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SOLANO OSTOMY NEWS

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A graphic for the month of November 2021. The word 'November' is written in a large, brown, serif font. Below the text is a decorative border consisting of a row of colorful autumn leaves in shades of orange, red, yellow, and green.

2021

DATE: November 4th **ONE ONLINE VIDEO METING******

HOSTS: November 4th at 7:00 pm Peggy Terry & Dan

PROGRAM: Roundtable + Q & A

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

November – WOW! Every year I can't believe it's November already. With the relentless Covid-19 pandemic, continuous political controversy and terrible fires, it has been and over stimulating year so far. I am looking forward to cooler weather and the changing seasons. The upcoming holidays are always a positive thing to look forward to and hopefully we all can enjoy them despite the virus.

Just a reminder that we are not having any video meetings after November 4th, until **January 6th of 2022**. As we move into 2022, perhaps the covid situation will improve quickly enough for us to have physical meetings again in the near future. It all depends on Kaiser's approval of gatherings and meetings in the hospital and our being able to acquire the meetings rooms again at Vallejo and Vacaville.

Tale care and *Happy Thanksgiving!*

Upcoming Meetings – Add to Your Calendars – Details to Follow

November 4th - Video Meeting - 7:00 PM –Roundtable Discussion and Support

January 6th - Video Meeting - 7:00 PM – Roundtable Discussion and Support
Tentative Special Guest – Details to Follow

January 20th - Video Meeting - 7:00 PM - Roundtable Discussion and Support
Noelle Schuyler – 11 Health & Technologies



Ask Dr Beck

Transit Time

My food is passing into my pouch only 30 minutes after I eat. I get hungry an hour later and it's taking over my life. I have an ileostomy and had to have a revision of my stoma. I take potassium, vitamin B-12 and magnesium supplements. Is this normal? S.M. Dear S.M.,

Transit time denotes the time it takes ingested contents to travel from the mouth to the anus or a stoma. This varies considerably depending on what is ingested, a person's anatomy, emotional and physiological status. Ostomates tend to have a shorter transit time as they have less bowel "in circuit." Magnesium is a supplement that can increase transit time so you might discuss trying a different formulation with your physician. Foods that are high in protein and fat tend to prolong transit time. Another option you might discuss with your physician is to take a dose of loperamide (Imodium) 30 minutes before your meal. This increases the transit time by slowing down digestion. To better calibrate the dose you need, you can use liquid Imodium (20 drops = 2 mg which is the amount in a capsule). A dose lasts six to eight hours. You did not mention if you are losing weight. **If the transit time is too fast, absorption of calories or nutrients is diminished which might cause weight loss and malnutrition.**

Accidents Happen

Despite an embarrassing situation, ostomate chooses not to hide

By Tony Grant



I have short bowel syndrome and only have about five feet of small intestine left. I have had the occasional leakage problem, generally around the wafer. However, this all changed recently. I was attending a stroke survivor support group for the 1st time. About ten minutes into the talk, **I began to notice a warm, watery feeling down my right leg.** To my horror, the feeling was moving slowly down my leg and a

widening stain was visible on my shorts. I slowly rose and made my way through the row of group members, with each step the stain on my shorts kept getting bigger and bigger. As I quickly made my way down a never-ending hallway to the rest room, the contents reached my shoes. I was shocked to discover that the clip on the bottom of my pouch had simply popped open.

So I sat in the handicapped stall and surveyed the damage. **My shorts clearly showed something bad had happened.** There's only so much cleaning one can do with cheap toilet paper, seat covers and paper towels. I sat panicked with no real way to clean myself up. Then I perked up. I had my cell phone so I could arrange for a ride. The happiness quickly evaporated when I realized my bag, wallet, glasses, and iPad were still in the conference room. So I cleaned up as best as I could, which wasn't very much, and slowly made my way back down the corridor, into the office and back into the conference room.

There have been times in the past when something happened that was embarrassing, and I found out later that no one really noticed. People are wrapped up in their own lives, thoughts and issues and often miss things around them. Well, this wasn't one of those times. As I slunk back to my seat, I picked up my bag and placed it in my lap. There was about 30 minutes left in the meeting, which passed at a glacial pace. The meeting ended and I did not move an inch. People were standing up, milling, speaking in groups while I stayed glued to my seat. No one spoke to me, or introduced themselves to me as this was the first time I'd attended one of their meetings.

"I have had too much taken away by ulcerative colitis. My ileostomy saved my life and I will waste none of it hiding."

I stood, held my head up as proudly as I could and walked out of the building. There was no way that people didn't notice what a mess I was. This was confirmed when the driver, we'll call him a human, asked loudly before unlocking the doors, "What happened to you? Are you going to mess up my car?" I took a deep breath. There were many ways to go with my answer. Most would involve something very insulting or borderline hostile and all would result in me not getting a ride home. Instead I said, **"I won't do anything to your car and I'd just like you to take me home, please."**

I spent the next week or so being a hermit. I cancelled a couple doctor appointments and gave my friends excuses why I wasn't coming over. Slowly, I started to creep back out into the world. **I let this event, admittedly awful, dictate the way I was interacting with the world. I cannot do that and neither can anyone else that has an ostomy. Leaks and accidents will happen. Ask any longtime ostomate. They will tell you that leaks and wafer failures are an occasional annoyance and inconvenience.**

My response to what happened was wrong. First, I don't know for sure that "everyone" saw what happened. Second, if they did, so what! I have had too much of my life taken away, spending many days on my back in the hospital. I'm not going to lose anymore by hiding, so when the leader of the group called me the next month to remind me about their upcoming meeting, I said I would be there. **My ileostomy saved my life and I will waste none of it hiding.**

LEARN HOW TO SPOT PERISTOMAL SKIN IRRITATION AND DAMAGE.

