

MORRIS COUNTY OSTOMY ASSOCIATION OF NEW JERSEY

AN AFFILIATE OF UNITED OSTOMY ASSOCIATIONS OF AMERICA, INC.

OSTOMY MYTH: THE CLAIM THAT STOMAS HAVE NO NERVE ENDINGS

This myth has been stated an awful lot, often by people who should know better, such as ostomy nurses. There is, to be sure, a factual basis behind this myth, namely, the observation that stomas are insensitive to certain painful stimuli such as cutting. This can be a genuine problem, as you can cut your stoma without being aware of it. However, it's a mistake to jump from this fact to the assumption that stomas have no sensation at all, or that they don't even have any nerves.

The intestine from which a stoma is made actually has a rich supply of both autonomic and sensory nerves. The autonomic nerves are responsible for certain reflex motions such as peristalsis—the wavelike movements that propel food through the intestine (and if you watch your stoma, you may see it change shape, showing that peristalsis continues to occur in this portion of intestine, illustrating its autonomic nerve activity). The sensory nerves are sensitive to certain kinds of pain, notably when the intestine is stretched. This can be evident when portions of intestine get distended, resulting in cramping sensations which are sometimes very painful. And even after the intestine is made into a stoma, you'll probably still be able to feel motions that involve stretching of this intestinal tissue.

There is, of course, a possibility that nerves supplying this portion of intestine might have been damaged in the surgery that creates the stoma. But this is unlikely. The intestine's nerve supply, as well as its blood and lymph supply, are provided through the mesentery, which is a membrane that connects the intestine to the abdominal wall. In making a stoma, surgeons must be careful to preserve connection to the mesentery because of its essential role in providing the intestine's blood supply (Without a good blood supply, you'll have just a dead piece of intestine). And, assuming that the intestine's connection to the mesentery is well preserved, its nerve supply should be preserved as well.

Source: Bob Baumel, North Central OK Ostomy Association

BEST TIME TO CHANGE ILEOSTOMY POUCH

The best time to change an ileostomy pouch without any output is when you first wake up. If you stop eating a few hours before bedtime and get a full night's sleep, output should slow down enough for you to get a change done. If you must eat upon waking but before a change, try a nutrient-packed food that will raise your blood sugar but not cause any immediate output, such as a spoon of peanut butter or a hard-boiled egg.

Source: Vancouver (BC) Ostomy HighLife

SPRING 2018 NEWSLETTER

www.ostomymorris.org

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DISASTER PREPAREDNESS

For an ostomate living in areas affected by natural disasters, it is important to plan for these events. Whether you shelter in place or evacuate, the Federal Emergency Management Agency (FEMA), says, "If you take medicine or use medical supplies on a daily basis, be sure you have what you need on hand to make it on your own for at least a week."

Bill Kuhn, a urostomate, leads an ostomy support group in Metairie, LA. He lived through Hurricane Katrina and advises, "Have an emergency kit with enough ostomy supplies for at least seven to fifteen days." Bill further urges to know your primary evacuation route. Should that be unavailable, know an alternate route. Additionally, you should find out the final destination for both primary and alternate evacuation routes. For each final destination you should write down the contact information for the local ostomy support group in that area. A directory of U. S. support groups can be found at www.ostomy.org. Finally, whenever possible notify friends and relatives of your evacuation.

General Medical Information

Both FEMA and Bill Kuhn divide disaster planning into two areas: general medical information and emergency medical supplies kit. General medical information should include:

1. Reference numbers for all your ostomy supplies and your supplier's contact information.
2. A complete health history on paper and a thumb drive to include your doctor's contact information and hospital affiliation, prescription drugs, medical conditions and allergies.
3. An undated prescription for ostomy supplies.
4. Written directions on how to change your pouching system in case you are physically impaired.
5. Medical ID bracelet, necklace or written information about your physical disabilities.
6. Contact numbers of relatives and friends.

Emergency Ostomy Supplies

Once your medical information is assembled, it is time to put together your emergency ostomy supplies kit. You should plan to have at least seven to fifteen days' worth of supplies. Ostomy care is very individualized, so use this guideline as a "baseline" and adjust as necessary.

1. Pouching systems for 7-15 days
 2. Towel, washcloth or wipes
 3. Pair of scissors
 4. Bags to dispose of used supplies
 5. Hand sanitizer
- Optional:
6. Clothing clips
 7. Skin cleanser with no oils or lotion
 8. Adhesive remover wipes
 9. Skin prep wipes
 10. Ostomy powder

Assemble the supplies in a waterproof and dust proof container. Depending on your lifestyle, you could use a waterproof backpack like the Driftsun Dry Gear Backpack available from www.driftsun.com or any other weather proof bags from retailers such as Walmart and the Container Store, or a plastic storage bin. But always remember to store all your records, supplies, phones and laptops in individual water proof bags like Pelican Pouches or zip lock bags.

Finally, as ostomates we must plan an emergency method to empty our pouches when traditional toilets are not available. For urinary disposal, the portable male or female urinal with locking lid should be part of your emergency kit. For solid waste disposal there are two options - with a bucket or without a bucket. If you have a bucket then the TravelJohn provides a leak proof and odorless way to empty an ostomy pouch, www.traveljohn.com

Source: R.S. Elvey courtesy of *The Phoenix*

ILEOSTOMY BLOCKAGE

If you have an ileostomy, chances are at some point you may experience a blockage. Almost always food blockages are caused by too much fiber at any one time.

