



WEB SITE: www.ostomysolano.org

SOLANO OSTOMY NEWS

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



2021

DATE: June 3rd and June 17th **VIDEO METINGS******

HOSTS: June 3rd at 7:00 pm – Hosts: Peggy Terry & Dan

Program – Donna Ruryk = Trio Ostomy Care Silicone Products

June 17th at 7:00 pm – Hosts: Peggy Terry & Dan

Program – To be determined. Tentative: TSA Representative

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

June already!!! Spring has been beautiful with clear skies and good weather, of course some rain would have been nice. As we move into summer, June is generally warmer and makes one want to get out of the house, fire up the barbeque and enjoy the fresh air. I do admit that I am tired of the isolation and staying home all the time and looking forward to travel again. At least we are getting closer to less restrictions on gatherings and social events, and meetings.

On June 3rd, **Donna Ruryk** from **Trio Ostomy Care**, will be joining our Video Meeting to discuss all of their great Trio Silicone Ostomy Accessories. And of course, as time allows, we will have our usual open roundtable discussion. Peggy will be there to address any participant issues and concerns. We are after all a support group and offer a vast knowledge base for others to draw upon, especially for new Ostomates.

On June 17th, we will hopefully have a TSA representative from the TSA Speakers Bureau who will address ostomy travel issues, especially those related to TSA security check points in airports. As we are starting to travel again, I thought it might be useful information.

Speaking of meetings! Just a reminder that, as usual in past years, we will not have any meetings, video or otherwise in the month of July. Peggy will be on vacation most of the month, and I will be in Iowa the better part of the month. We are starting to look ahead and considering when we can have an actual physical, in person, meeting in the coming months.

Having **in person** meetings, depends on restrictions on gatherings, and the availability of meeting rooms in Kaiser. Peggy and I have started looking at this, and maybe we can resume in person meetings in late August. **I need to hear from members** as to whether there is **any interest** in regular meetings again. **Send me an email or text with your comments.** Participation prior to the pandemic had gotten to a very low level, and there seemed to be a waning if interest. Even if we resume in person meetings, I would like to have at least one **Video Meeting** every month as well.

Be careful out there!

Upcoming Meetings – Add to Your Calendars – Details to Follow

June 3rd – Hosts: Dan and Peggy, CWOCN
Guest – Donna Ruryk – Trio Ostomy Silicone Products

June 17th – Hosts: Dan and Peggy, CWOCN
Potential Guest – TSA Speakers Bureau

August 5th – Hosts: Dan and Peggy, CWOCN
Tentative: Roundtable Discussion and Support



Get Ostomy Answers!

To send a question, please go to www.phoenixuoa.org and click on “Contact” or you can email: publisher@phoenixuoa.org.

You can also send by regular mail: The Phoenix, P.O.Box 3605, Mission Viejo, CA, 92690.

Increase Your Wear Time

Five steps to lengthen the time between pouch changes

By Monica Chen, RN, BSN, CWOOCN

Whether you have a colostomy, ileostomy or urostomy, one of the biggest concerns coming out of surgery is, “How do I manage this thing?” You were most likely taught the steps in the hospital and are hopefully discharged home with a basic understanding of how it is done. After you have been home for a while, you may feel ready to get back to an active lifestyle. Once cleared by your physician, you should certainly do so! Let’s review five important steps to maximize your pouching system wear time and prevent leaks so that you can get to living the life you want to.



3

Step 1: Use the Correct System

Often at discharge from the hospital, you are provided with a basic, standard-wear appliance. There will be post-operative swelling that will slowly go down and with that, the size and shape of your abdomen and stoma will change. Your output may also change if you have a colostomy or ileostomy. What may start out as high-volume and/or liquid, may slowly begin to thicken over time. As these things change, it is definitely appropriate to revisit the type of pouching system you are using. Use the shape of your abdomen and stoma to direct you to the correct wafer/barrier. Is your stoma somewhat flush with the surrounding skin? Then using convexity (where the middle of the barrier sticks out towards your skin) is something to try as it will put gentle pressure on the surrounding peristomal skin and push your stoma out into the wafer opening. Is your stoma within a crease of skin? Then using a flat, flexible barrier will allow it to mold better to fit within the crease for maximum contact and adhesion with your skin. Also, look at the placement of your stoma to make sure your pants and/or belt are not directly over your stoma or tight against your pouch. Tight pressure against your stoma may cause irritation and possibly injury, while tight pressure against your pouch may prevent output from adequately emptying into the bottom of the bag.

