

MORRIS COUNTY OSTOMY ASSOCIATION OF NEW JERSEY

AN AFFILIATE OF UNITED OSTOMY ASSOCIATIONS OF AMERICA, INC.

STOMA AND SKIN CARE

A healthy stoma is pinkish-red and moist. Your stoma should stick out slightly from your skin. It is normal to see a little mucous. . Spots of blood or a small amount of bleeding from your stoma is normal. A stoma is very delicate. You should never stick anything into your stoma, unless your doctor tells you to.

Your stoma has no nerve endings, so you will not be able to feel when something touches it. You also will not feel if it is cut or scraped, but you will see a yellow or white line on the stoma if it is scraped.

Caring for the Skin Around Your Stoma

After surgery, the skin around your stoma should look like it did before surgery. The best way to protect your skin is by:

- Using an ostomy bag or pouch with the correct size opening, so it does not leak
- Taking good care of the skin around your stoma

Skin care tips:

- Wash your skin with warm water and dry it well before you attach the pouch.
- Avoid skin-cleaning products that contain alcohol. These can make your skin too dry.
- Do not use products that contain oil on your skin around your stoma. These can make it hard to attach the pouch to your skin.
- Using fewer special skin-care products will make problems with your skin less likely.

Be sure to treat any skin redness or skin changes right away, when the problem is still small. Do not allow the sore area to become larger or more irritated before asking your health care provider about it.

The skin around your stoma can become sensitive to the supplies you use -- the skin barrier, tape, adhesive, or the pouch itself. This could happen slowly over time and not occur for weeks, months, or even years after using a product.

When to Call Your Doctor or Nurse

Call your doctor or nurse if you notice any of these changes in your stoma or the skin around it. If your stoma:

- Is purple, gray, or black
- Has a bad odor
- Is dry
- Pulls away from the skin
- Opening gets big enough for your intestines to come through it
- Is at skin level or deeper
- Pushes farther out from the skin and gets longer
- Skin opening becomes narrower

Call if the skin around your stoma:

- Pulls back
- Is red
- Hurts
- Burns
- Swells
- Bleeds
- Is draining fluid
- Itches
- Has white, gray, brown, or dark red bumps on it
- Has bumps around a hair follicle that are filled with pus
- Has sores with uneven edges

Source: Medline Plus

SUMMER 2014 NEWSLETTER

www.ostomymorris.org

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THE PROGRESS OF OSTOMY POUCHES

Today we enjoy the benefits of many choices in ostomy pouches from a number of manufacturers that conduct ongoing research to improve their products. Yet before the final decades of the 20th century, the options and their effectiveness were limited and generally uncomfortable.

For the first colostomy in the late 18th century, the collector was a sponge that required constant draining. Later leather pouches and glass bottles were used as collectors. It wasn't until 1920 that the Koenig-Rutzen rubber pouch was developed. Another twenty years passed before the reusable rubber pouches had adhesives and detachable caps. The flanges were rigid.

Vinyl pouches came out in the 1970s, initially with an odor problem; but odor-resistant pouches soon followed.

Source: <http://www.stomabags.com/ostomy-and-ostomy-bags-history>

COPING WITH A POUCH IN THE MID 20TH CENTURY

What it was like to cope with pouches in the mid 20th century is described in this slightly edited posting from Shaz's Ostomy Pages [www.ostomates.org]:

My original faceplate (1959) was red rubber and glued on with rubber cement. The bag was also red rubber, sized and shaped much like modern bags, but with no drainage at the bottom. It was held onto the faceplate by two rings, one under the gasket on the top of the faceplate and one under a similar gasket on the bag, which screwed together to make a seal. Emptying involved unscrewing the bag ring, dumping the contents through the hole, rinsing, or cleaning the gasket portions, including the one on the faceplate, and screwing the whole thing back together again. Of course, that left the stoma exposed during the process, so it had to be covered with tissue to (hopefully) prevent spillage. Naturally there were "those times" between removing or reattaching the bag and the application/removal of the tissue--nuf said.

The screw rings were originally plastic (lucite) which was very brittle. This meant that the threads broke easily, and then would not screw together tightly enough to make a good seal, or would fail completely. I finally had a machinist copy the rings in bronze (yes--this made the whole thing even more HEAVY and bulky than before) but at least those parts didn't fail anymore. The complete assemblage was held on by a belt with hooks and a ring that went around the faceplate outside the screw rings. You might wonder about wear time and skin care issues. Well, those things you are probably thinking are true. Excellent wear time was 24 hours. I think I got 2 days once or twice. I was lucky in that, because my stoma location is on a fairly flat spot on my

lower right abdomen with no natural folds right there. Skin care was pretty minimal, and sores the rule, not the exception. The only skin care products I knew of were karaya powder, and tincture of benzoin, so that's what I used--on a daily basis. (While now I have minimal skin problems, I still use these products--they really work for me).

