

# MORRIS COUNTY OSTOMY ASSOCIATION OF NEW JERSEY

AN AFFILIATE OF UNITED OSTOMY ASSOCIATIONS OF AMERICA, INC.

## TRAVEL WITH AN OSTOMY

### What to do before you fly

Make sure to bring more supplies than you think you need – at least 50% more, maybe even double the amount of pouches etc. you would use for the same time period at home, just in case you have stomach problems or if you are stuck somewhere without access to supplies. Divide your supplies in different bags, in case your luggage is lost or the flight is delayed. Bring as much as you can in your hand luggage, but cut all your barriers to the right size before you fly (at least those you will be carrying in your hand luggage), since you will not always be allowed to bring scissors in your hand luggage.

### At the airport: Know your rights!

Will you have trouble at the security check? The security scanner might detect your pouch, even if it's empty. But you do not have to show your pouch, and security should not ask you to remove clothing to expose it or let them touch it. You may be asked (or you can volunteer) to rub your hand against the pouch on the outside of your clothes (to rule out explosives), but that should be the extent of the examination.

Download and print a "flash card" from UOAA to communicate your condition discreetly to the Transportation Security officer.

Try and arrive early at the gate, so you can change your pouch just before boarding.

### In the air

I have often heard people be concerned that the pouch could expand during the flight due to the change in cabin pressure. There is a slight risk that the pressure will cause the pouch to balloon. If this should happen all you need to do is go into the bathroom and empty your pouch. And remember that just as often ballooning is caused by something you ate or drank – so when you're flying be extra careful with carbonated drinks. Booking a seat in the back row near the bathrooms might help take away some of your concerns and make you feel more confident as well.

If you are a little self-conscious about noise from the pouch, I think you will be pleasantly surprised by how noisy an airplane cabin is. Maybe you didn't notice it before, but it is very unlikely that your pouch can make noises loud enough to be heard in the cabin.

There's no need to tell the cabin personnel about your ostomy in advance, and most likely they'll never notice.

I hope you will find that flying with your ostomy was much easier than you expected.

Source: Nicole Cavalluzzi, Customer Care Manager, Coloplast

## FALL 2014 NEWSLETTER

[www.ostomymorris.org](http://www.ostomymorris.org)

### MCOA OFFICERS

President: Johann Norris  
973-377-2597

Vice President: Kris  
Kirkpatrick  
973-822-3440

Secretary-Treasurer: George  
Salamy 908-879-1229

Newsletter: Walter Cummins  
973-822-1146

Fund Raising: Tony Padula  
201-433-8054

### WOUND, OSTOMY, CONTINENCE CLINICIANS

Toni McTigue,  
MSN, APN, CWOCN  
973-971-5522

Janet Doyle-Munoz,  
MSN, RN, CWON  
973-971-4191

Laura Doyle,  
BSN, RN, CWON  
973-971-5940

### PHYSICIAN ADVISORS

Dr. John Dalena  
(Gastroenterologist)  
973-401-0500

Dr. Rolando Rolandelli  
(Colorectal Surgeon)  
973-971-7200

Dr. Ian Atlas  
(Urologist)  
973-539-0333

## THE CELEBRATION® OSTOMY SUPPORT BELT



According to the manufacturer's publicity, the Celebration® is the pouch cover support belt you need to make your life easier while living with your Ostomy. The features within this elegantly simple design combine to give you

the confidence to live an active life,

**Leak proof:** Built in pocket holds the weight of your pouch and prevents swaying

**Removable Stoma Shield** protects your stoma from irritation caused by seatbelts or physical trauma from work or sports

Comfortable during intimate moments

Medicare and VA approved

Private insurance approvable

By using your own current Ostomy appliance you get the convenience of an Ostomy pouch cover support belt that works for you whether you have a Colostomy, a Ileostomy or a Urostomy. Every ostomate can experience comfort and security with leak proof fit and hernia support.

**Source:** [www.celebrationostomysupportbelt.com](http://www.celebrationostomysupportbelt.com)

## THE NEW OSTOMATE AT SENIOR AGE

Because the population as a whole is living longer, greater numbers of people are suffering illness that requires ostomy surgery. Problems the senior new ostomate may face (which all of us can help with) include:

1. Fear of increasing dependence and non-acceptance by family. Family acceptance and support are essential for complete rehabilitation.
2. Unpreparedness for a stoma. Surgery may often be done as an emergency procedure, and there has been little time for an older person to adjust to this change in body image. Often the older person is confused after surgery because the hospital routine is foreign; side rails are up and he/she is confined as though a child. It is in this condition that he/she first gets acquainted with his/her ostomy.
3. A hard-to-manage stoma. Particularly if created in emergency surgery, the stoma may be adjacent to a wound or done in haste and poorly positioned. Experienced ostomates and caregivers can and should work to teach new senior ostomate acceptance and self-care. It might take extra patience. Ability to learn does not diminish with age, but speed of performance and reaction time decline and it takes longer to learn new tasks. A word of advice to those working with new ostomates in a senior category: allow your student to learn one task well before proceeding to the next one.

**Source:** UOAA Update, August 2014

## EARLY HISTORY OF STOMA SURGERY

In two years, 2016, we'll be celebrating the 240th anniversary of the first colostomy stoma surgery. The overwhelming majority of the world's population won't even be aware of the stoma anniversary and may not even know what a stoma is. For those of us whose stoma plays a central role in our lives, celebrating the fact that we have one may be counterintuitive. That is, until the alternatives are considered, such as severe pain and even death.

