

MORRIS COUNTY OSTOMY ASSOCIATION OF NEW JERSEY

AN AFFILIATE OF UNITED OSTOMY ASSOCIATIONS OF AMERICA, INC.

FLUSH OR RETRACTED STOMA MANAGEMENT

Management of a Flush or Retracted Stoma: The ideal stoma is one that protrudes above the skin, but this is not always possible and a flush (skin level) or retracted (below skin level) stoma may result. The surgeon may be unable to mobilize the bowel and mesentery (membrane that attaches organs to abdominal wall) adequately or to strip the mesentery enough without causing necrosis or death to the stoma. Some causes of stoma retraction after surgery may be weight gain, infection, malnutrition, steroids or scar tissue formation.

Stomas that are flush or retracted can lead to undermining of the pouch by effluent (drainage). This continued exposure can lead to irritated and denuded skin, as well as frequent pouch changes. These problems can be very stressful and expensive.

The inability to maintain a pouch seal for an acceptable length of time is the most common indication for a product with convexity.

Convexity Requirements:

- * Shallow - for minor skin irritations and occasional leakage
- * Medium - stoma in deep folds; severe undermining and frequent leakage
- * Deep - used when medium convexity is not sufficient, stoma is retracted or in deep folds, or leakage is very frequent and skin denuded.

Ways to Achieve Convexity:

- * Convex Inserts: Can be applied to a two-piece system by snapping an insert into the ring of the flange. Outer diameter must match the flange size. This can be cost effective as this insert can be cleaned and reused.
- * Pouches Designed with Convexity: These are available in both one and two-piece systems. They can be shallow, medium, or deep. They come as either precut, cut or cut to fit.
- * Addition of Skin Barrier Gaskets: These are used around the stoma and can be cut or purchased precut. You can use one layer or several layers.
- * Barrier Ring/Strip Paste: These are products that can be pressed into shape around the stoma to protect the seal.

Other Ways to Increase Wear Time and Prevent Leakage:

- * Ostomy Belt: Many ostomates find this product to be helpful. The opening should clear your stoma by one-eighth inch only to give the skin maximum protection.
- * Ostomy Paste: Use this for "caulking" around the stoma. Always read and follow manufacturer's direction for product use.

SPRING 2015 NEWSLETTER

www.ostomymorris.org

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SORBITOL: THE HIDDEN LAXATIVE

Many factors dictate an ostomate's overall health and wellness. Diet, exercise and adequate vitamin/mineral supplementation are essential for a healthy immune system. Excessive and/or chronic diarrhea increases the speed at which food goes through the digestive tract, which leaves less time and surface area for nutrient absorption. In an ostomate, this may be apparent by the speed at which the ostomy bag fills. Medication therapy in an ostomate is individualized, and an oral liquid is generally preferred to tablets or capsules. Many oral solution and suspension formulations contain a sweetening agent called sorbitol.

Sorbitol is a poorly absorbed polyalcohol sugar that is also used therapeutically as a laxative. Therapeutic laxative dosing of sorbitol for an adult is 20-50 grams per day. As little as 10 grams of sorbitol has been shown to cause cramps and diarrhea in patients. Sorbitol is classified as an inert ingredient; therefore, manufacturers do not routinely list the amount of sorbitol. The laxative effects are cumulative based on the total daily dose.

Patients receiving multiple drugs containing sorbitol are more likely to experience adverse reactions. Take a look at the bottles of your liquid medication and see if it lists sorbitol under inactive ingredients. If it is a prescription medication, call your pharmacy and ask them to tell you who the manufacturer is and if sorbitol is listed as an ingredient. If you are taking several sorbitol-containing medications on a daily basis, you may want to call the manufacturers and inquire as to the sorbitol quantity.

Examples of commonly used oral liquid medications that may contain large amounts of sorbitol include: acetaminophen, aluminum hydroxide, calcium carbonate, calcium glubionate, cimetidine, dexamethasone, docusate sodium, digoxin, diphenhydramine, ferrous sulfate, furosemide, ibuprofen, lithium, metoclopramide, propranolol and theophylline

Source: Lisa Robinson, Pharm. D., via St. Paul (MN) The Pacesetter; UOAA Update, January 2015

2015 UOAA NATIONAL CONFERENCE



September 1-6 in St. Louis, MO

Go to the website for detailed information on the agenda of speakers and events.

http://www.ostomy.org/2015_National_Conference_Page.html

TALKING TO OTHERS ABOUT YOUR OSTOMY

There is no need to be afraid: Many people with ostomy discover that the reactions they meet are much more positive and helpful than they thought. But I do recommend a little preparation for the first conversations about your ostomy: How to start, how to structure it, but also a mental preparation. Having thought through the conversation and its different outcomes puts you in a much stronger position when the real situation arises. And if you know what your own position is, you are less likely to be surprised by your own reactions, or the reactions of others.

