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SOLANO OSTOMY NEWS

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



2021

DATE: OCTOBER 7TH & OCTOBER 21ST
TWO ONLINE VIDEO METINGS

OCTOBER 7TH - DAN & PEGGY TERRY

**PROGRAM: CHARLOTTE RENSBERGER – FROM ULCERATIVE COLITIS TEEN TO
NURSE PRACTITIONER AND MOM**

OCTOBER 21 – DAN & MARY LOU SANTILLO

**PROGRAM: MACKENZIE RAUCH – (FOW-USA) FRIENDS OF OSTOMANTES
WORLDWIDE**

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

Fall is coming and I am looking forward to cooler weather and maybe some nice fall colors. With having hot days and fires, you wouldn't know fall is here yet. At least the mornings are nice and cool and comfortable. The upcoming holidays are always a positive thing to look forward to and hopefully we all can enjoy them this year despite the continual Covid concerns.

First off, In September we had 2 great meetings. On September 2nd we had a guest speaker, Kipp Harris, Ileostomate, Inspirational Speaker and Author. On September 16th we had Joy Leek, Senior Ostomy Specialist with Hollister. Joy relates well with other ostomates, as she has an ostomy as well.

In October, we have some interesting guests as well. On **October 7th**, we have **Charlotte Rensberger**. Charlotte is going to talk about her journey through the ostomy world, from her teen years through her current occupation as a Nurse Practitioner. On **October 21st** we have **Mackenzie Rauch** with **FOW-USA**, (Friends of Ostomates Worldwide). She is going to discuss the roll FOW plays in the collection and distribution of excess ostomy supplies from ostomates all over the world.

A word on upcoming meetings. It looks like our **last meeting for the year** will be on **November 4th**. As it turns out, me, Peggy and Mary Lou are tied up later in November as it is close to Thanksgiving, and we normally only have a Christmas Potluck in December anyway. I will be gone most of December as well.

So, the next meeting after November 4th will be a **Video Meeting on January 6th**. We are continuing with video meetings in January, and then we can at that time evaluate the future of in-person physical meetings. Please contact Peggy Terry, RN, CWOCN 707-651-4179, or Mary Lou Santillo, RN, CWOCN 707-474-7733 if you have any urgent needs.

Take Care!

Upcoming Meetings – Add to Your Calendars – Details to Follow

October 7th - Online Video Meeting - 7:00 PM – Charlotte Rensberger,
Inspirational Speaker

October 21st - Online Video Meeting - 7:00 PM – Mackenzie Rauch, FOW-USA
Friends of Ostomates Worldwide

November 4th - Online Video Meeting - 7:00 PM – Noelle Schuyler, 11 Health
Smart Care



Ask Nurse Coulter

Granulomas

I have **granulomas** around my stoma. My surgeon said to just leave them alone, but they can bleed when I change my skin barrier. I also have to cut the hole in the barrier larger than I want to. Any ideas on what to do?

J.K.



Dear J.K.,

I encounter granulomas frequently in the outpatient clinic. These usually occur on the stoma where it rubs on the pouch or wafer. Sometimes the bleeding site is small – about the size of the tip of a pen. They may be larger, like a pencil eraser, or there may be a cluster of granulomas. Fortunately, they are made of the same tissue as the stoma and aren't painful. The bleeding can be disconcerting and problematic if it isn't controlled.

So, while adjusting the barrier may be the best course of action, it is often necessary to remove the granulomas as well. Depending on the size of the irritated tissue, the physician may cut off the excess tissue. If it is small, the physician may instruct an ostomy nurse to cauterize the tissue. This means that the tissue is gently burned off of the stoma with a chemical called **silver nitrate**. The silver nitrate comes on a wooden stick and looks like a long cotton tip swab, but with a small gray drop on one end rather than the cotton. After cleaning the stoma, the stick is gently applied to the granuloma. Again, this should be painless. The **silver nitrate leaves a gray to black hue at the cauterized area**. This discolored tissue will fall off of the stoma over a few days. Applying a pectin-based stoma powder will help this to happen, but you will notice it for the next pouch change or two. When it clears, the granuloma and the bleeding should be gone or greatly decreased. During the same visit, the stoma nurse can measure your stoma, assess your abdomen and make recommendations to help reduce the chance that granulomas will recur. These steps should improve your pouching experience and give you more peace of mind.

