

MORRIS COUNTY OSTOMY ASSOCIATION OF NEW JERSEY

AN AFFILIATE OF UNITED OSTOMY ASSOCIATIONS OF AMERICA, INC.

SWIM CONFIDENTLY WITH AN OSTOMY

Let's start by getting something out of the way. After healing from surgery people of all ages and types of ostomies can and do enjoy swimming in community pools, athletic clubs, aquatic centers, oceans, and water parks. They also surf, swim in open water, and relax in a hot tub.

But we understand the hesitation that some living with an ostomy may have. From worry of leaks to the reaction of fellow swimmers, the anxiety can be enough to keep some people out of the pool. There are no ostomy-specific restrictions to swimming in public places. Just follow all the normal pool rules, such as rinsing off before entering, just like everybody else.

Here are some solutions to common concerns.

I'm afraid that my pouch will leak or my wafer will loosen

If this is your number one concern, you are not alone. Remember, your pouching system is resistant to water and with a proper fit it is designed not to leak. If you have output concerns eat a few hours before swimming and a good practice is to empty your pouch before taking a dip. If you are hesitant about how your wafer will hold, take a practice soak in your own bathtub.

It is best to avoid applying a new wafer or flange and pouching system right before swimming. The WOCN Society recommends allowing 12 hours for proper adhesion. Using waterproof tape or water-specific barrier strips are not necessary for most, but can provide peace of mind. Be aware that some may have skin sensitivities to the adhesives in these products. There are a wide variety of ostomy supplies on the market for swimming and you should be able to find a solution that works best for you.

What do I do if I am approached by pool personnel?

If you are approached by pool personnel who are uninformed about ostomies stay calm and try to educate.

The Americans with Disabilities Act ensures your right to pool access and most disagreements can be solved through education before exploring any legal recourse.

http://www.ostomy.org/Swimming_with_an_Ostomy_Toolkit.html

Source: Ed Pfueller, UOAA

SUMMER 2016 NEWSLETTER

www.ostomymorris.org

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A DIFFERENT BATTLE

by Rachel Raffay

Hello, my name is Rachel and I am 20 years old. I am an Occupational Therapy student at the University of New Hampshire and just got back from a semester in Salzburg, Austria. In my free time, I enjoy reading, crafting, and hanging out with my friends. But my absolute favorite thing to do is cross-stitch while watching *Downton Abbey*! I was a varsity swimmer in high school and still have a very active lifestyle. At first glance, you would guess that I am as healthy as can be, and in my perspective, I think I am! But what many people do not know about me is that I have had an ileostomy since the age of three.



accept myself for who I am and even shamelessly wear bikinis to the beach (because who cares what strangers think anyways?). I have a wonderful boyfriend who didn't even blink when I cautiously told him about my ostomy. I found that people are simply curious and are not there for judging, as they have their own battles to fight.

My ostomy played a key role in my growing up, and ultimately molded me into the young woman that I am today. I am always curious as to how life would have went had I not had an ostomy, and I firmly believe that I would not be as patient and understanding as I am now. My ostomy gave me the opportunity to not only live, but have a fulfilling life. My goal as a future occupational therapist is to inspire people to live their best quality of life possible while fighting their battles. Life tends to throw some pretty crazy curveballs and it is our job to confidently live the life we want with the help of our family, friends, and fellow ostomates.

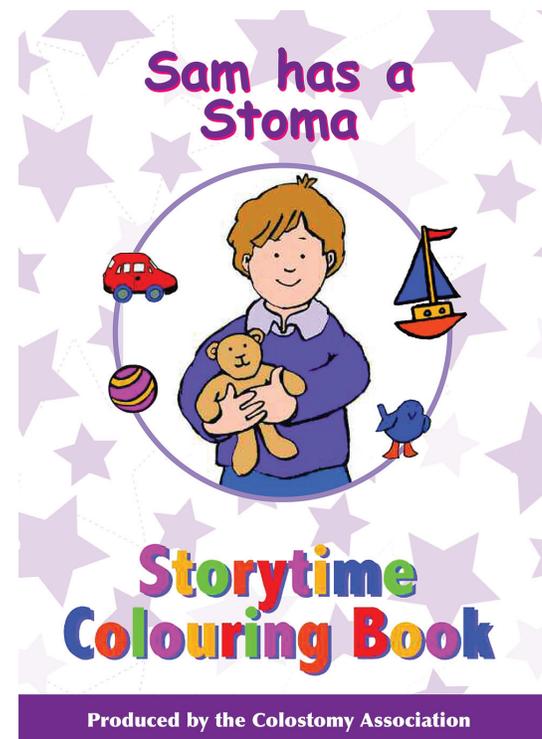
[Note: Rachel came to the group's June meeting during her summer break from college, and we invited her to share her story.]

