



WEB SITE: www.ostomysolano.org

SOLANO OSTOMY NEWS

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

APRIL

2022

DATE: April 7th and April 21st **VIDEO METINGS**

HOSTS: April 7th at 7:00 pm – Peggy Terry & Dan
Program – Potential Guest – Roundtable + Q & A

April 21st at 7:00 pm – Mary Lou Santillo & Dan

Program – Sarah Biggart – Convatec 
Cindy Myers, RN –  

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

I hope this finds everyone happy, healthy and **getting along fine** with your ostomy. **Spring has sprung.** The trees are all leafing out, things are greening up, plants are starting to bloom, and temperatures are rising. Spring is my favorite time of year, and I am feeling more confident that the virus is diminishing, and we will be able to return to some form of normal again.

At the April 21st Upcoming Meeting, we have **Sarah Biggart** and **Cindy Myers, RN** both representatives from **Convatec**. Sarah Biggart is the manager of the **Osto Secrets** specialty clothing program for Convatec, and Cindy Myers, RN is a Support Specialist in the **Me+** program for Convatec. It should be an interesting program.

Our Tax Exempt status with the IRS has been cancelled because we have, for several years, been using a tax ID number that actually belongs to the Placerville, Ca. Ostomy Support Group. The tax ID number we have been using was given to us in error 3 years ago by the **National UOAA**. At any rate, UOAA has been working with IRS to get it straightened out. Long story short, we must reapply for a new **non-taxable** status, and in order to do that, we have to actually change our group name, if only slightly. I will have more on this later and will keep you posted.

I am still looking for someone to take up some of the duties for group. I am not sure when that will happen. It is becoming more difficult for me to keep up with everything for the group, and continue having video meetings once a month even after we restart in person meetings.

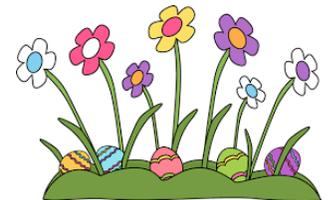
Upcoming Meetings – Add to Your Calendars – Details to Follow

April 7th - Hosts: Dan and Peggy, CWOCN
Potential Guest and Roundtable Discussion and Q&A

April 21st – Hosts: Dan and Mary Lou, CWOCN
Program – Sarah Biggart – Convatec



Cindy Myers, RN   –



Ask The Ostomate

Laura Cox

Ms. Cox is the Ostomy Lifestyle Specialist for Shield Health Care (shieldhealthcare.com or 800-765-8775)

I had colostomy surgery last year. Everything is going pretty well except for the occasional leak. My real problem is hiding the pouch so others can't see it. Sometimes the pouch will fill up and other times I would like to wear clothes that aren't super baggy. Please help.

I am sorry to hear that you are struggling with concealing your pouching system. I remember believing I was destined to wear baggy clothing the rest of my life, before discovering some really effective tips and products! Let's first talk about products that go underneath you're clothing to keep the pouch close to your body. This is useful in concealing the ostomy pouch, even when the pouch is relatively full. There are a few brands that make underwear specifically for

individuals with stomas. Usually, this underwear is high waisted, comfortable, and keeps your pouch tucked into an internal pocket.

Some well-known brands include **Ostomy Secrets** (www.ostomysecrets.com), **Simply Beautiful** (www.simplybeautifulstore.com) and **Alternative Ana** (www.alternativeana.com). These brands not only create comfortable undergarments for individuals with stomas, but they are also beautifully made by individuals who live with stomas themselves.

Another easy way to keep your pouch secure and close to your abdomen is by using a **Stealth Belt** or **ostomy wrap**. Stealth Belts are also used to secure the pouch by athletes that have ostomies. You can find more information at www.stealthbelt.com.

