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# SOLANO OSTOMY NEWS

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**OSTOMY ASSOCIATION OF SOLANO**  
**P.O. BOX 5142, VACAVILLE, CA 95696**



**2022**

**DATE: January 6<sup>th</sup> and January 20<sup>th</sup> \*\*VIDEO METINGS\*\***

**HOSTS: January 6<sup>th</sup> at 7:00 pm – Peggy Terry, CWOCN & Dan  
Guest – To Be Determined**

**January 20<sup>th</sup> at 7:00 pm – Mary Lou Santillo, CWOCN & Dan  
Guest - Noelle Schuyler - 11 Health & Technologies**

**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

**Happy New Year to Everyone!** It seems like a long time since we had a meeting. Can you believe that we are heading into **2022** already! At the beginning of this year, I honestly thought that with the vaccines coming out in early 2021, that by the end of 2021 the virus would be over. Oh well, with the number of folks unvaccinated, and the new Delta and Omicron variants, we are still in the thick of things. Surely 2022 will be the end or at least a vast recovery from the pandemic?

**First Off**, with the new Omicron variant, we will need to continue with video meetings for a while longer. I cannot speculate as to when we will be able to meet at the Kaiser facilities for in person meetings. As of now, we will continue our online video meetings.

**At the last meeting on November 4<sup>th</sup>**, we had Janice Colwell from FOW-USA (Friends of Ostomates Worldwide). She discussed how they collect unused ostomy products and distribute them free of charge to needy people throughout the USA and the whole world as well. <https://www.fowusa.org/>

### FOW - MAKING A DIFFERENCE EVERY DAY

\$24.8Million - worth of supplies sent to people in need since 1986

99 Countries - In which individuals received donated ostomy supplies

457,000Pounds - of supplies sent to ostomates worldwide

**At Our Meeting on January 20<sup>th</sup>**, Noelle Schuyler, Regional Sales Manager with 11 Health & Technologies will be joining us to discuss their new products and training that they provide to the ostomy community. They bring technology into the ostomy world. Should be interesting.

Take care out there!

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### Upcoming Meetings – Add to Your Calendars – Details to Follow

**January 6<sup>th</sup>** - Online Video Meeting - 7:00 PM –Roundtable Discussion and Support  
Potential Guest Speaker – Details to Come

**January 20<sup>st</sup>** - Online Video Meeting - 7:00 PM – Roundtable Discussion and Support  
Noelle Schuyler, Regional Sales Manager with 11 Health & Technologies



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### Urostomy Infections - Pouch Care and Prevention

- Wash your hands before and after changing your pouching system.
- Inhibit bacterial growth in your pouch by changing it every 3-4 days and empty it when 1/3 full.
- Use a night-time drainage bag to decrease the overgrowth of bacteria.
- Drink 6-8 glasses of water per day (unless directed by your health care provider not to)
- Drink cranberry juice and incorporate Vitamin C into your diet.

# Here Comes the Sun

By Charley Cecil

I've always been a happy person. No matter what, I think it is important to look on the bright side, stay positive, and keep moving forward. It is an attribute I have always been thankful for. Little did I know that this personality trait would be lifesaving.

## How It Started



It is 2018, and I have just entered my second semester of college. Freshly being 18, I am eager to learn and pave the way to my future. But in a matter of days, it all came crashing down. I knew what the signs of ulcerative colitis were. My

sister had been diagnosed years prior and had undergone many treatments and surgeries. I was getting sicker every day, but just did not want to admit it. Finally, I convinced myself to go to the doctor only to confirm my fears. Will I have to do the same treatments and surgeries as my sister? I told myself no. I told myself that the doctors would find the perfect medicine and I would be able to return to class and my part time job in no time. Seven different medicines, injections, and infusions later, no progress was being made. At this point I was on steroids for a prolonged period just to keep my symptoms in check. I had to do a medical withdraw from school, but still tried to earn a living while undergoing treatments in order to keep up with bills. After trying all the medications, the doctors could throw my way, they decided that it had gone too far. They needed to take my colon out.

## The Initial Surgeries

By this time, I was 19 years old. I was ready to face these surgeries head on because I knew that once I was past them I could move forward with my life. I stayed positive; I had a plan. Get done with the surgeries, recover quickly, and find out what I wanted from life. My colon removal surgery happened over two operations. The first operation was the actual removal of the colon, as well as the formation of my j-pouch and my temporary ileostomy. Coping with the ileostomy was challenging, however knowing that a reversal surgery was in sight gave me hope that I would be returning to my normal life. Getting back into a good place physically and financially would be a struggle, but with my can do attitude I got a job waitressing the same week my doctors released me to work after my reversal surgery.

## The Calm Before the Storm

The next year and a half of my life was eventful. I bounced around from one job to the next, experiencing life in every way that I can. From waitressing to being a radio DJ, and from there to a beauty consultant, I finally landed my dream job. I started working at my local veterinary clinic as a vet assistant. I love this job with such a passion that I quickly decided that is what I wanted to go back to school for, to be a veterinary technician. I was living life as normal. Working full time at the clinic, doing online classes, and starting to chip away at previous medical bills and student loans.



## The Event

I woke up in pain. This was not an unusual occurrence, but this time felt different. No matter what I tried, the pain kept getting worse. The pain was too much, and I ended up passing out in my bathroom floor. I went to

the local hospital where I sat for 14 hours with no solution in sight. In fact, I barely remember any of this. Small fragments come to mind, but the last thing I remember was being flown to my doctors up north and them telling me they were about to do an emergency surgery to save my life.