“Use the shape of your abdomen, stoma and peristomal skin to direct you to the correct wafer/barrier.”

Step 2: Empty Regularly

Emptying your pouch regularly is very important in maintaining the integrity of your selected system. As it fills, it becomes increasingly heavy which, if not emptied in a timely manner, will overwhelm the seal causing it to leak. Frequency of emptying will depend on the type and volume of output you have. Follow the manufacturer’s recommendations on emptying frequency for their particular product, but it is typically recommended to empty when your pouch is about one third to one half full and before you go to bed. If you are having a difficult time keeping up with emptying your pouch frequently enough, then consider a system with a spout for an opening. With this type, you are able to attach a larger drainage bag with the use of an adaptor. This will keep your pouch empty, lessening the weight of the bag and easing the strain on the adhesive barrier. If you notice a sudden increase in your output, then notify your physician promptly. They will want to discuss duration, any recent changes in medication, vitamins, or food, ill contact, etc. If you have a urostomy, then remember to either stop drinking fluids early enough in the night or connect to a bedside drainage bag so that you will not have to get up every few hours to empty your pouch.



Step 3: Treat Your Skin

If you have any peristomal skin irritation or breakdown, this will impact the wear time of your system. If you are having recurrent leaking issues, then you may see redness and areas of broken skin along the path of the leakage. This skin needs to be addressed prior to reapplying your skin barrier in order for it to stick. Broken skin is typically moist, sometimes draining, and as you know, your skin barrier will adhere best to a dry surface. Stoma powder is an excellent product to help absorb any moisture on the skin and that will help create a dry surface for your wafer to stick to. After applying the powder, if you feel you need an additional layer of protection, you may also use a skin barrier. There are a few types that you may see, but make sure they are “no sting” and alcohol free to limit further skin irritation.

Marathon® liquid skin protectant from Medline leaves a bonded purple film over your skin providing strong protection against moisture, but is also breathable. If you notice that the irritation is rash like in appearance, moist, and/or itchy, please follow up with your physician as you may have a Candidiasis (yeast) infection and need an antifungal powder to treat it.

Step 4: Accessories When Needed

While finding the correct pouching system is an essential component of maximizing wear time, sometimes it isn't enough. Fortunately, there are several accessory products available to be used in conjunction with your current system. There are barrier rings of various compositions designed to be cut, shaped, and molded to fill the area that you need. It is worth the time to experiment to determine which ring may be the best fit for you. They are primarily hydrocolloid based and come in various sizes, shapes, and convexities to help create a better surface for your skin barrier to adhere to. Two exciting products on the market are the Hollister Adapt CeraRing, which is a moldable barrier ring infused with skin-healing ceramide and the Trio Siltac, which is a silicone ring that you are able to stretch to fit around your stoma creating a customized seal. Additionally, the silicone-based ring does not absorb fluids or breakdown, creating a clean barrier which results in easier pouching system changes.



Step 5: Use an Ostomy Belt

Traditional one to two inch belts are soft, adjustable, removable, and reusable. Since the fit or tightness of the belt is customizable, you are able to adjust the amount of support you get. Belts can be used to aid adhesion of your wafer, provide a sense of security, and increase convexity if you are using a convex product. Remember to check your skin every day when wearing a belt for any signs of skin irritation. If kept too tight, the belt could easily cause breakdown. Keep in mind that not every pouching system is designed to be used with a belt. This simply means that when discussing product options with your ostomy nurse, you will need to inform him/her of your desire to try a belt and they will be able to assist with selecting the best system for you. If you have a peristomal hernia, then a custom designed support belt that looks like an abdominal binder would be the best bet for you. Please see your ostomy nurse for details.

