

MORRIS COUNTY OSTOMY ASSOCIATION OF NEW JERSEY

AN AFFILIATE OF UNITED OSTOMY ASSOCIATIONS OF AMERICA, INC.

OSTOMY BELTS

Ostomy belts are available from a number of providers. While the variety of belts differ in design, dimensions, and materials, they offer similar benefits for ostomates wearing colostomy, ileostomy, or urostomy bags. Primarily, they provide additional protection, security, and support.

One CWON, who recommended a specific belt, wrote, "It is so useful for people who work in various types of jobs like construction, in a factory, or as a counter worker, as well as for various activities such as sports, gardening, or cooking, and those with children or pets."

Belts may protect ostomy appliances from lifting and falling off, help to hide the bump of the stoma and pouch, prevent parastomal hernia by helping to support the muscles and stoma together, preventing stretching and distending, and help to muffle, or silence, the passage of flatus (gas).

The wife of an ostomate wrote in praise of his belt: "You gave my husband back not only his dignity but his active life. My husband not only went swimming but he went horseback riding on the beach and much more and it was because of the belt. Shoot I had to tell him to take the belt off long enough to wash it."

One type of support belt is "Celebration Ostomy Support Belt," whose representative, Jack Millman, will speak at the April 15, 2006 group meeting. According to its website, the Celebration Belt is made up of four parts.

1. The belt itself is made of a soft Tricot material backing and a Velfoam face material that are sewn to form a pocket to hold the "Stoma Hernia Plate". The hole through which your pouch is pulled is surrounded by three "Button Holes" that fit the tabs of the "Stoma Shield". The Open Weave Elastic is sewn to the belt body. All these materials are LATEX FREE.
2. The Stoma Hernia plate works to prevent leaking and give your hernia support. The Hernia plate is made of a soft plastic and manufactured to fit in the pocket of the belt body. It is made with the proper opening for the 2 3/8-, 2 3/4- and 3 1/2-inch oval opening belts.
3. The Stoma Shield is die cut from a strong plastic material and folded to fit into the "Button Holes" over the opening of the belt. When in place it will allow proper flow into your pouch while preventing irritation or trauma to your stoma from seat belts or work place or sports activities.
4. The adjustable pocket below the body of the belt holds your ostomy pouch so that your ostomy bag does not sway as you move, and holds the weight of the ostomy pouch as it fills. This prevents any pulling effect on your wafer and also prevents leaks.

SPRING 2016 NEWSLETTER

www.ostomymorris.org

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COLOSTOMY IRRIGATION

Mary Lou Boyer, BSEd, RN, CWOCN Lifetime Achievement Award
Winner, Cleveland Clinic

You may have seen or heard the term “irrigation” used in conjunction with ostomy care. There are several different ways this word is used and it can have very different meanings.

Some people with ostomies say that they “irrigate” their pouch or appliance each time they empty. In these cases, it is a matter of adding water to help loosen thick or formed stool to assist in emptying the thick stool from the pouch. Or it can mean rinsing out the pouch with water until the pouch appears clean. In other cases the term “irrigation” is used when referring to a procedure that some people with descending or sigmoid colostomies may use to cleanse or regulate the bowel by instilling water into the large intestine through the stoma. This is called “colostomy irrigation”.

Over the many years that colostomy irrigation has been an option in colostomy care, there has been some debate about whether or not an individual should irrigate. In making that decision the following are questions that should be considered: what is colostomy irrigation? Who is an appropriate candidate? Why is it done? When is it done? And how is it done? This article is an attempt to answer these questions.

Colostomy irrigation is a method of assisting the bowels to move at a certain time. The procedure itself is similar to an enema, however it is done with specialized equipment to instill warm water through the colostomy stoma. A large water bag with tubing that has a cone-shaped tip is inserted into the opening of the stoma. The cone-shaped catheter tip allows the water to flow into the colon while preventing the water from leaking back out. As the colon fills with water, it distends. This distention stimulates colon peristalsis and mass contractions that lead to stool evacuation.

Colostomy irrigation is an option only for people who have a descending or sigmoid colostomy. In the normal bowel, the function of the colon is to absorb water from the waste material and to store it for a normal bowel movement. In most cases this can be as often as once or twice a day, or less frequent, such as every other day. There must be enough of the large intestine to absorb and store. The anal sphincter muscle is used to control the bowel movement until a convenient time. When most of the colon is still in place, the bowel can generally return to the usual pattern the person had prior to surgery. With a colostomy there is no longer a sphincter muscle to hold the stool in until a convenient time to go to the bathroom. Stool will flow into the pouch with no control over the timing. This loss of control that comes along with having a stoma can result in stool flow into the pouch at inconvenient or embarrassing times. Gas can also be an issue.

