

MORRIS COUNTY OSTOMY ASSOCIATION OF NEW JERSEY

AN AFFILIATE OF UNITED OSTOMY ASSOCIATIONS OF AMERICA

How Do I Clean Around My Stoma?

All you need to clean around your stoma is warm water and either a washcloth or a soft disposable paper towel. Using sterile gauze and wearing gloves to change your own pouching system can be expensive and is unnecessary. REMEMBER, you are NOT dealing with a sterile area.

Using alcohol to clean the area is equally unnecessary and can be very drying to the skin. Also, it is not recommended to use baby wipes or pre-moistened towelettes as they may contain chemicals that remain trapped on the skin and can cause a rash. Soaps, including ones that are moisturizing (Oil of Olay, Dove) are not needed and can actually hinder the pouching system from sticking well on your skin and contribute to leaks. If you are showering without wearing a pouching system and soap flows down onto your stoma and skin, just rinse the area well afterwards. This is not a concern.

When washing your stoma, you may notice small specks of blood on your cloth. This is completely normal and expected. The stoma tissue contains small blood vessels close to the surface that may bleed, especially if you are taking blood thinners.

Do I need to “air out” my skin when changing my pouching system to keep it healthy? No, this is not necessary. It may feel good to “air out” for a while but this is not required in order to have the skin remain healthy. This may also be difficult if your stoma is active!!

Source: from Vancouver (BC) *Ostomy HighLife*;
via Northern Virginia *The Pouch*

Spring 2020
NEWSLETTER

www.ostomymorris.org

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Trends in Ostomy and Continent Diversion Surgery

by Bob Baumel

North Central OK Ostomy Association

[Note: This article is an major abridgement of a much longer piece in Ostomy Outlook. The complete information is available at www.ostomyok.org/newsletter/news2001a.shtml.]

UOAA, as well as its predecessor UOA, have published estimates on the number of people with an ostomy and number of ostomy surgeries per year. For example, from about 2012 to 2016, UOAA produced brochures stating there were about 750,000 ostomates in the U.S. In 2017, UOAA launched a project intended to update our knowledge of such quantities. I participated in that project and, although the goal was presumably to determine just two numbers (number of ostomates and number of surgeries per year), I ended up deriving many more results of interest including trends over time of various surgery types. Many of those trends are displayed in Figure 1.

Major trends in the above plot include a big decrease in permanent colostomy surgeries (which dropped sharply from 1995 to 2000, then continued decreasing more slowly after 2000), and an even more dramatic increase in temporary ileostomy surgeries (which were the least common type of ostomy surgery in 1993 but are the most common type now).

Note on continent diversions: In Figure 1, continent ileostomies are included in the “Permanent Ileostomy” numbers, and continent urinary diversions are included in the “Urostomy” numbers. J-pouches appear in Figure 1 only indirectly as part of the “Temporary Ileostomy” numbers. That’s because J-pouches are usually created

in 2 or 3 surgeries, where patients have temporary ileostomies between the surgeries.

The two biggest trends in Figure 1 are the big decrease in permanent colostomies and even bigger increase in temporary ileostomies. The drop in permanent colostomies is due to the rise of “sphincter-sparing” colorectal cancer surgeries, which have become possible for tumors located lower and lower in the anorectal area. These remove the cancer while preserving continuity to the anus, and require only a temporary ostomy, usually a temporary ileostomy.

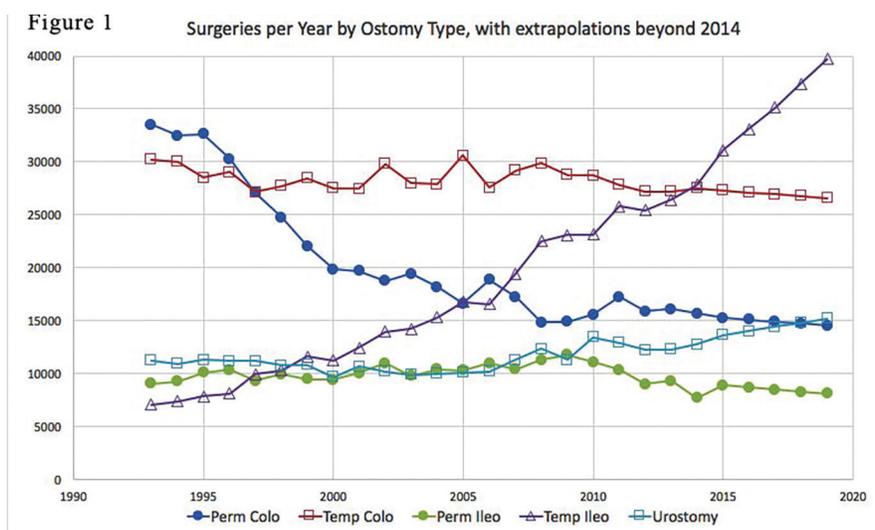
Temporary ileostomy surgeries have increased dramatically. This increase probably has at least three causes:

- Many temporary ileostomies are done in connection with sphincter-sparing colorectal cancer surgeries.
- Many temporary ileostomies are done in connection with J-pouch surgery, which has become the preferred surgery for ulcerative colitis and familial polyposis.
- Temporary ileostomies seem to be gradually replacing temporary colostomies in some surgeries for which a temporary colostomy would have been done previously, such as surgeries for diverticulitis.