I currently use **Spanx® shapewear** so my pouch has a low profile underneath my clothing. If you recently had surgery, I would suggest asking your doctor if wearing something tight around your abdomen is advised. Similar to shapewear, belly bands, usually found in the maternity section at stores, can keep your ostomy pouch flat against your stomach, giving a smoother appearance of clothing. If you want a different option than shapewear, spandex bike shorts can be a great option! They are still form fitting and can be worn under clothing, but add an extra layer of compression. I find that when I wear shapewear, I can wear anything. However, if you do not want to wear special undergarments, here are a few that may help make it easier to conceal the ostomy pouch. Keep in mind, you should be able to wear any type of clothing you would like without issue once you find what works for you! I hope these products and tips will help you to feel more comfortable and confident dressing with your ostomy pouch!



3

- Dark colors conceal better than lighter colors.
- Patterns trick the eye and draw attention away from any bulges.
- Loose t-shirts hang away from your abdomen.
- Any cinched-waist design that flows away from the body works very well.
- High-waisted pants/shorts/skirts draw attention to above the stoma (make sure the belt line is above or below the stoma).
- Pleated trousers allow more room for the bag to fill.
- High-waisted leggings flatten the pouch to avoid bulging.
- Bring a light jacket, loose sweatshirt, or scarf to put on if your bag starts to fill and become noticeable. This will cover up the area and make it less noticeable.

[AMAZING THE SUPPORT ONE GETS FROM A SUPPORT GROUP!](#)



From: www.Ostomyconnection.com

Attending the first Ostomy Support Group may bring about many fears, questions and concerns. Overwhelmed with a new anatomy, there is so much to learn, and one may wonder if they are ready to discuss all that is on their minds and in their hearts. Recently, I spoke with a family who extolled praise for all their loved one learned, and the confidence it gave her to face her new normal.

My guess is that like other means of support, each person has their own medical story. For me, my ileostomy was the culmination of 23 years of suffering bowel obstructions, and it was my 23rd abdominal surgery. I was fortunate enough to awaken and believe a new life was in front of me. Most, however, do not feel the same. Many awaken after surgery to find themselves dealing with either a permanent or temporary means of their body ridding waste. Many are sick and don't even

have the time to deal with their new body because they can't take care of themselves. Rehab facilities and long hospitalizations may loom ahead.

Getting on one's feet to be well enough to attend a Support Group meeting may seem akin to "following the yellow brick road." "I will get there when I am well" may be a mantra. And yet, I have found that the Support Group truly helped me to "get well." So many questions, so much to consider, so frightened about the present and the future...all of that is overwhelming.



Support can look like many things. This wonderful family I referenced told me that they saw their Mom get dressed up for the outing, want to look her best to put forward her best. That determination brought with it great results... she became her best!

Recently, I began another Support Group and we had the proverbial one attendee, which was as it was for me last year when I began another group. She was a fireball and I have no doubt she will return next month. Our goal is to bring patients to the group, which is in the Medical Center, before they leave to begin their new life at home. We will be able to anticipate and answer their questions and concerns and provide a level of security that we are only a phone call away!

4

If you haven't joined a group, I encourage your participation. Regardless of how much you know, there is always more to learn, more to share, and more you can do to help others beginning on that yellow brick road!

What Are Some Examples of Skin Issues?

SKIN IRRITATION UNDER TAPE Irritated skin that develops only under the tape of your skin barrier can occur for a variety of reasons. The skin may be itchy, blistered or open and weeping. This problem can develop at any time, even if you have worn the same type of product for months or years. In this case, you may be sensitive to an ingredient in the tape, or your skin may have become damaged when tape is removed.

RASH AROUND A STOMA Sometimes a rash is caused by a skin infection or sensitivity, or even from leakage. The area may be red or red with bumps. Itching may also be a symptom. It is important to get assistance in determining the cause since the suggestions for treatment will vary.

LEAKAGES CAUSING IRRITATION Stoma discharge can be irritating to your skin, causing redness that can lead to open raw skin that weeps or even bleeds. This type of irritation is often very painful. (People with ileostomies are at the highest risk for this kind of skin damage.) A change in the size or shape of your stoma or the shape of your abdomen can change the fit of your pouching system, leading to leakage.



WHAT ARE SOME OF THE SOLUTIONS?