Colostomy Irrigation is used to empty the colon for any of the following reasons:

- * To regulate the bowel
- * Clean out the bowel for testing procedures, including colonoscopy
- * To stimulate bowel function for constipation or if the colon is very slow to wake up after the colostomy surgery

When colostomy irrigation is used to help stimulate bowel function after intestinal surgery, only a small amount of warm water is instilled. This is done after the normal waiting time for stool flow has passed. Anesthesia, pain medications and inactivity after surgery all contribute to slowing the bowel down and delaying return of normal peristalsis needed to have bowel function. Colostomy irrigation can be used as a possible method for cleansing the bowel in preparation for colonoscopy, laboratory testing, x-rays, barium enema and CT scans, as well as any other testing that requires the bowel to be empty for clear visualization by the physician. Cleaning out the bowel for testing has shifted more toward oral preparations with the advancements of laxative-type bowel cleansing medications. However, irrigation is still an option, especially for those patients with certain health issues or who cannot tolerate oral preparations.

When colostomy irrigation is used to regulate the bowel, the procedure is done daily. If the normal pre-surgery bowel pattern was less frequent than daily, the procedure can be done every other day. It may take a couple of weeks to “train” the bowel to completely empty at the time of irrigation. The desired result is to move all of the stool out with irrigation and have no spillage of stool into the pouch between irrigations. The best results are obtained by doing the procedure at the same time every day in order to “train” the bowel for evacuating on a regular basis at a convenient time. For some people it is most convenient to perform irrigation in the morning and for others the best time is in the evening when they are not rushing off to work or other daily activities. It is up to the patient’s personal preference.

If the procedure works well, the person with a descending or sigmoid colostomy can count on regular evacuations and the need for a pouch is minimized. The patient who irrigates successfully may wear only a small stoma cap or gauze square over the stoma between irrigations. Some wear a small pouch just for security.

Colostomy irrigation is not always appropriate or even desirable for every person who has a sigmoid or descending colostomy. The person’s age, physical and mental ability to learn and perform the procedure, the disease process, and whether or not the ostomy is temporary or permanent are all factors that need to be considered.

Irrigation is NOT recommended for people with any of the following conditions:

- * Stomal prolapse - Irrigating can increase the risk for further prolapse
- * Parastomal hernia - Hernias change the contour and angle of the intestine so there is increased risk for bowel perforation and poor evacuation results
- * Children or young adults - In younger people, routine irrigation may create bowel dependency. In other words the bowel may not be able to function normally without irrigation if the routine is started at an early age.
- * Pelvic or abdominal radiation - Radiation can cause damage to the tissue of the intestine. Anyone with abdominal radiation has an extreme risk of bowel perforation, so it is important not to add any extra pressure to the fragile tissue.
- * Diverticulitis - Because the bowel tissue is already compromised from this disease process, there is a much higher risk of bowel perforation.
- * Patients with limited manual dexterity * Patients with poor learning ability
- * Persons who had poor bowel regularity before surgery will likely have poor results from irrigation
- * Extremely ill or terminally ill patients - Routine irrigation is usually not recommended for these patients because of the time and energy required for the procedure

patterns change or become unpredictable, the patient may not be free of bowel movements between irrigations.

Research shows that colostomy irrigation was first used in the 1920s and through the years it was taught routinely to patients with a descending colon or sigmoid colostomy. Among the chief reasons for teaching this routinely was the lack of quality pouches to contain thick or formed stool as they were bulky and did not adhere well to the skin. As pouching systems improved with more advanced technology, Colostomy irrigation as a widely used "routine" procedure lessened and began to be used more for personal preference, or on a need to know basis.

Regulation of the colostomy using irrigation is a personal matter. Life style and occupation often lead in making the choice. The final decision of whether to use this method or not should be made by the patient with proper guidance from health care professionals. Only those patients who meet the established criteria for irrigation should proceed with using this method of bowel management.

When colostomy irrigation is being considered, it is important to first determine if the individual is a good candidate. In other words, are there any of the above risk factors? If not, then consider the advantages and disadvantages of the procedure, keeping in mind that the procedure, from start to finish, can take up to 45 minutes or even an hour.

The chief advantage is regaining control over fecal elimination. If irrigation is successful, it can reduce the number of pouches used. It may even be possible to choose not to wear a pouch and only use a small protective covering. Successful management of the colostomy with irrigation may assist in the psychosocial adjustment to the colostomy. Disadvantages include the time required for the procedure and not all patients can achieve complete control with irrigation. If elimination

Source: UOAA

IMPORTANT NOTE

Anyone considering a colostomy irrigation must use a colostomy irrigation product: in other words a set that is specifically made for irrigating a colostomy. It has a tapered cone on it that needs to be used. They should never substitute an enema kit for an irrigation kit. All the manufacturers (Coloplast etc.) have kits.

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.

APRIL 20, 2016
CELEBRATION OSTOMY BELT REPRESENTATIVE
JACK MILLMAN
MAY 18, 2016
JEAN-MARIE ROSONE, LCSW CAROL SIMON
CANCER CENTER (FIRST RECIPIENT OF THE JOSEPH
A. TRUNFIO HEALING CULTURE CHAMPION
AWARD JANUARY 2015)
JUNE 15, 2016
BYRAM HEALTHCARE REPRESENTATIVE
JEFF HAMIL
JULY 20, 2016
COLOPLAST REPRESENTATIVE
ED CARMODY

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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