

MORRIS COUNTY OSTOMY ASSOCIATION OF NEW JERSEY

AN AFFILIATE OF UNITED OSTOMY ASSOCIATIONS OF AMERICA

Wipes, Paste, Powder, Changing, Emptying

Do skin wipes make the pouch stick better?

No, the wipes that are generally classified as “skin preps” are not adhesives. They are designed to provide a protective layer to the surface of the skin. This helps to make the removal of adhesives easier on the skin. The use of these types of products may actually decrease the wear time of some extended wear products.

Does paste make the pouch stick better?

No, paste helps to prevent liquid drainage from getting between the skin and the skin barrier. This protects the peristomal skin and often extends the life of the skin barrier. Paste is NOT an adhesive and too much paste can actually interfere with a good seal.

When should skin barrier powder be used?

Skin Barrier Powder – such as Stomahesive or Adapt Powder – is used when the peristomal skin is moist due to irritation. When the skin has recovered and healed, the powder should be discontinued. If another type of powder – such as an antifungal powder – has been prescribed, it should be used according to instructions.

How often should a pouching system be changed?

The answer is “it depends.” It depends on many factors such as type of discharge, skin condition, type of skin barrier used, location on the body and construction of the stoma. The key is to achieve predictable wear time. Changing a pouch twice a week is very acceptable.

How often should I empty a pouch?

The type of ostomy and the amount of output will influence how often emptying is necessary. You will want to empty your pouch regularly throughout the day – usually when it is 1/3 to 1/2 full. It is not a good idea to let your pouch overflow.

Source: Dallas (TX) *Ostomatic News*

Spring 2022
NEWSLETTER

www.ostomymorris.org

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Skin Care — Allergic Dermatitis & Reactions

Allergic Dermatitis is a skin reaction that is red, bumpy, and swollen that has specific margins that mirror the causative agent. Allergic dermatitis is caused by an allergic skin reaction occurring when the body develops antibodies against an allergen—wafer, paste, plastic, dye in tape, liquid plastics. When suspecting an allergy, check it out by skin testing. Apply product to another area of abdomen on healthy skin and leave in place as long as possible (a week) and check the reaction.

Allergic Reactions — Many times I hear that people are allergic to adhesive tape or paper tape or Skin Prep or any number of different products that are used in ostomy care. Allergies may occur with any product. They may occur with the first use of a product or after years of using a product without problems. Actual allergic reactions to ostomy products are not common.

But, some people do have issues relating to an allergic reaction to certain products at certain times. And many people have sensitivities at one time or another. Allergic reactions are usually severe. They will cause blistering and wet, weeping skin wherever the products touch you. Two situations are frequently labelled as allergic by mistake.

First, if a skin sealant wipe is used, it needs to dry completely to allow the solvents to evaporate. If the pouch is applied while the solvents are still on the skin, sore skin can easily occur. Since the solvents can't evaporate through the skin barrier as they can through the paper tape collar, this will look like an allergy to the skin barrier.

Second, each time you remove a pouch, the adhesive takes with it the top layer of dead skin cells. This is called "skin stripping." Everyone's skin reacts differently to having tape removed. But it's important to be gentle and not remove a pouch more frequently than necessary. Skin that is stripped will be sore in some spots and not in others. Sometimes skin around the stoma becomes fragile and strips easily. A barrier, tape and pouch with a very gentle adhesive must be found.

To test whether you are really allergic, take a small piece of the test material and place it on any convenient part of your skin far away from your stoma. After 48 hours, take it off and see whether you are reacting. If pain, itching or blistering occurs, take it off immediately.

If it's an allergy you will react. If you have a history of allergies, test in this manner before trying on any new ostomy product. It is better to have half an inch of sore skin on your leg than around your stoma. You need healthy skin around the stoma for a good seal and satisfactory performance from an ostomy pouching system.

If you develop an allergy to a product you have used for a long time, you can call the manufacturer. They may have made changes in the manufacturing process. Calls from users are sometimes their first notice that the new improvements are or are not working. A follow-up visit to your ostomy nurse should be your next step.

Source: Kathryn Hoyman, WOCN, Minneapolis Support Group

OMG, I'm Bleeding

Don't be alarmed if your stoma bleeds a little bit when you're cleaning it. As long as the bleeding stops after a minute or two, this is actually a good sign. Your doctor wants your stoma to be healthy and have a good blood supply.

What you really need to keep an eye on is the peristomal skin... that's the skin directly around your stoma. Just make sure it looks like the rest of the skin on your stomach.

Source: Tulsa (OK) Ostomy Life Newsletter

Warming Your Ostomy Barrier

by Lauren Wolfe RN, BSN, MClSc-WH, NSWOC,
CWOCN

Wear time, the time an ostomy appliance can adhere to your skin before it starts to leak, is considered one of the most critical aspects of preventing skin irritation. Factors affecting wear time are, your output consistency, abdominal contours, stoma protrusion, and mobility. The skin barrier/flange will assist with these aspects by protecting your skin. It does this by adhering to your skin and providing a level pouching surface. One needs to understand the skin and the composition of the ostomy barrier in order to be successful in maintaining your pouching seal.