Because I had my life altering surgery at such a young age, I did not know any different. I was fortunate enough to bypass the not-so-fun adapting part of post-surgery because I was at the age to adapt constantly anyway! Of course my poor parents were dragged along for the ride, and it was very trying for them. At first, I felt strange writing this article because I am not used to publishing life's difficulties for all to see, but I know it is on a subject that is relatable to everyone who reads it. I wanted to share with you not only my experiences growing up, but also the valuable lessons that I learned along the way.

Starting kindergarten was my first time being thrown into a room of strangers my own age who had no idea that I had a bag on my stomach. My first weeks of school consisted of questions such as, "What's under your shirt?", "Why do you go to the nurse every day?", and "WHO FARTED??" I quickly learned that my classmates were not mean, but rather just curious five-year-olds. Because of this, I grew up quicker than most and learned to walk in another's shoes at a younger than average age. Unfortunately, middle school did not bring out the maturity in my peers and some continued to ask the same five-year-old questions. But at this point, I would confidently respond, "Oh, that's just my diverting loop ileostomy," and walk away.

Every story has its ups and downs, and so does high school. In the age of tight shirts and skinny jeans, I hid behind baggy clothes to mask the constant bubble on my stomach. At such a delicate time for my self-esteem, I was sick of the pestering questions in the locker room and longed to be a "normal" teenager. This was also the time when I learned that other people had different struggles other than my own. I witnessed peers of mine suffer from physical, emotional, and financial struggles and recognized that everyone is fighting a battle, and mine just so happens to be an ostomy.

Now that I am in college, I embrace my ostomy more than ever before. Advances in social media I have helped with educating the public on ostomies and highlighting everyday people with them. I learned to



This children's book was published in the UK "to help young children become familiar with stoma surgery. It provides information to the child who is the patient as well as to brothers and sisters on preparation for surgery, recovery from the operation and return to full activity."

CHILDREN WITH A STOMA

A child with a stoma can be taxing for the whole family and can have an enormous impact, certainly for parents who get many extra tasks and responsibilities. This can significantly affect the energy, time, and attention of daily life. Parents sometimes extend themselves to make the quality of life as high as possible for their child.

If a family has other children, it is better to involve them with everything to do with the child who has a stoma rather than to try to ignore it. Generally, the other children are happy to be supportive and like to have a practical involvement.

Children are usually given a stoma as the result of a chronic inflammation of the large intestine, such as Crohn's disease, ulcerative colitis, or polyps in the large intestine, or if part of the intestine does not do its job—chronic constipation, cystic fibrosis, or if the intestine is obstructed. Experience with children shows that from the age of around three they can manage their own stoma very well if they have had it from a young age. They put up with it, they do not know any better and it is part of their body.

As they grow older they become increasingly aware that they are different. How they cope depends on the individual. Some often feel separated because their friends and classmates do not have a stoma, which is different in their eyes. In this phase, it is very important how the environment reacts to the stoma. Parents should treat their child normally.

As they grow up, children become more aware that they are “different.” They have to deal with friends, the gym, and their first love. It might be good for some children to give a speech at school about their condition and make it “approachable.” If the child prefers not to speak openly, parents should talk to their teachers.



Just like babies, children also produce more bodily fluids in relation to their body weight than adults and so a child can dehydrate more quickly and suffer from saline deficiency if the feces are looser than normal. Parents should look for a dry mouth or tongue or a dry complexion, for sudden weight loss, for signs of fatigue or irritability, or for sunken eyes. If it is not possible for the child to maintain an adequate level of saline, then salt tablets may be a solution.

Children with stomas may take part in sports, swim, and wear attractive clothing. Some parents find it more practical to serve the main meal at midday instead of in the evening so that the stoma bag will not be full to bursting the next morning.

The skin of children up to eleven years old is much thinner than that of adults. Therefore, skin problems can develop sooner because allergens pass through more quickly. On the other hand, the skin of a child heals faster because it is thinner.

Source: stomaatje.com (Netherlands)

DUES

If you haven't already sent a check or cash, 2016 dues are due.

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

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

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.

MEETING SCHEDULE

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

JULY 20, 2016

COLOPLAST REPRESENTATIVE
ED CARMODY

AUGUST 17, 2016

OPEN MEETING

SEPTEMBER 21, 2016

CONVATEC REPRESENTATIVE
CHERYL ASTORITA,
INCLUDING A WEBINAR WITH OSTOMY SECRETS

OCTOBER 19, 2016

HOLLISTER REPRESENTATIVE
THERESA ROONEY

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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