

# MORRIS COUNTY OSTOMY ASSOCIATION OF NEW JERSEY

AN AFFILIATE OF UNITED OSTOMY ASSOCIATIONS OF AMERICA

## Eight Reasons for Pouch Leakage

- Poor adherence to peristomal skin — Apply pouch to dry skin. A warm hand over the pouch for 30 to 60 seconds assures a good seal.
- Wrong size of pouch opening — Be sure that the size of your stoma has not changed. Remeasure and adapt accordingly.
- Folds and creases — Ostomy paste can be used to build up an area in order to avoid leakage. Consult your ostomy nurse for proper methods.
- Peristomal skin irritation — Avoid irritated or denuded skin. If any of these problems develop, consult your ostomy nurse.
- Too infrequent emptying — Pouches should be emptied before they are full. Weight of the effluent may break the seal causing a leak.
- Extremely high temperatures — Wafer melt may cause leakage in warm weather. Change pouch more frequently or try a different wafer.
- Pouch wear and tear — If you are stretching your wear time, leakage may be due to wafer wearing out. Change pouch more frequently.
- Improper storage — Store your ostomy supplies in a cool, dry place. Humidity may affect your pouch adhesive. Appliances don't last forever. Ask your vendor what the recommended shelf life is for your brand of pouch.

**Source: Northern Virginia *The Pouch***

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NEWSLETTER**

[www.ostomymorris.org](http://www.ostomymorris.org)

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# Care and Management of the Skin beneath Your Ostomy Appliance

by Lauren Wolfe RN, BSN, CWOCN; Macdonald's Prescriptions Fairmont Bldg; via Vancouver (BC) *Ostomy HighLife*

Our skin is the largest organ of the body and is composed of two layers. The skin acts as a barrier to harmful substances, chemicals and protects us from the environment. The outermost layer of the skin is called the epidermis. The skin is part of the immune system. When it has been compromised by foreign materials such as bacteria or allergens it will become red and inflamed.

Approximately 20-70% of people living with an ostomy experience skin complications; these can be due to multiple reasons such as leakage, allergy, and skin stripping due to the removal of the flange. Removing the pouching system too quickly can cause skin damage such as skin stripping, exposing the skin to further injury such as irritant dermatitis. As we age, our skin changes and becomes thinner and more fragile, resulting in skin tears. The additions of adhesive products to assist with a pouch seal may increase the risk of skin damage and should be used only when necessary.

In order to protect the skin from harm and chemicals, the NSWOC and WOCN Societies recommend using warm water to cleanse the peristomal skin and the stoma. Water is readily available and not harmful to the skin.

A frequent question that stoma nurses get asked is; Should I use alcohol wipes, antiseptics, baby wipes or flushable adult wipes for cleansing the stoma and the skin? In reviewing the literature, it was interesting to see what the dermatologists and biochemists are saying about the use of these products on neonates and babies' skin.

In 2016 Yu et al. reviewed the ingredients in multiple baby wipes and found many ingredients to cause contact dermatitis in infants. Although, this study was evaluating baby wipes on infant skin, it is known that the skin beneath the flange is susceptible to injury due to frequent removal of the pouching system.

Contact dermatitis occurs when the ingredients in a product that is applied topically cause a reaction of the skin. A reaction may not be noticed immediately but can develop over a few days, weeks or years. Once an individual develops a contact dermatitis beneath the flange, the skin becomes red and weepy preventing the flange from adhering to the skin. When this occurs, the skin has been compromised; therefore, the natural barrier protecting you from infection has been breached, allowing for bacteria to penetrate the skin.

In discussion with Dr. Greg Schultz PhD, a well-known researcher and biochemist in wound care, "Different baby wipes have substantially different formulations. Common ingredients include acetyl hydroxyethylcellulose, a plantbased product used as a cleaning agent along with glycerin or propylene glycol that are humectants that can help other ingredients penetrate more deeply into skin. Most wipes contain a buffer like citric acid which helps with product stability and maintains the pH balance of the products. Also, preservatives like parabens can be present and these chemicals can cause skin irritation."

Not only may these ingredients be harmful, but some may prevent your flange from adhering and allowing you to achieve the wear-time you desire.