- Try a pouching system without tape. These products are adhesive but use a skin barrier instead of tape.
 - Apply stoma powder to your skin before applying your new pouching system.
 - Apply a liquid barrier film/protectant on top of the powder before applying the physical stoma wafer.
 - Change your pouch promptly if drainage is leaking under the skin barrier.
 - Change your pouch on a regular schedule before it leaks, generally every 3 days.
 - Consider using accessories (convex skin barriers, paste, rings/seals) to help prevent leakage under the skin barrier.
 - Contact your stoma care nurse if you are having difficulty keeping your skin barrier on.
-

Beryl of Wisdom

Taking the Right Medication:



All medications, whether prescription or over the counter, are designed to be absorbed in a different part of the digestive system. Because most ostomates have had some of their digestive tracts removed or bypassed, the risk is greater drug absorption will be affected.

Taking into account that most medications are manufactured for a fully intact and functioning digestive system means some adjustments are necessary to get the full benefit from the medications.

Time-released medicines are one product that could cause poor absorption for an ostomate because they are designed to be absorbed partially in the stomach, some in the small intestine and the remainder in the colon. These are commonly used for colds and allergies since they are designed to help with symptoms for up to 12 hours. Some of these medicines will give **ileostomates** only six hours relief because the portion that absorbs in the colon is not absorbed.

5

Enteric Coated:

Some medications are coated with a hard shell called an enteric coating. The coating is designed to prevent direct contact and absorption in the stomach to lessen irritation. Enteric coatings are often used in such drugs as extra strength aspirin. But sometimes ostomates find the coating does not dissolve and discover the pill in their pouch which means little, or no medicine was absorbed. Enteric coated medications are not recommended for ostomates. If you have or are prescribed enteric coated medicines call your doctor or ask your pharmacist for an alternative.

New Waxy Matrix:

A new type of extended-release medication holds the drug within a **waxy matrix** and is often used in heart medications. It's made of a wax like material and, although it looks normal to the naked eye, has microscopic holes allowing the medicine to be absorbed over time. **Because the waxy part remains after absorption, you may see it in your pouch.** Again, call your doctor or pharmacist to be sure you are absorbing the medication as intended.

This pill usually allows the best absorption but can be alarming if you see the pill come through to your pouch.



Antibiotics are generally absorbed in the stomach, so absorption is not generally a problem. However oral antibiotics can change the normal good bacteria flora often causing diarrhea which is dangerous for **ileostomates** and **colostomates**. Always ask if the prescribed antibiotic is prone to causing diarrhea and if so, ask if another antibiotic would work as well. It's always good for **ileostomates** and **colostomates** to keep Imodium or other antidiarrhea medications at home for use when needed. Always remind your doctor or nurse practitioner who is treating you that you have an ostomy and the possibility the prescribed medications might work differently with you than other patients. Make sure to tell your pharmacist as well and ensure they are aware dosage forms and absorption may be different for you.



Interesting Product for Discrete Pouch Change & Disposal While on the Go?

About

People with an ostomy often find themselves in places where changing their pouch can be very uncomfortable and embarrassing. Even worse, many ostomates just avoid doing activities or going places that they enjoyed prior to having an ostomy. With the Ostomy Pouch Disposal Seal pouch changes can be made virtually anywhere, hygienically, efficiently and discreetly. www.ostolutions.com

Features & Benefits - Video: https://youtu.be/jDNyyiRz_Ms

The *Ostomy Pouch Disposal Seal* will enhance your life with these benefits:

- **Confidence:** Odor-proof disposal allows pouch to be discarded immediately or at a future point.
- **Discretion:** Odor-proof means better concealment of a pouch change.
- **Simplicity:** Ostomy pouch change in less than 20 seconds. Less time = less odor.
- **Flexibility:** Ostomy pouch changes in any private setting, standing or sitting, without the need for a toilet.



“Up to 80% of Crohn’s patients may require some sort of surgical intervention with at least 10% requiring a permanent stoma. In ulcerative colitis, 10-30% of patients may require entire removal of the colon.” - Phoenix Magazine Spring 202



“What I’ve Learned”

Paul T., Ostomate for 36 years (and counting).

