

Dear G.R.,

Pancaking is when stool collects at the top of the pouch at the level of the stoma instead of dropping down to the bottom of the pouch. This causes a buildup of stool, pushing underneath the wafer and causing a leak. This is often due to having little or no air in the pouch, allowing the sides of the pouch to stick together. A filtered pouch can be so effective at dispersing gas that it can form a **virtual vacuum**, not allowing the stool to move to the bottom of the pouch.



Often, ostomates use a **lubricant designed for pouches** or even **cooking spray** or **baby oil** to lubricate the pouch, allowing the stool to slide to the bottom. Some ostomates will intermittently cover the filter on a filtered pouch to allow for a small amount of gas to stay in the pouch. I have heard of ostomates placing tissue paper along the sides inside of the pouch to keep the pouch sides from touching.

Changing your diet to include more fiber and drinking more liquids may soften the stool allowing it to travel down the pouch more easily. Eating more fiber and fewer carbohydrates can decrease the stickiness of your stool. Consider taking a fiber dietary supplement.

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[Ask Linda Coulter the Ostomy Nurse](#)

Skin Cleansing

I've had my colostomy for two years. I've always used regular hand soap to clean around my stoma each time I change my pouch. I just read that I should only use water and NO soap. This doesn't seem right, but it was in an email from Hollister. What do you recommend? K.D.

Dear K.D.,

Whether to use soap or not is a debate among stoma nurses. In my ostomy nurse education, I was taught to use soap, specifically soap that does not contain lotion or oil. In other words, a non-moisturizing soap was recommended. Lotions and oils in the soap can build up on the skin so that the baseplate doesn't adhere well. This leads to a shortened wear time and leaks. However, soap helps clean stoma output, tape residue and adhesive remover off of the skin. If not removed from the skin, stoma output can cause skin breakdown and adhesive remover can cause a sensitivity reaction and decrease pouch adhesion. Tape residue is unsightly because it collects fuzz from clothing which looks dirty.



I was surprised to learn that nurses in other programs were taught to not use soap. In fact, stoma nurses who recommend using soap are in the minority. So why is there this discrepancy? It has to do with the natural pH of the surface of human skin which is slightly acidic. This "acid mantle" protects the skin because it is a barrier to bacteria. If the pH rises, the skin doesn't protect as well against bacteria. Most soaps tend to raise the pH of the skin, making it less acidic, and therefore more susceptible to bacteria and possible infections.

When I learned this, I was concerned. Had I been unintentionally harming my patients? So I did some research and found that yes, soap can raise the pH of the skin, but this affect lasts for only about two hours. If alkaline soap is used every day, there is some evidence that this may negatively affect the natural protective barrier of the skin. However, pouches are usually kept in place for three to seven days, giving the skin lots of time to recover its protective pH level.

As far as I understand, these are the two sides of the soap debate. I still teach new ostomates and their family members to use lotion-free soaps, followed by a good rinse with water. For those with sensitive skin I teach them to either use only water or a pH balanced skin cleanser which are readily available.

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