Ask Nurse Coulter

I had urostomy surgery two months ago and three urinary tract infections since then. I would appreciate information on what to look for and the causes of these infections. It's very frustrating.
H.R.

Dear H.R.,

I can imagine that having repeated urinary tract infections (UTIs) is frustrating. Untreated UTIs can be very serious, so you are wise to look for ways to minimize them. Generally, folks with urostomies are more at risk for UTIs than those with intact urinary bladders.



Because the urostomy is made from bowel tissue, there will be some bacteria in the urine, but this doesn't mean there is an infection. So it is important to know the signs and symptoms of UTI. These include fever, chills, flank (kidney) pain, cloudy urine, foul odor, blood in the urine, nausea, vomiting, and, in the elderly, confusion. **Unlike when you had a bladder, you will not feel lower abdominal discomfort or pain when urinating.** Be aware that some medications and foods can affect urine color and odor.

To minimize your chance for developing a UTI, it is important to drink plenty of fluids. Eight 8-ounce glasses per day is recommended. Water is ideal. In warmer climates and seasons, you may need to drink more.

A good indicator of whether or not you are drinking enough water is to look at your urine as you empty the pouch. Urine should be a light yellow color and mostly clear, though some shreds of mucous are expected. If the urine looks gold and/or cloudy, drink more water. Unsweetened cranberry juice and Vitamin C can help

maintain more acidic urine, which may reduce the chances of UTI. Avoid cranberry juice if you take a blood thinner like warfarin.

If UTIs continue to be a problem, your ostomy nurse or physician should check to see that urine is flowing freely from the urostomy. The ileal conduit should not be a reservoir for urine. If the stoma has become too small, a condition called “stenosis,” or if there is a hernia near the stoma, the conduit may retain urine, which increases risk for a UTI.

Beryl of Wisdom

Traveling with your stoma

5

Someday (hopefully soon) we may be back to a safer world after the COVID-19 pandemic wanes and our thoughts may turn to traveling again. Traveling with your stoma should not pose any problems if your stoma is included in your plans.

Here are a few suggestions to make your traveling more enjoyable.

- Make a list of the supplies you will need for the time you will be traveling and add some extras as a precaution. Unexpected travel delays, new activities, new food and supplies exposed to heat while traveling may necessitate more frequent changes.

- Empty often and whenever the chance arises. Infrequent rest stops, long flights and scarce rest rooms may not allow you to empty as often as you normally would, so look for opportunities to do so.

- Wear stretchable, looser clothing to allow the pouch to fill without pressure. Sitting in the same position for long periods of time can make pants and skirt creases tighter across the abdomen, so give your pouch some extra room.

- When traveling by car, have your supplies stored in the back seat rather than in the trunk which is less accessible and can be hotter. Put them on the floor and cover them to protect them from the sun. You might consider storing flanges, seals and strips wrapped securely in Ziplock bags with an ice pack. Always take your supplies indoors when possible to prevent damage from heat or cold.

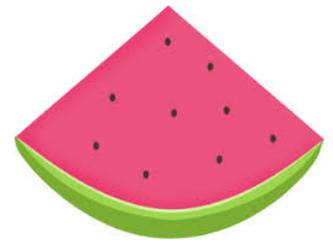
- If flying, carry several changes in your carry-on luggage and check the rest. You will need several changes while you wait on luggage if it gets lost or delayed. Be sure to carry scissors and no more than three ounces of liquid deodorizer per TSA regulations. “Ostomy scissors” are allowed under the regulations if they are four inches long or less.

If you think there is a risk TSA will not allow your scissors, **cut several flanges ahead of time**. If you or your carry-on is chosen to be searched, tell the agents you are an ostomate and have ostomy supplies. You can request a private screening if you prefer, and you are allowed to have a travel companion with you during it.