Ask Nurse Coulter

Growing Stoma

I had my ileostomy surgery five weeks ago. I noticed that my stoma has gotten bigger. It looks larger on the right side. There has been some bleeding underneath too. I thought my stoma would decrease, not increase. What should I do?

P.W.

Dear P.W.,

Thank you for your question. You are correct that after surgery a new stoma will usually get smaller. This is because a new stoma is swollen and the swelling decreases as the body heals. Usually by four to six weeks the swelling has resolved, and the stoma has reached a stable size.

“Parastomal hernias are caused when pressure from inside the abdomen forces more bowel through the stoma opening in the muscle.”

The issue you are describing sounds like a **stoma prolapse**. A prolapse occurs when the bowel telescopes through the opening in the abdomen, gets longer and often larger in diameter. Prolapses usually occur with **loop stomas** (loop ileostomy and loop colostomy). Though a stoma prolapse is shocking and distressing, it is not an emergency as



long as the stoma remains a healthy red or pink color and continues to function. If the stoma color is not healthy and/or output is not coming out, you should go to your local emergency department.



In your case, it sounds like the stoma is enlarging, but is healthy and functioning, so you should see your ostomy nurse. She can determine if you are experiencing a stoma prolapse or if there is another cause for the enlargement. If the stoma is prolapsed, it usually will not require surgery. Your nurse can teach you how to manage it. This will involve possible stoma reduction, optimizing the pouching system and providing stoma protection. Many prolapsed stomas can be reduced, which means the stoma is returned to its original size. The stoma nurse can determine if your prolapse can be reduced. Reduction is done when the patient is lying on their back. In fact, many stomas reduce on their own when a person lies down. If not, then gentle pressure is applied to push the excess stoma tissue back into the abdomen. **Sugar and a cold compress may be used to help reduce swelling of the stoma tissue.**

The first thing your stoma nurse will do to optimize your pouch is to be sure to cut the opening in the baseplate large enough for the biggest diameter the stoma gets when prolapsing. The larger opening will help prevent the stoma from being injured by the pouch as it prolapses and reduces. **The bleeding you are seeing may be because the opening in your baseplate is too small.** The next time you change your pouch, cut the opening large enough to fit the stoma. You might need to measure it to find the right size for the opening. If the stoma is bleeding when you change your pouch, press a folded piece of tissue or paper towel on the spot that is bleeding. It may take a few to several minutes for the bleeding to stop. After it has stopped, sprinkle stoma powder on the area. Gently dust off the excess before placing the pouch.

To further optimize your pouching system your stoma nurse may use a more flexible baseplate and may add skin barrier or a barrier ring to protect the skin around the stoma, which may get exposed as the stoma size fluctuates. **Finally, a prolapsed stoma is susceptible to injury.** Because the stoma does not have pain receptors, you may not realize the stoma has been injured. If this is a concern, your stoma nurse may recommend a stoma guard for protection. She may even fashion a temporary one from her stash of supplies. I have done this using an inverted convex wafer secured firmly, but not too tightly, over the stoma with an ostomy belt.

Managing Flatulence and Stool Odor with an Ostomy

One of the side effects of ostomy surgery is often managing malodor from flatulence. My dad Nick authored a study published in the JWOCN (Journal of Wound Ostomy Continence Nursing) that confirms that odor associated with ostomy pouch leaks is a major concern among **ileostomates** and **colostomates**. The fact that ostomy pouch deodorants are a common accessory purchased by ostomates further collaborates the concern and importance of addressing odor from fecal stomas.



Natural Process

Before we go to far let me point out that flatulence is a natural phenomenon for all of us and affects people to different degrees. Smelly gas can cause real social embarrassment for all people including ostomates, mostly **ileostomates** and **colostomates**. To better understand this 'odor problem,' we will take a brief trip down the gastrointestinal tract and learn in simple terms what happens after we ingest food.