At a time before doctors were aware of sterile techniques, cutting into the membrane that housed the internal organs meant serious infections. Physicians considered their only alternatives ingestion of heavy metal mercury, laxatives, enemas, and horseback riding to help move stool through the digestive system. All were useless and patients endured agony.

It was a French physician, M. Pilore who performed that first colostomy surgery as a matter of desperation because all else had failed. Madame Morel suffered a malignant tumor in the rectum. Pilore cut into the first part of the large intestine and stitched the free end to the patient's abdomen so that partially digested food could leave the body. The first ostomy appliance is assumed to have been a sponge strapped to the stoma with an elastic bandage to prevent leaking. Regular enemas were needed. Unfortunately, two weeks later the patient died from an infection in the small intestine complicated by mercury poisoning.

In the following decades, ostomy surgery was used as a last resort because of the infection fear, and only a handful survived. One of the first ostomy successes took place in 1793 when a three-day old infant with an imperforate anus underwent a colostomy. A French surgeon named Duret prepared by practicing on the bodies of dead babies from the poorhouse. That infant lived till his mid 40s.

And now the procedure is safe and commonplace.

**Source:** [www.ostomy-medical-supplies.com/ostomy-surgery/history-of-ostomy-surgery](http://www.ostomy-medical-supplies.com/ostomy-surgery/history-of-ostomy-surgery)

# CHEMOTHERAPY AND YOUR OSTOMY

If you are taking chemotherapy, you should be aware of many chemo agents that affect the body differently. Below are listed basic side effects of chemo that an ostomy patient should be aware of.

**Stomatitis** - Is an inflammation that can develop anywhere in the gastrointestinal tract. It may appear as white ulcers in your mouth, on your stoma or elsewhere in your GI tract. You must be very careful in caring for your stoma, using care in gentle removal of the pouch and barrier, and using plain tap water to cleanse the stoma.

**Dermatitis** - Is an inflammation of the skin. Skin reactions are worse when you are on chemo; therefore, if leakage occurs, change your pouching system as soon as possible. Again cleanse your skin with tap water only, making sure to get it clean. You will want to look for areas of increased redness, weeping areas, or a red rash that may have a white head on it. If the skin is open, or you identify a rash, see your doctor or ostomy nurse.

**Diarrhea** - Can be a severe side effect for the ostomy patient, especially the ileostomate. It is necessary for the ostomate to keep track of the amount of fluid he/she is able to drink versus what is expelled.

**Dehydration** - Is a big risk, as well as losing two of the body's minerals-sodium and potassium. If a colostomate develops diarrhea, discontinue irrigations (if you normally irrigate). You will want to eat foods that slow the bowel down, such as bananas, rice, applesauce, tapioca, or yogurt. You should notify your doctor if diarrhea occurs. He or she may prescribe some medications to slow bowel activity.

**Constipation** - On the opposite end of the spectrum, some agents can cause constipation. If this occurs, see your doctor. He or she may want to give you a laxative or stool softener. Remember to increase your fluid and fiber intake if you are constipated. Chemotherapy can be taxing on you. Nutrition and rest are essential. Do your routine stoma care when you are well rested.

Source: UOAA Update, August 2014

## DUES

If you haven't already sent a check or cash, 2014 dues are due.

Dues are still \$20.00, and you can send to:

George Salamy, Treasurer  
30 Wyckoff Way, Chester, NJ 07930

## PARTNER RESPONSES TO OSTOMIES

Several studies have shown the partner reactions to an ostomate's surgery play a major role in positive adjustment to living with a new condition for both. One recent negative example in our area involved a man whose wife was upset by the consequences of his ileostomy, refusing to look at the pouch and conveying rejection in her body language. The ostomate, as a result, became fearful, delaying his psychological recovery.

Fortunately, this case is the exception. Those surveyed report a large majority of partners are accepting and supportive. But one study concluded that more preparatory information will help in the adjustment: "Spouses should be included in health assessment and teaching because they regard the illness more negatively than do patients. Both patients and spouses desire information that will help them to understand the typical course of recovery, assist them to plan for lifestyle changes, and enable them to manage the side effects of treatment."

Source: Medline

## MEETING SCHEDULE

Meetings start at 7:30 p.m. and end at 9 p.m.

September 17, 2014

Kathryn Hamilton  
Lead Clinical Dietician  
Atlantic Health Oncology  
Services

October 15, 2014

Coloplast representative  
Tyler Mutz

November 19, 2014

Edgepark Surgical  
representative

December 17, 2014

Holiday party (6:30 p.m.)

January 21, 2015

details to come

February 18, 2015

details to come

March 18, 2015

ConvaTec representative  
Cheryl Astoria

# MORRIS COUNTY OSTOMY ASSOCIATION

The Morris County Ostomy Association is a community-based, local organization made up of volunteers whose purpose it is to reach out to ostomates and their families, providing them with a network from which they can share experiences, obtain information, and gain emotional support.

The association's voluntary visitation program offers support on a one-to-one basis to patients and their families. The ostomy volunteer visitor is carefully chosen and trained. The visitor is well adjusted to his/her ostomy and is able to offer additional support and information on ostomy care and management at home.

The Morris County Ostomy Association holds regular monthly meetings. The meetings normally consist of an informal gathering of ostomates and individuals who may be contemplating ostomy related procedures. Families and friends as well as significant others are always welcome.

The evening usually involves an informal talk by a physician, a nurse specialist, a distributor of ostomy supplies, or social worker. Presentations are always on a topic of interest to the entire group. Most importantly, the meeting offers the opportunity for individuals to share information and discuss mutual interest and concerns.

## **MCOA**

Morristown Medical Center  
Atlantic Health Group  
100 Madison Avenue  
Morristown, NJ 07962