Maintaining the skin around your ostomy and beneath your flange is extremely important. When considering which products to use, it is important to recognize that many products that are not designed for ostomy care do not have the research to support their use and may put you at risk of injury to your skin. See your ostomy nurse to discuss which products are safe to use and to help you with a skin assessment.

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If you have further questions, contact the author at [lauren@macdonaldsrx.com](mailto:lauren@macdonaldsrx.com). References for this article available upon request.

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**Thanks to Bob Baumel for his excellent editing of Ostomy Outlook, the newsletter of the Ostomy Association of North Central Oklahoma. Much of the contents of our own newsletters is borrowed from the material Bob has gathered, including the content on these pages.**

# Fertility, Pregnancy, IVF for Women with an Ostomy

by Elaine O'Rourke, Ostomy/IBD Health Mentor;  
via UOAA E-News Jan 2021 and UOAA Blog Post

Many women with ostomies wonder if they can get pregnant and if pregnancy is safe with an ostomy. I talked with Dr. Sonia Friedman, Director of Women's Health at the Crohn's and Colitis center at the Brigham and Women's Hospital in Boston about these issues.

Every case is different and these are just guidelines. Make sure to discuss thoroughly with your doctor. I believe the most important factor to a safe pregnancy is being in good health before getting pregnant along with being fully educated about the process.

## How does ostomy surgery affect fertility?

If you have had your rectum and anus removed, or pelvic surgery, then this could lead to scarring on your fallopian tubes. This may cause a slight decrease in fertility rate if you have an ostomy. But with laparoscopic surgery this is becoming less of an issue.

However, In Vitro Fertilization (IVF) is very effective for ostomy and Inflammatory Bowel Disease (IBD: Crohn's/Colitis) patients.

Getting an ostomy should not deter you from trying to get pregnant. If you want to have a child, don't let that keep you from having an ostomy if you need one. Talk it all through with your medical team.

## Is it safe to get pregnant with an ostomy?

Yes it is safe to get pregnant with an ostomy and in fact ostomy patients can do very well provided they are not dealing with other health issues.

There are many reasons why you get an ostomy. Therefore the most important consideration is your overall health before getting pregnant. For example, if you have an ostomy due to IBD then you want to be in remission of IBD for at least 3 months. Most IBD medications are fine to stay on during pregnancy

But if you are undergoing chemo treatments and serious other medical issues then you would need to know all the side effects from those medications and most likely that is not the time to get pregnant. Always consult with your doctor, be well educated and informed.

## What happens to your stoma during pregnancy?

Sometimes the stoma size increases but then it should go back to normal. This may require using different products or adjusting the size of the flange each time you change your appliance. If you usually get your flange/wafer precut then you will need to get the ones that you cut yourself.

## How do you change your ostomy when pregnant?

As your tummy expands it might become more difficult to see your stoma. This is where changing in front of a mirror will help.

As with any other time, having everything laid out and easy to reach will really benefit you. Also, change your appliance (when possible) when you are not having any output as it will likely take you longer to change it. If you start having output then you can always get in the shower and clean off until output stops.

## J-Pouch and pregnancy

Women with J-Pouches should do quite well with pregnancy. These days with laparoscopic surgery and small incisions, it makes it easier. There is a slightly decreased amount of fertility with J-Pouch but they can respond well to IVF.

However, with a J-Pouch a C-section is recommended as the pushing pressure could compromise the J-Pouch.

## Birth plan

A birthing plan should be put into place in case of any complications and your OB/GYN should have a surgeon on call if needed. But most women can have vaginal deliveries, unless there are other issues going on.

If you have an ostomy then you are likely trying to avoid a C-section. This is because you may have adhesions due to previous surgery in the area. A C-section would be advised if you have recto/vaginal fistulizing disease.

# Men's Health: Sexual Issues and Fertility with an Ostomy or IBD

by Elaine O'Rourke, Ostomy/IBD Health Mentor;  
via UOAA E-News Feb 2021 and UOAA Blog Post

**M**en's sexual health and fertility with an ostomy or IBD is not often talked about. Sexual issues include erectile dysfunction, dry orgasm and fertility. Men also experience low libido, low self-esteem, poor body image which can all lead to depression, lack of confidence and not even trying to have sex.