You can probably get away with eating small amounts of high fiber foods, but when you eat too much or too many different kinds at one time, you can get into problems. These foods do not digest well, and the result can be an actual "plug" of fiber which obstructs the small bowel.

The first sign of blockage can be a slight cramping or maybe just flutter sensations. This occurs when your intestine tries to get things going by pushing a little harder. At first, you may have no drainage at all, but this may be followed by great quantities of watery drainage; also, the pain may increase and become quite severe. If these symptoms are recognized early, it is sometimes a simple matter to get things straightened out. First, eat crackers and drink tea, either hot or cold. Some people prefer grape juice. Eating or drinking these does two things. It gives you something to push with and it helps to replace the salt you are losing with all the watery drainage. Avoid drinking carbonated beverages.

Next, get down on your hands and knees and rock back and forth while rubbing your abdomen. This helps break up the blockage so it can pass through. This may be all you need to do. If this doesn't work right away, change to an appliance with a larger stoma opening, as your stoma may swell causing the faceplate to cut into your stoma. Also, don't lie still; get up and move around.

Remember to keep up your fluids because you can dehydrate rapidly. Gatorade or some of the sports drinks on the market [diluted to half strength] are helpful, or you can make your own solution at home using a liter of water and 5 mL (1 tsp) each of baking soda and salt. If the blockage persists, or if food/liquid stops exiting at all for more than an hour or two or nausea and vomiting persists, check with your WOC nurse, doctor or emergency room.

Source: Ann Lee, RNET via Sherman (TX) *Ostoline*, and Fort Lauderdale (FL) *Broward Beacon*

PUSH THE SKIN— DON'T PULL THE TAPE

Damaging the skin around a stoma (or anywhere else) is asking for infection. Don't peel your pouch away from your body. Take hold of an edge of the adhesive sections of tape and push the skin away from the tape.

In older people and babies with thin skin, you can peel their skin off by pulling on the tape. Take a good look at what is happening when you pull on the tape. The tape is being pulled upwards, dragging the skin with it until it is pulled hard enough to break loose. It even looks painful!

When you push the skin away from the adhesive, it does not hurt and the outer layer of skin is not torn off which sometimes happens with pulling. And those who think pulling it off quickly is best, ought to take a good look at the skin afterwards!

If you have a leak, digestive enzymes in the discharge will excoriate your damaged skin quicker and deeper than if your skin is in good condition or protected with some kind of skin preparation. The farther away your stoma is from the rectal area, the stronger the digestive enzymes are in the discharge leak. Therefore, your skin can become excoriated much sooner. Learn to treat skin very gently.

Source: Metro Maryland Newsletter; via Oklahoma City Ostomy News

STOMA SHAPE AND LEAKAGE

Are you aware that stomas sometimes change shape? This can happen when you change from a standing to a sitting position. Mirrors are handy gadgets – take a look! The stoma that is round when you are lying down or standing may be oval when you sit down. This may be a source of a leaking problem and merits thought. Remember, the stoma is a portion of the intestines brought to the surface of the abdomen. The healthy red color of the stoma means there is a good blood supply. The natural lubricant of the intestines is mucus. No adhesive will stick to the stoma because of the mucosal lining.

Therefore, any part of the wafer that comes in contact with the mucus on the stoma will automatically refuse to stick. Thus, the seal around the stoma does not change even though the stoma shape changes. This means that if the stoma is oval in a sitting position, perhaps the opening on the wafer should be oval. This particularly applies to people who are sedentary most of the day. This is not an absolute rule, but a consideration if you find leakage a problem.

Source: New Beginnings, via Hernando Co. FL; and

PARASTOMAL HERNIA

What is a hernia? A hernia is a weakness in the wall of the abdomen that allows the contents to bulge out forming a lump or swelling. If the weakness occurs where the stoma is attached to the muscle wall causing a swelling around the stoma, this is called a Parastomal Hernia.

What may cause a hernia? A hernia can have many causes. These include: being overweight, lifting heavy objects and even steroid drugs, as they can make the muscles weaker.

Managing a hernia

Most hernias can be managed without surgery. Support belts and appliances are the most successful aids. It may be necessary to change the type of pouch you use to ensure a secure fit. Talk to your ostomy nurse for advice on this.

Surgery may be considered in extreme cases, e.g., strangulation or obstruction or when the hernia affects the seal between the skin and appliance causing leakage.

Other reasons may be if the hernia is causing a lot of pain or embarrassment to the ostomate, by being visible even when fully clothed. Your surgeon will discuss this with you as there are risks involved with all surgery.

Hernia prevention

- Avoid any heavy lifting for the first three months after surgery (this includes a bag of shopping or full kettle)
- Stay healthy and keep your body weight under control.
- Always talk to your surgeon or ostomy nurse before beginning any exercise, and listen to your body... if it causes you discomfort...stop!
- Wear a support garment when lifting, gardening or undertaking any physical work.

Source: Beloit Health System Ostomy Support Group; and Winnipeg (MB) Inside-Out



www.shieldhealthcare.com

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.

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.

DUES

Dues for 2018 are coming up soon.
You may send a check or cash for \$20.00 to:

George Salmay
30 Wyckoff Way,
Chester, NJ 07930

MEETING SCHEDULE

Meetings start at 7:30 p.m. and end at 9 p.m. in the Carol Simon Center of the Morristown Medical Center.

MARCH 21, 2017

JOHN D'ERCHIA
COLOPLAST REPRESENTATIVE

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MMC ATLANTIC HEALTH

MAY 16, 2018

MICHAEL SKLOFF TERRITORY SALES
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