The first thing you should do is ask yourself what you want to get out of the conversation. The answer to this question seems obvious - but it is not. It depends a lot on who you are talking to and how you relate to that person.

If talking to your partner, your main concern may be to maintain a close relationship and to be able to talk openly. If talking to your closest friends, your primary need may be acceptance or support. If talking to your colleagues, you may want to talk to them about your job, showing that nothing has changed.

A way to stay in control of the situation is to prepare for any possible response you might get. What is the ideal response? And what would be a bad response? A good response will make the rest of the conversation easy. But a bad response makes it harder.

Before you get upset or angry about a disappointing response, try to put yourself in the position of the other person - can you understand him or her? A useful way to react is to repeat (and understand) the other person's feelings and reasons for reacting like they did. This will make them more responsive when you tell them how you would wish they had reacted and what it made you feel. Try and stay calm, be honest and direct.

Source: Coloplast Customer Care

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.

HELPFUL HINTS: RANDOM ADVICE

Posture Matters: When you return from the hospital, you will be feeling sore and uncomfortable. You may be anxious about the front of your body getting bumped, or self-conscious about the stoma which can lead to a habit of hunching over to “guard” that area. Try to focus on keeping your head up and your back straight.

Walking Works: Don’t lie or sit about all day. Walking helps restore lost muscle tone, gets your circulation going and just generally perks you up. Get up and walk several times a day.

Stomahesive Paste: If your stomahesive paste becomes hard and will not push through the end of the tube, heat a glass of water filled half way in the microwave for 45 seconds. Remove and place the tube cap down in the water. Let stand for a few minutes and dry. You should now be able to push the past out easily.

Vitamins: Vitamins should be taken on a full stomach. Otherwise, they irritate the lining of the stomach and produce the sensation of feeling hungry.

Diuretics: Try strong-brewed tea before the purchase of a “diuretic”. Hot tea twice a day will wake up your sluggish kidneys.

Juice vs. Gatorade: Tomato juice provides as much sodium and 5 times more potassium and is a low cost alternative to Gatorade. Orange juice is another alternative providing the same amount of sodium and 15 times the amount of potassium to Gatorade.

For Colostomies: If you use just a pad instead of an appliance, use a little K-Y Jelly over the stoma to keep things soft and lubricated. If you irrigate, allowing too much water to enter the stoma too quickly may cause a sudden evacuation of waste, leaving much of the feces still in the colon, along with most of the water. Periodic evacuation may follow. This is not diarrhea, but is simply a delayed emptying of the colon.

For Ileostomies: Usually ileostomates experience hunger more often than other people. When this happens, they should drink fruit juice or water, eat soda crackers followed by a meal as soon as possible. If you do need to eat a snack at bedtime or during the day in order to ward off nausea, try to cut down on calories somewhere else in the daytime or you will gain weight. Never skip meals in order to lose weight. An ileostomy keeps working whether the ostomate has eaten or not.

Source: AICM-Montreal Nov-Dec, 2014 Newsletter

ONE- OR TWO-PIECE POUCHES

Opinions from Inspire.com

“I wear a one piece pouch because it is less noticeable through clothing.”

“I like a 2-piece because you can burp it, you can angle it anyway you want, you can change or clean the bag without changing the whole appliance, I can see exactly how the wafer is placed when I apply it, and I can change between my normal day pouch and my large night pouch.”

“You can turn the bag sideways with a a two-piece, which is advantageous at times because you can wear a wrap or a Stealth Belt and keep it out of the way.”

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

MEETING SCHEDULE

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

MAY 20, 2015

Strides Toward Healthy Living “HealingTouch”
Jean Marie, MSW Carol Simon Center

JUNE 17, 2015

“Proactive Approach to Health and Wellness”

Joe Gonsalves, Senior Director of Healthy
Living, YMCA Madison

JULY 15, 2015

“Protecting Your Skin”

David DeMeo, Body Care Buyer, Whole
Foods Madison

AUGUST 19, 2015 Open

SEPTEMBER 16, 2015

Short Bowel Syndrome

Karen Galambos, Patient Advocacy Director

OCTOBER 21, 2015

Convatec Ostomy Product Update

Cheryl Astorita, Senior Territory Manager

NOVEMBER 15, 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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