## The Aftermath



The emergency surgery took almost five hours. When I woke up, the doctors had told me that my j-pouch and my scar tissue from my previous surgeries had intertwined, causing a rupture and for me to go septic. They told me I almost died. The first question I asked was if I had an ileostomy again. Their response was yes, and it would not be reversible this time. This was when my optimistic outlook on life would come in handy. I spent a month and two days in the hospital. When they finally released me to return home, I left with a PICC line, a drain, and a feeding tube. During my stay at the hospital, I had the privilege of enjoying some music therapy. The day that I was due to be discharged from the hospital, my therapist sang 'Here Comes the Sun' by The Beatles. This song has stuck with me over the past few months, because it reminds me that the challenges I face now will not last forever. I will get used to my ileostomy, the sun will come out, and I will have a wonderful life. I have lost a lot from this experience, but my hope and faith that things will be okay is something I will always have, no matter what.

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## 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 recommends<sup>45</sup>) 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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## Ask Dr. Beck

### Small Bowel Bacteria

*Does the small intestine adapt and act like a colon if there is no colon or rectum for a few years? If so, could there be bacteria that are normally found in the colon in the small intestine? Would that cause lower abdominal cramping? If so, could that bacteria be replaced with the correct bacteria?*

*E.W.*



**Dear E.W.,**

The small bowel normally has a low bacterial count (1,000/gm, while the colon has 100 million/ gm). The types of bacteria in ileal fluid is mostly aerobes (bacteria that live in oxygen environments e.g. E. coli) while the bacteria in distal content is mostly anaerobes (bacteria that live in low oxygen environments e.g. bacteroides). When an ileostomy is created, the bacteria count increases to 1 million/gm and the spectrum of bacterium types changes. Bacteria don’t directly cause cramping, but if there is an increase in toxigenic bacteria (e.g. toxic E coli or C. difficile) the toxin may cause diarrhea and secondary cramps.

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## Ask Nurse Coulter

### Serious Rash

*I have had my colostomy for about six years. Everything was fine until recently when I started getting a serious rash. I’m not sure what to do and worried my pouch will start leaking.*

*K.T*

**Dear K.T.,**

I'm glad you contacted me about the rash you have developed. Fungal rash, folliculitis, and product sensitivity (allergic dermatitis) are common causes of redness and itching under an ostomy pouch. Sometimes more than one of these conditions can occur at the same time, making it particularly difficult to manage. The trick for



treating your rash is determining which of the conditions you are experiencing.

Because I'm receiving your question in the hottest part of the year, when humidity abounds and we are prone to perspiring, I believe the most likely cause of the rash is due to an overgrowth of *Candida albicans* so I will discuss it first. This fungus is a type of yeast that naturally lives on our skin and usually causes no problems, but sometimes it can get out of hand. I frequently see these rashes around stomas and under pouches in the height of summer, when moisture sits on the skin and allows the fungus to overgrow.

Some people are particularly susceptible to this type of rash including those who have diabetes and those who have recently taken antibiotics. Corticosteroids and chemotherapy medications also make some folks susceptible. In our outpatient clinic we keep anti-fungal powder on hand to treat this rash. Anti-fungal powders are also available over-the-counter at pharmacies. The active ingredient to look for is 2% miconazole.

With each pouch change, cleanse the skin and dry it well. Apply powder to the affected area and rub it in well, then dust off the excess powder before applying your pouch. If the rash is especially problematic and doesn't respond well to the powder, your doctor may prescribe an oral anti-fungal medication such as fluconazole. To help prevent a recurrence of the rash, be sure to take steps to keep your pouch and the skin around your pouch dry. After showering or swimming, use a hair dryer on low heat to dry your pouch and skin. When exercising or doing any activities that make you sweat, place a moisture absorbing cotton or a wicking material between your skin and pouch. Pouch covers and stoma wraps are good options. Doing this will help keep the yeast at bay and help keep you comfortable.

Folliculitis, or inflamed hair follicles, also looks somewhat like a rash, with white, raised bumps that may be itchy or painful. With this condition the follicles are first irritated with over enthusiastic shaving or during removal of the baseplate and then they become infected. Washing this area with antibacterial soap can help relieve this condition. In some cases, a topical or oral antibiotic may be needed. To prevent irritating the hair follicles, shave in the direction of the hair growth, or use electric clippers. Applying stoma powder to the dry hair before shaving or clipping can help the hair stand up, making hair removal easier.

If the rash is due to product sensitivity or allergy, the itching and redness will mimic, at least initially, the shape of your pouch's baseplate. Blisters or weepy skin are also signs of skin sensitivity. Since different manufacturers use different formulas in their products, changing the brand you use may solve the issue. Also, I find that many people are sensitive to the tape used on the baseplates. If you suspect this, choose a wafer that is tape-free. Some manufacturers call these wafers "solid." If this doesn't help, contact your stoma nurse. They can help determine which products you are sensitive to by doing a patch test. This involves applying small pieces or "patches" of the baseplates to your skin and covering them with a clear dressing. After 48-72 hours the dressing and patches are removed, and your skin is inspected. Redness and/or itching indicate that you are sensitive to the product. Your nurse can then help you choose an appropriate baseplate. I seriously hope these tips help clear up the rash and help you maintain a good pouch seal as you go about doing the activities you enjoy.

## SOLANO CHAPTER DIRECTORY

### OFFICERS AND BOARD MEMBERS

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KAISER VACAVILLE

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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.

# Happy New Year!



© 2015  
"High sodium, high cholesterol, lots of toxins - your blood test is remarkably similar to a potato chip."  
Bill Abbott



© 2015  
"What else did you fix today?"  
Bill Abbott