Starting with the major parts of the gastrointestinal tract, we begin with the mouth, then the esophagus, the stomach, the small intestine, the large intestine, the rectum and then the anus. Each of these parts has a specific function. When you eat foods, such as bread, meat and vegetables, they are not in a form that the body can use as nourishment. Food and drink must be processed into smaller molecules of nutrients before they can be absorbed into the body and carried to the cells throughout the body.

Ostomy Alterations



The waste products of this process are pushed into the large intestine (colon) and then move into the rectum before being expelled through the anus. This then is what a so called 'normal intestinal tract' appears to be. Now, when an individual has an ileostomy or colostomy, important parts of the small and large intestine are bypassed that contribute to digestion and gas production. An ileostomy will have the small intestine connected to the abdominal wall and a colostomy will have the large intestine connected to the abdominal wall. The incontinent stoma has no way to keep gases from being expelled at inconvenient times. So, gases that are formed during the digestive process are continually expelled into the ostomy pouch. When gases find their way out of the pouch, then it can become embarrassing for the individual. The problem then is how to control the odor of the expelled gases.

Causes of Gas

There are two main ways in which gas is present in the body. **First**, air swallowing is done when swallowing a bolus of food/saliva, drinking with a straw, and a carbonated drink. This gas contributes to gas found in the stomach and most of this is eructated (belched) out with not much moving on to the small/large intestines. **Second**, and the more significant contributor to intestinal gas is a result of fermentation by colonic bacteria. The volume of gas and odor vary from person to person and can be influenced by diet to some extent. The stomach and small intestine do not fully digest all of the food you eat. Undigested carbohydrates pass through to the large intestine. Bacteria in the large intestine break down undigested carbohydrates and release gas which is passed through the anus. If you have an **ileostomy**, your ostomy bypasses the fermenting bacteria located in the large intestine and you **should experience less** intestinal gas.

There are certain foods that can cause gas production. Some people are more prone to be gassier from certain foods than others. **Common foods that cause gas: beans, beer/carbonated drinks, brussels sprouts, cabbage, onions, asparagus, broccoli and cauliflower, mushrooms, pears, apples and peaches, whole grains, bran, milk and milk products such as cheese and ice cream. Note that foods high in fiber tend to increase gas production.**

Two Faces of Fiber

Two types of fiber are present in our diet, **insoluble** and **soluble**. Insoluble fiber does not dissolve in water and is not acted upon by bacteria in the colon producing no gas. Important bacteria (probiotics) in the colon break down soluble fiber by fermenting it.

This releases nutrients for the bacteria and for us. A byproduct of fermenting soluble fiber is intestinal gas. This fiber is important to allow the bacteria in your colon to thrive. Reducing the amount of soluble fiber in your diet should lower the amount of intestinal gas your body produces. Milk and milk products are often blamed for causing gassiness. This is because people with **lactose intolerance** cannot fully digest lactose in milk and milk products. As a result, gas, bloating and diarrhea can occur. This can be avoided by taking lactase, an enzyme to break down lactose so the body can absorb it. Certain medications can also contribute to gas production. It is important to keep a diary of what causes excess flatulence and to avoid those items.



Choosing a Deodorant

There are a few essential questions to ask yourself when considering a deodorant for your ostomy pouch:

What products are available to me? Your product supplier may not offer the full selection available for various reasons. Be sure to ask your supplier for your deodorant of choice.

What type of ostomy do I have? This article is geared towards odor from stool and flatulence. While one may exist, an effective deodorant for urine is not known to me.

Do I need to address this daily or once in a while? Some people may not need to use a deodorant all the time. In fact, a lot of people with ostomies use a pouch deodorant only when flying or in close company with others. On the other hand, there are those people who use a deodorant for their ostomy pouch on a daily basis. This is entirely up to you.