After your ostomy surgery, your healthcare team likely taught you how to care for your peristomal skin and what it should look like when it is healthy. Ideally, it should be intact without irritation, rash, or redness. The skin around your stoma should look just like the skin on the other side of your abdomen, or anywhere else on your body, free of redness, irritation, or damage. Healthy skin should be the rule, not the exception.

However, if your peristomal skin is irritated or damaged, there may be some signs of a peristomal skin complication (PSC), such as:

1. Discomfort, itching, soreness, or even pain around the stoma.
2. Recurrent leakage under your pouching system or skin barrier.
3. Excessive bleeding of your stoma – it's normal for your stoma to slightly bleed after you wash it, but the bleeding should resolve quickly.
4. A bulge in the **skin** around your stoma.
5. Skin color changes from normal pink or red to pale, bluish purple, or black
6. A rash around the stoma that is red, or red with bumps – this may be due to a skin infection or sensitivity, or even leakage.
7. Wart-like, pimple-like or blister-like bumps under the skin barrier – this type of irritation can happen any time, even if you've used the same product for months or years.
8. Any type of wound or scratch on the peristomal skin.

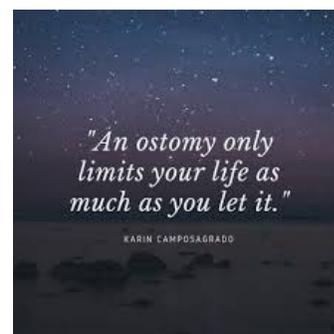


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PERISTOMAL SKIN COMPLICATIONS — POTENTIAL CAUSES AND WHAT TO DO

Irritated and damaged peristomal skin can occur for a variety of reasons. It can be caused by anything from a poor-fitting pouching system to frequent skin barrier changes, to an allergic reaction to anything that contacts the skin, such as soaps or products used to prepare the peristomal skin. Some studies report up to 75 percent of people with an ostomy experience a PSC.* Although it is a common issue, it should not be ignored. If you experience any signs of a PSC, contact your stoma care nurse. You should work with your healthcare team to determine the exact cause and the appropriate solution. For more information on maintaining healthy skin and other topics, click here to visit the **Hollister Ostomy Learning Center**

* Rapp CG, L Richbourg, JM Thorne. Difficulties Experienced by the Ostomate After Hospital Discharge. JWOCN. 2007;34(1):70-79.



The Lighter Side of Ostomy

By Brenda Elsagher

Ice Cream

Many years ago, when I had recently begun speaking, I was presenting at the Minnesota Ostomy Regional conference and I was adjusting to talking about my story publicly. I was grateful to have found people that understood what I was going through. Diagnosed with cancer at age 39 and a mother of two children under six, I was told that it's possible a colostomy could save my life. It was a no-brainer, I agreed to surgery and 26 years later, I am happy to report that I have been living well with an ostomy, married for 33 years, and now a grandmother of two sweet grandchildren.



Before the conference, I made a vow to myself that I would speak about this publicly with my clients at work and anywhere else the subject came up. My mission was to educate people on the importance colon screening. At that time, many people felt squeamish and put off that important test. Being 39 was younger than most people are recommended to get the test, usually it was age 50, (currently the American Cancer society recommends⁴⁵) and earlier if there was a family history of bowel issues. I never won anything in my life but that day I was diagnosed I won the statistic of 1 in 100,000.

I attended my first ostomy support group and in between the moments of laughter and tears with the members at the meeting, I began to learn about the pain and suffering people have had with Crohn's and colitis disease. Hearing their stories and how they lived with inflamed bowels for years, I was finding myself grateful I only had cancer! Luckily, mine was caught early. Bravely I mustered my courage and got up and told my story and eventually became known for my signature request. At one point in each speaking engagement, I would say the word "Rectum" aloud as it was included in my story. Recognizing it was unusual for an audience to hear it and concerned they may have been uncomfortable with it, I requested they said the word out loud with me three times. Soon I got an enthusiastic response and the audience loudly proclaimed, "Rectum, rectum, rectum!" Usually followed by a laugh and an applause. I know you dear reader want to try it right now. I dare you! It's liberating. Go ahead...Say it loud and proud! I included many embarrassing details about the long surgery requiring vaginal reconstruction, a hysterectomy and my butt cheeks sewed shut resulting in a permanent colostomy.

Just as I was getting to the crescendo of my story, the doors to the huge conference room where 200 people were sitting flew open, and in walked 4 waiters pushing a very long table with 200 individual cups of ice cream. I saw my audience all turn their heads to look at the ice cream and then looked at me in a quandary. Without missing a beat, I said, "Hey guys, I'm talking about my rectum here, actually about living rectum free. Do you think you could wheel that ice cream back into the freezer for 10 more minutes?" Everybody laughed hysterically as we watched them, red-faced, back right out of the room with the ice cream filled cups. And that's when I knew I could talk about embarrassing things in public.



Brenda Elsagher has been a national speaker, author and comedian for 25 years and is currently the Director of the Affiliated Support Groups Affairs for the United Ostomy Association of America. Brenda is the author of: If the Battle is Over, Why Am I Still in Uniform?, I'd Like to Buy a Bowel Please!, Bedpan Banter, It's in the Bag and Under the Covers and Your Glasses are on Top of Your Head. You can get her books at Amazon.com or contact her directly at Brenda@livingandlaughing.COM.

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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.



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