As additional trends visible in Figure 1, urinary diversions are increasing now, while permanent ileostomies are decreasing, presumably because J-pouches have been replacing permanent ileostomies for ulcerative colitis and familial polyposis.

Permanent colostomies have fallen from 400,000 in 2000 to approximately 200,000 in 2019.

I estimate that, overall, the current number of people in the U.S. with an ostomy or continent diversion is between 700,000 and 750,000.



Strategy Tips for Self-care

by Elaine O'Rourke, via UOAA

1) Move your body

Buying a gym membership is useless— unless you use it! Our ancestors did not live sedentary lives, yet, these days in general, we are very attached to sitting around. Many people work at desks, sit in cars commuting and then sit on the couch to chill out! But our bodies are designed to MOVE.

Tip: Get up and walk around more, even set a chime to go off on your phone to remind yourself. As mentioned, walking is a great way to keep things moving and it's free. Even a quick five-minute walk is beneficial. Meet a friend for a walk instead of coffee, or both! Move your arms over your head more. Add in some simple stretches. Basically, MOVE as much as you can as that is what our bodies are designed to do.

2) Food choice

If we think we are going to be “depriving” ourselves of something, then we will do anything we can to sabotage our best intentions. For example, If we say we are “giving up chocolate” then chances are we become obsessed with thinking about chocolate and our resolution only lasts a day! Your body is like a temple and keeping it healthy requires the right choices. This will affect your ostomy output, energy levels, muscles, organs, bones and joints.

Tip: Focus on adding in certain foods that you know will be healthier for you. Hint – these foods are mostly in fresh produce sections of the supermarket. Before you eat and drink ask or even visualize how your body will respond, how your organs will feel, how well your GI tract will digest. Eat slowly, chew and enjoy your food. Notice how it affects your system, energy levels, and your ostomy output.

3) Make it fun

If you dread doing something, then it won't get done. So find something that is enjoyable. Not everyone likes exercise or sports but there are many different ways that you can treat your body with more kindness.

Tip: Dancing is a great way to move. Maybe go out to hear live music where you can move on a dance floor, or take a dance class. Put music on at home that

energizes you. Walk up and down the stairs a few more times. Use afitbit watch as a way to incentivize yourself.

4) Schedule time for yourself

There are a lot of distractions that pop up during the day and before you know it, you haven't done anything you intended to do and the checklist is still staring at you.

Tip: Schedule in your planner when you are going to do your (walk, fun movement, cardio class, yoga, meditation, etc.) Be consistent and try and have it at the same time and on the same days each week.

5) Know that you deserve it.

There is nothing like a promise of a “treat” or “something special” or to plan out “bribery” if you do something! Self-discipline comes more naturally to some but it takes practice.

Tip: As you decide the new ways you are going to do things in 2020, also give yourself a promise of a self-care present when you complete your goals. As you try more nutritious food, exercising, moving your body (because that is what it is supposed to do) then treat yourself to a massage, tickets to a show, a work-out outfit (that you now must have because you actually enjoy exercise) a good book, and so on!

Elaine O'Rourke is the creator of the online holistic program “Surviving To Thriving: Overcoming Ostomy Challenges So You Can Live a Fulfilling Life.” She is a certified Yoga Therapist & Teacher since 2003, Sound Healer, EFT & Reiki Practitioner, Recording Artist and International Retreat Leader. Her lighthearted and fun personality shines through her teachings/programs as she loves to inspire others. She is a contributing writer to the national *Phoenix Magazine*, presenter at the UOAA National Conference and speaker at Girls with Guts retreat. A free guide is available: “3 simple ways to eliminate fears about your ostomy” by visiting Elaine's website:

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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 2020 are now current.
You may send a check or cash for \$20.00

to:
George Salamy
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 18, 2020

[MEETING CANCELLED BECAUSE OF
MMC COVID-19 POLICY. IT WILL
BE RESCHEDULED]
DR. MICHAEL SCOLA
ATLANTIC HEMATOLOGY/ONCOLOGY

APRIL 15, 2020

PAMELA GIORDANO, PHARMACIST
MORRISTOWN MEDICAL CENTER

MAY 20, 2020

JACK MILLMAN
CELEBRATION OSTOMY BELTS
REPRESENTATIVE

JUNE 17, 2020

BRIAN MACKER
VANILLA BRUSH OSTOMY GARMENTS
REPRESENTATIVE



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