It may be helpful to carry a copy of the Travel Communication Card available from United Ostomy Associations of America (ostomy.org/ostomy-travel-and-tsa-communication-card). The card is for information purposes only, but will inform the agent of your condition. It also has the contact information for TSA Cares (1-855-787-2227) where, if contacted 72 hours before your flight, they provide a Passenger Support Specialist at the checkpoint for passengers with medical conditions, special needs or disabilities.

6. Keep a list of the stock numbers of all products that you use in case you need to order more if you extend your travel or if there is an emergency. You can order from Amazon and many online ostomy supply websites and have the order shipped quickly to your location. Having your product numbers will help you find what you need and ensure you’re getting what you want.

With a little planning and a few precautions, traveling with your stoma should be no problem. Happy travels.



UOAA Ostomy Academy

UOAA has developed a series of training Webinars for viewing over the next few months. The webinars are about 2 hours in length and are not interactive, in other words you can not participate or ask questions. They are basically a lecture on living with an ostomy. You need to sign up for the eNewsletter on www.ostomy.org to be able to join in on these great training and informational opportunities. I believe you can view the presentation at a later time as well.

OSTOMY ACADEMY

Education
for every
ostomate

6

Wednesday, June 9th

6:00 pm EDT
3:00 pm PDT

Dr. Robert Fearn
MD MRCP

Hydration

6:40 pm EDT
3:40 pm PDT

Judy Madura
MSN, RN, RD, CWOCN, CLSSBB

Nutrition

7:20 pm EDT
4:20 pm PDT

Collin Jarvis
Stealth Belt, Inc.

Physical Activity

Presented by:  UOAA
United Ostomy
Association of America, Inc.

Powered by:  11/HEALTH

Ask Nurse Brown

UOAA Fall 2018

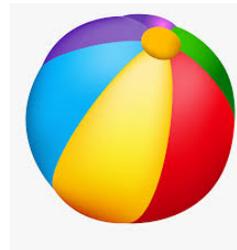
Wafer Sizing

I am having trouble with the skin around my mother's ileostomy. I cut the hole in the wafer very close to the stoma and it seems to fit well. Within 24 to 48 hours, she has a burning sensation, so I check it and discover that the hole has increased in size and the skin around the stoma is red, irritated and even has a small amount of blood visible. I clean the area and use stoma powder to protect the skin, but the problem continues. What can we do?

T.W.

Dear T.W.,

It sounds like your mother's wafer is melting out and undermining quickly from the ileostomy output. When she sits up, does the stoma retract or otherwise pull back into a crease or low spot? When you use the stoma powder, are you always using a skin sealant, preferably a "no sting" preparation low in alcohol, to reduce burning and let it dry well before application of the wafer? Is the stomal pattern too small? It should be approximately 1/8" from the edge of the stoma. Have you tried wafers that are designed to be more durable with an ileostomy effluent? Have you ever tried adding a barrier ring around the stoma? Avoid cleansing the peristomal skin with any soaps that contain moisturizers, cold creams, etc. that may interfere with adherence. Try incorporating these suggestions and hopefully you can resolve these issues. Please contact your ostomy nurse if you need assistance or other recommendations with your mother's ileostomy care.



7

Ask Nurse Coulter

Frequent Emptying

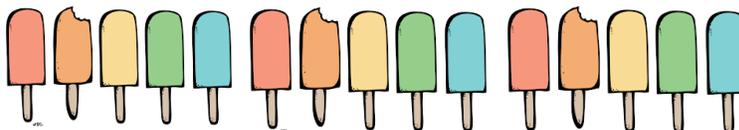
I had ileostomy surgery about six months ago. Is it normal to get up three or four times a night to empty the pouch? Also, my stoma hurts when thick or fibrous foods are passing through. P.P.

Dear P.P.,

By six months after surgery, getting up three to four times a night is not usually necessary. Most people with ileostomies empty their pouches just before bed and are able to sleep for about six hours. How close to bedtime is your evening meal or snack? It is a good idea to avoid eating and drinking anything about two hours before going to bed. Especially avoid foods and beverages that have a high sugar content, which will cause thinner and higher volume output. For your evening meal, consider including foods that slow and thicken output like pasta, rice, and potatoes. A snack of peanut butter and banana or Metamucil cracker will also help to slow and thicken the output.

