

MORRIS COUNTY OSTOMY ASSOCIATION OF NEW JERSEY

AN AFFILIATE OF UNITED OSTOMY ASSOCIATIONS OF AMERICA, INC.

DEHYDRATION AND THE ILEOSTOMY

By Terry Gallagher, UK (Edited & Excerpted)

In someone with a working colon, the colon is responsible for absorbing most of the water we drink and that is contained in our food. In addition, electrolytes such as sodium and potassium, essential to maintaining good health, are absorbed there. Removal or disconnection of the colon immediately causes the first problem because of the removal of the ileo-valve. This valve is between the ileum (or small intestine) and the colon where the appendix is attached. Its purpose is to hold back the food in the ileum to enable it to be absorbed better.

As an ileostomate, when we lost this valve, food and water pass through our digestive system faster, so less is absorbed, often accounting for weight loss when a person first recovers from the surgery. The ileum does absorb more water to compensate, but still absorbs much less than the colon did. Waste from the ileum normally has about 30% of the water remaining, while waste from a colon has about 10% remaining - quite a difference. In addition, the ileostomate loses ten times as much sodium and potassium as someone with a colon.

Because of all this, anything which upsets the balance in our bodies has a much faster effect, as well as happening much quicker than in a person with a working colon. A typical example is gastroenteritis. A person with a working colon with the same degree of infection may be sick and have diarrhea for a couple of days, whereas someone with an ileostomy may well end up in the hospital as an emergency. This may apply to other problems with upset the digestive system's balance as well as gastroenteritis. When these occur, a person with a working colon experiences nausea, vomiting, fever, abdominal cramps, sometimes bloody diarrhea and signs of dehydration (including the veins on the back of the hands and elsewhere becoming invisible).

Those of you with an ileostomy may fill up very rapidly with fluid. On emptying, the pouch can refill in minutes. You may feel nauseous and develop abdominal discomfort. You may rapidly begin to experience the symptoms of dehydration, which include dry mouth, decreased or virtually non-existent urine output, heart irregularities and dry skin. In some cases, you can see urine output has ceased. This is a medical emergency!

If hospitalized for dehydration, the ileostomate may expect IV solutions to be given. The fluid given will be saline, potassium, or potassium and glucose to replace those essential electrolytes lost as mentioned earlier. Expect an EKG (to check for heart problems), bloods to be taken and stool and urine samples (to check for infection), and check and abdominal x-rays. Dehydration treatment may also lead to kidney damage, which may be permanent, requiring lifelong dialysis or a transplant.

Source: UOAA Update

FALL 2015 NEWSLETTER

www.ostomymorris.org

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SKIN CARE ADVICE

From David DeMeo, Body Care Buyer, Whole Foods Madison, speaker at the July 2015 meeting

Hydration

Drinking 8-10 8oz glasses of water daily (spread out) helps keep you hydrated. Staying hydrated keeps the skin looking plump and smooth. Fine lines are still there, but they are less visible if you stay hydrated. Water moisturizes the innermost layers of skin, which is why we still use moisturizers on top of the skin.

Supplements

Omega 3: (sources: fish oil, algae oil, flax oil, hemp oil) Anti-inflammatory oils. Important for skin's moisture retention as well as intestinal, cardiovascular, and cerebral function.

Silica: Mineral precursor to collagen and elastin. Important for connective tissues, hair, and nails.

Vitamin C: (sources: most fruits esp. berries and citrus fruits, camu-camu, amla fruit, & acerola cherry) Precursor to collagen, skin detoxifier. Fruit-based vitamin C products are recommended over Ascorbic Acid products. (Ascorbic Acid = corn-based, Ester-C = ascorbic acid + calcium buffering agent, C-Ester = Ascorbyl Palmitate [fat-soluble vitamin C]) Vitamin C is generally water-soluble and is best utilized in small doses several times daily.

Vitamin D: Directly involved in cell proliferation and differentiation. Keratinocytes (approx. 95% of all epidermal cells) divide and differentiate continuously to provide new skin cells. Cell division and differentiation are triggered by growth factors and other molecules controlled by vitamin D levels. Low vitamin D levels can result in thin skin, which gets damaged more easily (environmentally and otherwise).

- In addition to overall health, vitamin D plays an integral role in skin protection and rejuvenation.
- In its active form as calcitriol, vitamin D contributes to skin cell growth, repair, and metabolism. It optimizes the skin's immune system and helps destroy free radicals that can cause premature aging.
- While the body can produce vitamin D on its own through sun exposure, too much sun accelerates skin aging. Over time, it can damage the skin, leading to wrinkles, sun spots, and increased risk of skin cancer.
- Age, skin color, geographic latitude, seasonal variations in sunlight availability, and sunscreen use make it difficult for your body to produce all the vitamin D it needs.
- Much of the vitamin D produced in the skin is also taken up and used by other systems of the body.
- Between the ages of 20 and 70, your skin loses about 75% of its ability to produce vitamin D₃-the metabolic precursor to calcitriol.
- Along with optimal vitamin D intake, topical vitamin D application can exert a protective and rejuvenating effect on aging skin.