In a small study of 100 patients who were sexually active before surgery, 50% reported that they didn't even try to have sex post-surgery. That is a surprisingly high number.

Of the other 50% who did have sex, 70% reported that they had no issue. This shows that body-image, low self-esteem, self-perception all play a big part for men.

I talked with Dr. Neil Nandi, GI specialist and Associate Professor at University of Pennsylvania to discuss Men's Health with an Ostomy or IBD. His Instagram is: @fitwitmd.

## It's time for men to talk

Men typically find it more difficult to ask for help. There is still this stereotypical behavior that it's taboo to talk about sensitive issues or open up about their feelings.

It's time to open up and break the mold. When you express yourself, admit that there is an issue or ask questions about these intimate issues, it becomes a sign of strength and a way of educating yourself. This will benefit not just you but all your relationships.

Thankfully the medical professionals over the last 15 or so years are realizing that disease and surgeries have a big influence on your sexual health and self-perception. They are hopefully asking you if you are having issues. But also as a patient you can help educate your doctor by sharing what is going on with you.

Remember, there are plenty of other males experiencing similar problems but you won't know unless you ask.

## Sexual function with an ostomy

For the most part, having an ostomy should not interfere with sexual function. However, if you have deep pelvic surgery or if some or all of the rectum is removed it can increase the risk of nerve injury and erectile dysfunction.

Some males with urostomies experience a dry orgasm but they don't typically experience erectile dysfunction.

It is always wise to ask your surgeon about the ways that your sexual function could be affected with your particular surgery.

## Male fertility with an ostomy

Mostly there is a very low chance of infertility with an ostomy. What to consider is the ability to ejaculate.

If you are planning to have children and have yet to undergo proctectomy or more pelvic surgery you may want to consider freezing your sperm. These surgeries could have a slight effect on erectile function.

As mentioned above some urostomates experience dry orgasm. This would be another reason to freeze sperm presurgery.

Some medications affect male fertility, as does nerve stimuli or if there is active inflammatory bowel disease that penetrates near the testes which is uncommon.

## Effects of radiation treatments and sexual function

The radiation oncologist maps out exactly the area where radiation beams need to be and they try to avoid the sexual organs. But as with anything, there are risk factors and you should ask your doctor about them or talk to another patient who has undergone surgery or radiation.

## Ways to enhance your sexual function

The well known drug Viagra can be useful for achieving erection. Other ways to help performance are by using actual penis pumps or penis rings.

If you are having performance issues, low self-esteem, or feel nervous then talk to someone. This could be a sex therapist, your doctor, seek help through Elaine's program, or you may need pelvic floor physical therapy.

## Same Sex Issues

This can be very challenging when it comes to anal sex. If you have a flare-up from IBD then it's advised to abstain from anal sex but there can be anal foreplay. If you undergo a full proctectomy then this will be a major concern and should be discussed with your partner and surgeon. Other health conditions can also come into play and affect the ability to have anal sex.

## Other resources

UOAA sexuality guide

Be sure to get your FREE GUIDE: '3 simple ways to eliminate fears about your ostomy' by visiting Elaine's website: [www.ElaineOrourke.com](http://www.ElaineOrourke.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](http://www.ostomymorris.org). Their address is 4018 Bishop Lane, Louisville, KY 40218.

## DUES

Dues for 2021 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.

However, because of Covid-19 social distancing the meetings will be online via Zoom until further notice. They will still take place on the third Wednesday of the month, starting at 7 p.m.

Announcements will be sent to all MCOA members on our email list. Members just have to click on a highlighted URL to join the meeting.

MARCH 17-DR. MATTHEW HUK, COLORECTAL SURGEON AT ATLANTIC HEALTH  
APRIL 21-COLIN JARVIS, STEALTH BELT  
MAY 19 - LINDA ZECH MSN,RN,CWOCN, NU-HOPE LABS  
JUNE 16 - MICHELLE BLISZACK, SAFE AND SIMPLE ON HERNIA PREVENTION



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