After removing the face plate, I washed the area and peeled off the remaining rubber cement from it and from my skin (ouch!). I then dried everything off and dusted karaya powder over the covered area. If there were sore spots (very common) I dabbed extra karaya on them. Following that, I painted benzoin over the entire area, using a cotton swab stick (both these products burn when put on sore spots). While this was drying (I used an ordinary fan blowing on it) I coated the skin side of the face plate with rubber cement--using my finger. After that I coated my skin with rubber cement (often also burned when applying over any sores). I then put on the faceplate--held it in place for a half minute or so, and then screwed on the bag and attached the belt with the holding ring. Don't forget that during all this time--5-10 minutes usually, not counting shower time--there was a high likelihood of stoma activity with the possibility of having to start over--not to mention the mess. I developed fairly effective techniques using tissue to keep these problems to a minimum.

One company produced an in-bag deodorant, but it smelled like an over-chlorinated swimming pool, and caused really bad skin burns, so I quit using that very quickly. Bag deodorizing really meant thorough rinsing and washing with soap at change time. Virtually all this I had to learn by myself. The nurses in the hospital itself were fairly helpful while I was there, and had a little experience, but not a lot. BTW--the best ones there were a couple of (cute--hey, I was 22 at the time) Aussies in the US for training. While there may have been a few ET's in the world back then, I never heard of them. There were absolutely no support systems in place.

I used this system for almost 10 years, including 8 years of married life. I changed when I had to have my stoma revised and some nasty adhesions removed. Regrettably, my equipment got lost in the hospital. I wish I still had it for history's sake.



Leather and Plastic Pouches from the mid 20th century

FACTORS THAT AFFECT OSTOMY FUNCTION

Ostomy function may be changed by a variety of medications and medical treatments. Here are some examples:

Antibiotics often cause diarrhea, even in patients without an ostomy. Make sure your doctor knows about your ostomy, and inform him/her of problems as they occur. Drink plenty of liquids that will help maintain your electrolyte balance if diarrhea strikes.

Pain Medications are often constipating. Extra irrigations or laxatives or stool softeners might be required for colostomates to combat the side effects of pain medications. Perhaps the dosage of pain reliever may be reduced to eliminate the situation. Again, be sure to drink plenty of liquids.

Chemotherapy - Many cancer patients have follow-up chemotherapy after surgery or as an alternative to surgery. That often produces nausea and/or vomiting. You need to drink fluids that help you maintain your body chemistry balance.

Radiation Therapy often produces the same effects as chemotherapy.

Travel may cause constipation in some people and diarrhea in others. Be aware that these are possibilities. Altered diet, when traveling, accounts for some of this plus the excitement of new surroundings. Allow sufficient time for irrigations and take along an antidiarrhea medication. (Check with your doctor before taking any medications.)

Antacids may cause diarrhea-usually those with magnesium. There are many fine new products on the market. Find out which is best for you.

Drink plenty of liquids. You need to maintain your electrolyte balance in case of diarrhea. Tea, orange juice and even Coca Cola are sources of potassium. Bouillon cubes mixed in hot water are a source of sodium. Remember that some of the signs of electrolyte imbalance are irritability, nausea and drowsiness.

Source: UOAA Update, April 2014

DUES

If you haven't already sent a check or cash, 2014 dues are due.

Dues are still \$20.00, and you can send to:

George Salamy, Treasurer
30 Wyckoff Way, Chester, NJ 07930

MARATHON LIQUID SKIN PROTECTANT

Marathon Liquid Skin Protectant may be valuable for adhering wafers to peristomal skin, especially if the skin is sensitive, fragile, or damaged. It was demonstrated at the group's May meeting by Joseph Meyers of Medline, which manufactures the product.

Flexible and long-lasting, Marathon protects from the effects of friction and moisture such as urine, feces, sweat, and other bodily fluids. The liquid is fast-drying and breathable and may be used on damaged skin.

Because no solvents are used, there is no evaporation, and 100% of the product remains on the skin until the dead cells shed off naturally.

To request a sample, go to <http://www.medline.com/products/wound-and-skin-care/marathon-liquid-skin-protectant/get-a-free-sample>

MEETING SCHEDULE

Meetings start at 7:30 p.m. and end at 9 p.m.

July 16, 2014

open

August 20, 2014

open

September 17, 2014

Kathryn Hamilton

Lead Clinical Dietician

Atlantic Health Oncology

Services

October 15, 2014

Coloplast representative

Tyler Mutz

November 19, 2014

Edgepark Surgical

representative

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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