Our skin consists of seven layers; we will focus on the outermost layer called the Epidermis. The Epidermis is the layer of skin that your ostomy barrier adheres to. The Epidermis is composed of 4 layers, and the outer layer, the stratum corneum layer, is composed of dead skin cells. "In normal skin, this process takes 1-2 months, with approximately one layer of skin being shed every day." Other factors that need to be taken into account are perspiration and pH of the skin. When looking at your skin, it appears smooth and free of dips and valleys; I am not referring to wrinkles or creases. Under a microscope, you will notice that it is composed of peaks and valleys and hair follicles.

These peaks and valleys need to be filled in for the ostomy appliance to form a tight seal on the skin.

Ostomy barriers are made up of multiple ingredients. Most companies use similar ingredients but in different quantities. These ingredients are: tackifiers, polymers, softeners, plasticizers, hydrocolloids, fillers, and pigment.

Firstly, Pressure Sensitive Adhesives (PSAs) are used. PSAs are the adhesive that allows for the quick tack to the skin when light pressure is applied. Common household products utilizing this technology are Post-it notes, masking tape, and medical patches. A second ingredient, namely Polymers create adhesion, which is the ostomy appliance's ability to adhere to the skin and flow into the peaks and valleys, ensuring complete adhesion of the barrier to the skin.

Hydrocolloids absorb moisture; as the hydrocolloid absorbs moisture, it slowly starts to breakdown. Breakdown is commonly seen closest to the stoma due to the location of the stomal effluent. Hydrocolloids are made of gelatin, pectin, and or carboxymethylcellulose (cotton lint). When manufacturing ostomy barriers, scientists need to consider all these factors because if they create too high a degree of tack, removing the product may cause skin damage. The

flexibility of the product is essential as our bodies are not static. When designing the skin barrier/flange, the thickness and adhesion flexibility needs to be considered as well.

Commonly forgotten is the need to activate the adhesive. In-hospital, one is taught to hold the pouch for 2 minutes after application to warm it up, sometimes this is forgotten due to the overwhelming amount of information provided to you. This helps to activate the adhesive; however, warming the pouch before the application has its benefits. When the skin barrier/flange is warmed before application, the polymers are activated sooner and flow into the peaks and valleys on the skin, ensuring a close and tight fit immediately. This can be done by warming the flange beneath your armpit or tucked into your pants' waistband or similar locations. It doesn't need much heat to warm up the flange. Do not microwave or use similar heating mechanisms!

Warming your flange or skin barrier before your pouch change is especially important on cold days or if your products are stored in a cold location.

Drug Absorption and Ostomies

- Liquid gels, capsules, chewables, or patches and liquids work best with an ileostomy. Time-release, or extended release are a waste, they will go through the ileostomate's system before all the medication is released.
- Liquids are faster acting than pills or gel caps.
- The degree of compression of a tablet determines the rate that medicine is dissolved in one's system.
- Vitamins should be taken on a full stomach or else they will irritate the lining of the stomach and produce the sensation of feeling hungry.
- The amount of absorption is based on the amount of intestines still intact; therefore, the type of drugs taken must be in accordance with how much absorption "power" you have.
- Time-release capsules and coated pills are not absorbed well, if at all, in ileostomies
- Time release medicine will completely dissolve at once if alcohol is consumed with it or shortly afterwards.
- Be sure to tell your pharmacist that you have an ostomy so he or she can provide the right form of prescribed medication.
- People with an ileostomy may experience difficulty in absorbing and, therefore, gaining maximum benefit from oral medications. The shorter the length of the remaining bowel, the less absorption, particularly in the ileum.

Source: Vancouver *Ostomy HighLife*

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 2022 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.

APRIL 20 - STEFANIE MURPHY, OSTOMY SECRETS
MAY 18 - JULIA MILLSPAUGH, JIN SHIN JYUTSU PRACTITIONER, ATLANTIC HEALTH
JUNE 15- MICHAEL FOLEY, COLOPLAST REPRESENTATIVE
JULY 20 - ELAINE O'ROURKE, CREATOR OF AN ONLINE HOLISTIC PROGRAM "SURVIVING TO THRIVING: OVERCOMING OSTOMY CHALLENGES SO YOU CAN LIVE A FULFILLING LIFE"
AUGUST 17 - NO MEETING
SEPTEMBER 21 - ASHLEY MANN, FRIENDS OF OSTOMATES WORLDWIDE
OCTOBER 20 - PAMELA GIORDANO, PHARMACIST, ATLANTIC HEALTH, OSTOMIES AND MEDICATIONS
NOVEMBER 17 - NATALIE BARBERO, ATLANTIC HEALTH, OUTPATIENT DIETICIAN
DECEMBER 22 - HOLIDAY GETTOGETHER



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