Have I tried modifying my diet? It is surprising how much odor from stool and flatulence can be controlled by making diet modifications. Especially if you have a food sensitivity such as one to dairy. By simply removing this food from your diet you can make big strides in controlling odor. Please note that you may want to visit with a registered dietician to confirm that you are getting a balanced diet that includes proper amounts of vitamins and minerals.

Internal or External

There are many products that can assist the ostomate in controlling the odor from intestinal gas. Deodorants can be broken down into **two general groups**. Oral (**internal**) deodorants are taken by mouth and can be further grouped as an FDA approved (no Rx) medicine containing bismuth subgallate or a “food” or supplement product containing chlorophyll. **External** deodorants (liquids/sprays/tablet) are used in the pouch.

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Deodorants

Pouch Products

Adapt Lubricating Deodorant: 800-323-4060
Brava Lubricating Deodorant: 800-237-4555
DevKo Deodorant Tablets: 800-453-8898
Marlen Deodorizer: 216-292-7060
M-9: 800-323-4060:
Na'scent Ostomy Deodorant: 888-880-1959
Osto-Fresh Liquid Deodorant: 888-427-6380
Safe n' Simple Ostomy Deodorant: 248-214-4877



Oral Products

Devrom Chewable Tablets: 800-453-8898
Devrom Capsules: 800-453-8898
Nullo: 844-243-8384

Ask Nurse Anita

What are barrier rings? And why do I need this ostomy accessory?



Ostomy barrier rings are used to create a secure seal between skin and pouch and prevent drainage from getting underneath the skin barrier. Most are designed to absorb excess moisture, support healthy skin and fill in gaps or creases that might cause leaks. They do not contain alcohol and are easy to use. Most people do well with the 2” barrier rings, but occasionally a 4” ring is needed when the abdomen is uneven from scars or creases.

Molding or even doubling up barrier rings can provide convexity to a flat barrier. “Convex” barrier rings add convexity to flat or convex pouching systems. The following are descriptions of a few barriers available.

Hydrocolloid Barriers

1. Hollister® Adapt CeraRing™ is infused with Ceramide. Hollister claims the Ceramide protects your skin from water loss. These are available in 2” and 4” diameter. Hollister also makes convex barrier rings in round and oval shapes.

2. ConvaTec Eakin Cohesive® seals are barrier rings that **absorb moisture** and help protect the skin. Available in 2," 2" slim, 4," and an oval Eakin Cohesive Wrap™ for oval or larger stomas.

3. Coloplast has Brava® protective seals which they claim are more durable against caustic effluent such as that from ileostomies. Available in multiple sizes, thicknesses, and widths, you can order a seal pre-sized to 1 1/8" that is 2.5 mm thick with a standard width of 5/8" or one that is pre-sized to 3/4." Having a presized seal avoids the need to mold it to your stoma size.

The above barriers can be placed around the stoma before applying your barrier or they can be placed directly onto the barrier around the opening. If you have persistent output, consider placing the ring directly onto the barrier to decrease the chance of it getting ruined from effluent.

Silicone Barriers

4. Trio Siltac™ ostomy seals are made from a soft silicone which does not absorb moisture or effluent. The seals easily mold to the shape of the stoma. This barrier is to be placed directly around the stoma and then the barrier applied. When removed, there is no residue to clean. Trio also makes a convex seal called Silvex® to tackle difficult-to-manage, non-protruding ostomies.

"Barrier rings can increase the wear time of the skin barrier and prevent leaks. Not everyone needs to use a barrier ring, but if you are not getting good wear time, reach out and sample some of these products".

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Karaya Barriers

5. Mason Colly-Seel™ discs by the Torbot Group contains **Karaya**, a sap-like material from the Sterculia tree of India that is said to have healing properties. Many people with urostomies benefit from the acidic pH of the Colly-Seel™ to prevent and treat pseudoverrucous lesions. Colly-Seels™ are a gentle alternative to hydrocolloid barrier rings for people with sensitive skin. These discs are not moldable and need to be cut to fit your stoma.

6. Marlen carries Karaya washer rings called Protex™ Powder Pads that come in small and large sizes. These black washers swell with moisture and are best for colostomates.

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
Ostomy101.com**



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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.