If your doctor has recommended bowel stoppers such as Imodium or Lomotil, take one or two of these before bed. This will also slow and thicken the output, allowing you to sleep longer. Contact your doctor to ask if one of these medications might be right for you.

Many people have told me that during the night their pouch doesn't necessarily get much of their usual output, but they do get a lot of air in it, which they must empty at least once during the night. On questioning them, I learn, often from their spouses that they snore. When we snore, we swallow air, and if we have an ileostomy, the air is released into the pouch, causing the pouch to fill up like a balloon. Using a pouch with a filter can minimize the need to burp the pouch in the middle of the night.



“Anything but that” was the first thought I had when I learned about ostomy surgery”

Adjusting to life as an ostomate takes time.

[Doug Dallmann](#)

Aug 21, 2019

When I was told that a stage III rectal cancer diagnosis would result in wearing an ostomy bag, I was revolted. Having a hole cut into my abdomen where my colon was exposed and waste pouring out simply disgusted me. I did everything I could leading up to surgery to have a complete response to chemotherapy and radiation treatment.

Alas, it was the day of my surgery. I was able to make out a nurse saying, “looks like he has an ostomy.” I was crushed. Over the next few months, I got used to it but still hated it. I hated how it looked, the noises it made, and dealing with it throughout the day. In the beginning, being an ostomate was filled with uncertainty, anxiety, and depression. I made a physical recovery within a few months and reached my “comeback” goal with a 100-mile century bike ride. That really picked up my spirits. I’ve always been an athletic guy and I told myself that I’d be fine, as long as I was able to be physically active and do all the things I enjoyed before surgery.

Adjusting to other aspects of my life would take a few more years. For example, I had to navigate dating with an ostomy and figure out when to tell my date about it. I also learned how to do [colostomy irrigation](#) so that I could spend an entire day without having any output.

It was regaining my self-confidence that took the longest, but being featured as a model for [The Colon Club](#) in their [2013 Colondar](#) helped me believe in myself tremendously. The icing on the cake of confidence came after I competed in bodybuilding. I stood on the stage in front of people judging my physical appearance while wearing nothing but a spray tan, board shorts, and a colostomy bag — I knew this is where I wanted to be.



Life with an ostomy has its challenges, no doubt, but when problems crop up you just need to be prepared. I’ve learned the hard way to always carry along ostomy supplies. Now I keep extras at work, in my car, in my bookbag, and in my back pocket. But if you’re not prepared, just roll with it. When there’s no proper bathroom nearby, I make do with what’s available. I’ve irrigated my colostomy in a bathroom on a moving train, in a portable restroom, and even in the outdoors while backpacking. If accidents happen, it’s going to be embarrassing if not downright humiliating, but don’t beat yourself up. Those around will usually be very understanding and help you out.

There’s no reason why you can’t [try everything](#). If you have an ostomy, go out and live the life you were going to live anyways. I’ve always wanted to compete in bodybuilding, hike the Pacific Crest Trail, and travel internationally. I’ve done all these things since my surgery because [other ostomates inspired me](#) that it can be done.

Article credit: [Colon Cancer Coalition](#) Doug is a Patent Attorney in Madison, Wisconsin.

SOLANO CHAPTER DIRECTORY

OFFICERS AND BOARD MEMBERS

DAN BRUCE, LEAD COORDINATOR...530-979-7772
OPEN, CO-COORDINATOR...

MEDICAL ADVISORS

ANDREW CHAE, MD
KAISER/VALLEJO

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

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

RN - ET NURSE'S

PEGGY TERRY, C.W.O.C.N.
KAISER VALLEJO
MARYANN 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.

Happy
Father's
Day

Have a
Great
Summer!



10-27 © LaughOutLoud International Inc. Dist. by Universal Uclick for UPS, 2012

"This should keep you going
while I'm on vacation."