OSTOMY SURGERY AND DEPRESSION

Edited By Bobby Brewer: UOAA Edits and Update

Sleeplessness, loss of appetite, feelings of guilt or worthlessness, and/or irritability are some of the symptoms of depression. It can be triggered by the inability to participate in normal daily pleasurable activities by a sense of helplessness and lack of control over your body. Medications, stress, malnutrition, anesthesia or metabolic imbalance can also cause depression.

Other patients who have a harder time dealing with their ostomy are those who: (i) base their self-esteem on their physical appearance, (ii) those with a take charge or "always in control" character (iii) the good Samaritan behavior (always the helper or solver). Their ostomy, or lack of control over their bodies, and their need to depend on others for help, even if only temporarily, can make coping difficult.

Constantly tired from efforts to cope with daily household or work routines, while learning to adapt to physical requirements to this unpredictable new addition to your body, leaves little energy for enjoyment of leisure activities or romantic involvement. It takes us some time to return to our normal lifestyle. So relax-do what you are capable of doing at this time and do not try to rush things. You have had enough pain and deserve a vacation.

Give yourself a year for a good recovery and if it should happen to take a lot less time, consider yourself a very lucky person. In the meantime, do what you have to do in whatever way you are capable of doing it. But do not give more than a passing thought to the things you cannot do right now. You might have to take some shortcuts, do some improvising, or indulge in some healthy neglect. Do not be bashful about asking for and accepting help. You would do the same for someone else if they needed help.

Some patients conceal their ostomy from their spouses, families or lovers because they fear rejection, feel shame or embarrassment, are modest or have noticed evidence of disgust. This results in feelings of isolation, depression and chronic anxiety. Most ostomates need a few months before they feel secure about being accepted. Join the crowd! You are not alone! We all go through this.

Signs of Depression:

- Physical - aches or pains, or other physical complaints that seem to have no physical basis. Marked change in appetite; change in sleep patterns, and fatigue.
- Emotional - pervasive sadness; anxiety; apathy; crying for no reason and indifference.
- Changes in Behavior - neglect of personal appearance; withdrawal from others; increased use of alcohol/drugs; increased irritability and restlessness.
- Changes in Thoughts - feelings of hopelessness/worthlessness; inappropriate or excess guilt; forgetfulness and inability to make decisions to take action.

SPECIAL CLOTHING FOR THE OSTOMATE

Having a stoma does not mean you need to have any special clothing; you should be able to dress just as you always have. High-waisted clothes are more comfortable and hide your pouch.

Many people find that tucking their pouch into their underwear makes them feel more secure, but with a belt, you can let it hang outside if you prefer. A large capacity appliance shows less than a small one when full, handy to remember when away from home. Lycra type clothing provides excellent and effective support so look out for these in the stores. Support wear is available often on prescription.

If you wear an appliance belt, make sure it is at the same level as the stoma to avoid an upward drag. Make sure that your belt or trouser waist lines do not rub on your stoma as this can be very uncomfortable. A sports protector can be worn to protect the stoma while playing physical contact sports.

- Patterned swim suits mean our pouch is less visible.
- A tankini with a high waist can be quite discrete.
- A 2-pc with boxer shorts is a good choice for women.
- A one-piece suit can have gathers horizontally or crisscross.

Emphasize again - you do not need special clothing. Dress as you always have. Even jeans if they are not tight. However, sometimes switching to elastic waistbands is the way to go.

Source: Tulsa Ostomy Association Newsletter

TAP WATER VS. BOTTLED WATER

Despite marketing claims by the bottled water industry, bottled water is not safer than tap water. In fact, tap water is subject to more stringent regulation than bottled water. In 2009, almost 50% of all bottled water came from municipal tap water supplies.

According to a 2010 survey, only three companies provide the public with the same level of information available for tap water, including:

- where the water came from,
- how it was treated, and
- what the results of the water quality tests were.

Independent testing of bottled water by the Environmental Working Group in 2008 found that 10 popular brands of bottled water, from grocery stores and other retailers in 9 states and the District of Columbia, contained 38 chemical pollutants with an average of 8 contaminants in each brand.

Bottled water has negative environmental impacts, frequently ending up in landfills, littering our streets and/or our streams. It takes 17 million barrels of oil per year to make the plastic water bottles used in the U.S. alone. That's enough to fuel 1.3 million cars for a year. For more information, check the website: www.foodandwaterwatch.org

Source: Metro Maryland: UOAA Update

DUES

If you haven't already sent a check or cash, 2015 dues are due.

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

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

DONATING SUPPLIES

Group members may send unused ostomy supplies to Friends of Ostomates Worldwide, an organization that provides ostomy materials to needy ostomates throughout the world. For more information about Friends of Ostomates, click "Donating Ostomy Supplies" on the list of links on www.ostomymorris.org. Their address is 4018 Bishop Lane, Louisville, KY 40218.

MEETING SCHEDULE

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

SEPTEMBER 16, 2015

Short Bowel Syndrome

Maryann King, Registered Dietician

Sponsor: Shire Pharmaceutical

OCTOBER 21, 2015

Convatec Ostomy Product Update

Cheryl Astoria, Senior Territory Manager

NOVEMBER 18, 2015

Hollister Ostomy Product Update

Theresa Rooney, Senior Territory Manager

DECEMBER 16, 2015

Holiday Party

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

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