1. First and foremost, **if you eat like a horse you poop like a horse.**
2. **Keep an extra clip** with you in your wallet or pocketbook in case you lose one or it breaks. In an emergency a binder clip that you use to hold papers together will work just as well.
3. Restaurants usually don’t like you to use their bathrooms unless you’re eating there, but I’ve found that **hotel lobbies, bookstores** and (believe it or not) **police stations** are good places to find **clean bathrooms** in New York City.
4. It’s your regular day to change your appliance but you’re a little tired or just not in the mood to change it today. “I can get another day out of it. I’ll change it tomorrow,” you think to yourself. Not a good idea. In my experience I usually regret that choice.
5. Make sure not to let your supplies run too low because you can’t always count on quick delivery or your supplier having everything in stock. Also, **double check your order when it arrives.** 1 ¾” flanges + 2” pouches = Big Problem.
6. **Lighting a match** or two and then **blowing it out right away** does a pretty **good job of hiding the odor** after you’ve emptied your appliance.
7. It’s 3:30 in the morning and you think you might need to go to the bathroom to empty your appliance. Just get up and do it and don’t even think about it. If you start evaluating whether or not you can make it until morning, you’ll never get back to sleep.
8. Unless you want the walls of your bathroom to look like a Jackson Pollock painting, never attempt to change your appliance immediately after drinking two cups of coffee and eating a slice of cheesecake.
9. If you think you might be getting some **blockage** or are already blocked, a **few gulps of mineral oil** may help it slide through. Fortunately, I can’t even remember the last time I became blocked, knock wood. (You’ll have to take my word on this. I’m knocking a piece of wood with my left hand as I type with my right!)
10. I think that, after blockage, the next worst problem we have to deal with is a stomach virus. I’ve had it a few times and the fluids just pour out of my body into my appliance like an open faucet. It’s important to **replenish fluids** and **electrolytes** and my favorite drink for this is Gatorade. Also my brother, who is a physician, recommended some good, easy to digest foods that will help in thickening the output once you’re ready to eat again. He calls it the BRAT Diet which makes it easy to remember. The four foods are bananas, rice, applesauce (plain) and toast.
11. No, I’m not dying from internal bleeding! That’s just that glass of Hawaiian Punch I drank two hours ago which is filling up my appliance with red liquid and temporarily scaring the hell out of me. (I don’t know if Hawaiian Punch is an international drink, but it’s popular here in the U.S. It’s a bright red fruit punch that seems to come out the same color it went in!)
12. I don’t use a **belt**, but I keep one in my desk drawer and it’s proven to be helpful more than once, particularly on hot, humid days when my appliance became unexpectedly loose. It will **hold the appliance** well enough to get home safely and change it.
13. When it comes to **having sex** with a new partner (as I recall – I’m married now (LOL)) you will probably make a bigger deal about your ostomy than your partner. **Confidence, a positive attitude** and a **sense of humor** go a long way.
14. I’ve definitely learned to **appreciate the little things in life.** A crisp fall day, watching my daughter dance, the company of good friends, a weekend cocktail or a delicious meal. Did I mention a cocktail?
15. And finally, always remember that we don’t have our ostomies because we chose it. It was not elective surgery, but it did save our lives. Rather than sit there and think “Why me?” we should say, “**Thank you for another chance**” and **live life to the fullest.** It’s not how many times you get knocked down that’s important. It’s how many times you get back up.



SOLANO CHAPTER DIRECTORY

OFFICERS AND BOARD MEMBERS

DAN BRUCE, COORDINATOR/FACILITATOR...530-979-7772
OPEN, CO-COORDINATOR...

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

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

MEDICAL ADVISORS

ANDREW CHAE, MD
KAISER/VALLEJO

RN - ET NURSE'S

PEGGY TERRY, C.W.O.C.N.
KAISER VALLEJO
MARY LOU SANTILLO, CWOCN
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.

