

MORRIS COUNTY OSTOMY ASSOCIATION OF NEW JERSEY

AN AFFILIATE OF UNITED OSTOMY ASSOCIATIONS OF AMERICA, INC.

CARING FOR YOUR OSTOMY

By Pat Murphy, RN, CETN, Middle GA, *Ostomy Rumble*

Here are some simple pointers for ostomy care. They may not be new, but sometimes it is good to be reminded of them. Good ostomy care habits can catch and nip problems in the bud-the rosebud that is.

Inspect your stoma and skin each time you change your skin barrier. Your stoma should be bright red, smooth and shiny. Inspect the lower edge especially well. Use a mirror if necessary. Look for any signs of irritation or bleeding. These signs may mean your skin barrier is rubbing there.

Your skin should not be pink, purple or gray, even right next to the stoma. You may, however, notice some pink skin under pressure points when you first remove the skin barrier from your body. This is the same as when you take off your watch or a pair of stockings and is normal.

Inspect your skin in a sitting position to see if creases or low areas form around the stoma. This will tell you where to take special steps to even out the area when you put on your skin barrier. Stretching the skin to make it smooth may be all you need to do, or you may need a dab of ostomy paste to help seal the area.

Remember: a new stoma can change size for up to a year. Re-measure your stoma every time you change the skin barrier for the first six months after surgery and every month thereafter. Always re-measure if you are having a leak. Measure the stoma at the base from side to side and from top to bottom.

Many stomas are oval. If you are cutting a skin barrier of a one-piece pouching system, no skin should show when it is in place. However, making sure the skin barrier doesn't touch the stoma unless it is an extended-wear skin barrier manufactured to be able to touch the stoma (these skin barriers are designed to "turtleneck" where they touch the stoma). Since it can be tricky to cut the opening to the correct shape without leaving gaps around the stoma, manufacturers have developed skin barrier seals and ostomy paste that can be used to fill the gaps.

If your stoma is not perfectly round, do not trace and cut a round circle. Instead, make the skin barrier fit exactly. Your ostomy nurse can show you how. It should just miss the stoma, sealing down on the skin right next to it. Your skin barrier should not go over any red, wet mucosal tissue, the kind that forms the stoma. If you wear a pouch with a Karaya ring on it, the ring should gently touch the stoma all around.

Source: UOAA Update May 2015

SUMMER 2015 NEWSLETTER

www.ostomymorris.org

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VITAMIN B-12 REPLACEMENT THERAPY

By Bob Baumel, Ostomy Assn of North Central OK

Vitamin B-12 is, under normal conditions, absorbed in only a small section of the terminal small intestine (ileum), raising the possibility of B-12 deficiency if that section of the ileum has been removed surgically or damaged by disease. People who may have lost that portion of their ileum include some ileostomates, people who had a failed J-pouch or Kock pouch, and some people with urinary diversions (especially continent urinary diversions) made using the terminal ileum. A condition such as Crohn's disease may have damaged the terminal ileum, even if it hasn't been removed surgically.

Vitamin B-12 is necessary for many metabolic processes, including development of red blood cells and maintains normal functioning of the nervous system. Deficiency causes anemia (reduced oxygen carrying capacity of the blood resulting in fatigue) and can also cause nervous system damage. It's worth noting that folic acid (another B vitamin) can correct the anemia caused by vitamin B-12, but will not correct the nerve damage caused by B-12 deficiency. So it's important to get enough vitamin B-12.

If you think you are at risk for vitamin B-12 deficiency, you can ask your doctor to check your serum (blood) B-12 level. This test can be added easily to routine blood testing. If your ability to absorb vitamin B-12 by the normal pathway involving the terminal ileum has been impaired, you can supplement the vitamin by three basic methods:

- **By Injection:** This method bypasses the normal gastrointestinal process of B-12 absorption by inserting it into the body by intramuscular or subcutaneous injection. B-12 injections may be self-administered in the same way that diabetic patients can give themselves insulin shots. Maintenance therapy may require only one B-12 injection per month.
- **Nasally:** This method also bypasses the normal gastrointestinal absorption process, as vitamin B-12 can be absorbed through nasal mucous membranes. The nasal form of B-12 was developed first as a nasally applied gel and later a true nasal spray (brand name Nascobal®). This product is marketed by the Strativa Pharmaceuticals, who promotes it as the only FDA approved form of vitamin B-12 besides the injectable form. Nasal B-12 can be effective, but because one company has sole rights to distribute it in the U.S.A., it can be an expensive way to get your vitamin B-12.
- **Orally:** Until recently, doctors believed that B-12 taken orally was useless to people who lack the normal absorption mechanism involving the terminal ileum. That opinion has changed, however, as research has revealed that even in such people, when a large dose of vitamin B-12 is taken orally, a small fraction (typically around 1%) gets absorbed by mass-action transport across the gut.

Note: Time Released medications should, in general, be avoided if you have an ileostomy as they may pass through your gut without getting absorbed **adequately**.

Source: UOAA Update May 2015

UNDERSTANDING STOMA CAPS

A stoma cap is a small pouch, usually intended to be worn for short periods of time and where a larger pouch might be a nuisance, embarrassing or unnecessary. Examples of such occasions include sports or swimming where you do not want the pouch to be visible through shorts or when using communal showers, or for during intimate moments where you would want your pouch to be as small and unobtrusive as possible. Alternatively, irrigators often wear them once they have gotten used to irrigating and know what their bowel routine is going to be.

There is also a tiny stoma cap which is used by people who have mucous fistulas or such like, however for the purposes of this article we're going to focus on the products which cover actual stomas on the belly as a replacement for an everyday pouch.

Due to the stoma cap having practically no stool-capacity it is very important to say that it is mostly Colostomates who use stoma caps. This is due to their thicker stool -output being passed in more regular intervals compared to the Ileostomate whose output is persistent and quite liquidy.

Therefore the Colostomate is able to more effectively time when their bowel will be quiet and less likely to need their everyday pouch with such a large capacity. However I do know some Ileostomates who like to use a stoma cap when soaking in the bath so it's certainly not a colostomy-exclusive product by any means, but it is mostly used by the Colostomates. Most stoma caps are circular and have a small hydrocolloid flange which can be cut to size. Some manufacturers offer their stoma caps in maybe one or two pre-cut sizes as well.

The entire pouch is roughly equivalent in size to the palm of your hand. The majority of stoma caps of this size also contain a filter to allow wind/gas to escape quickly and without smell. They have a small piece of absorbent padding or an absorbent inner sheet inside. They also mainly have the standard beige cotton cover like most other ostomy pouches, whatever the size, although some opaque options do exist.

Some manufacturer's whom offer two-piece flange and pouch ranges in their line-up also have a two-piece stoma cap pouch which just clips on to your existing flange. They are not as compact to look at due to the flange being larger than the pouch.

Source: www.ostomyland.com

OSTOMATES GUIDE FOR HOSPITALIZATION

By Lindsay Bard, MD: UOAA Update March 2015

It is important for a person with an ostomy who needs to be hospitalized, to know that he/she should be handled differently than someone without an ostomy and how.

Rule 1 - The Cardinal Rule!: If you feel something is being done or going to be done to you that might be harmful, refuse the procedure. Then explain why to the medical personnel, especially your physician. They will then decide with you, if the procedure will actually be in your best interest.

Rule 2 - Supplies: Bring your own supplies to the hospital. Never assume the hospital will have the exact pouching system or irrigation system you use. Most hospitals have some supplies available. These are used for emergency situations.

Rule 3 - Instructions: Take to the hospital two copies of instructions for changing and irrigating your pouch.

Rule 4 - Communicate!!! Again, let me stress that you communicate with the hospital personnel who take care of you. You will have a better hospitalization and they will have an easier time treating you.

Source: UOAA Update March 2015

THE UNCONTROLLED COLOSTOMY

Montreal, Canada & Ostonoma News, CA: UOAA Update March 2015

Some people in the medical and nursing professions are under the impression that people who have colostomies have very little difficulty in managing them, in comparison to people with ileostomies or ileal conduit. Very often a patient is told that in time, he can learn to train the bowel to evacuate once every 24 to 48 hours. This, they are told, can be achieved by either irrigation of the colon or by diet, and then all that is required is a dressing over the colostomy or a piece of colostomy equipment if more protection is desired.

While the above situation is true in a large number of cases, there are those who find it an impossibility to regulate the bowel no matter what method they try. These people often become discouraged, especially after hearing other colostomates report how well they manage with a minimum amount of care, with no problems at all.

Usually the person who had an irritable colon prior to surgery will experience problems post-op. Irrigations are recommended in these cases, to help regulate the colon. Persons in this category should consider being measured for a good appliance, one that will keep them clean, dry and odor free. This is a possible solution to this particular problem at the present time.

Note: There are some cases where a large amount of the colon and or ileum (small bowel) has been removed. In that case, a colostomy can act more like an ileostomy, therefore CANNOT be controlled. Best to check it out with your doctor.

Source: Montreal, Canada & Ostonoma News, CA: UOAA Update March 2015



2015 UOAA NATIONAL CONFERENCE

September 1-6 in St. Louis, MO

Go to the website for detailed information on the agenda of speakers and events.

http://www.ostomy.org/2015_National_Conference_Page.html

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

If you haven't already sent a check or cash, 2015 dues are due. Dues are still \$20.00, and you can send to:

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

MEETING SCHEDULE

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

JULY 15, 2015

"Protecting Your Skin"

David DeMeo, Body Care Buyer, Whole Foods Madison

AUGUST 19, 2015 Open

SEPTEMBER 16, 2015

Short Bowel Syndrome

Karen Galambos, Patient Advocacy Director

OCTOBER 21, 2015

Convatec Ostomy Product Update

Cheryl Astorita, Senior Territory Manager

NOVEMBER 15, 2015

Hollister Ostomy Product Update

Theresa Rooney, Senior Territory Manager

DECEMBER 16, 2015

Holiday Party

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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