

MORRIS COUNTY OSTOMY ASSOCIATION OF NEW JERSEY

AN AFFILIATE OF UNITED OSTOMY ASSOCIATIONS OF AMERICA, INC.

5 THINGS I DRINK TO STAY HYDRATED

By Christine Kim, ostomyconnection.com

Having ileostomy surgery at 21-years-old, I did not take hydration very seriously. Many Ostomy nurses told me that maintaining fluids was a lifelong obligation, but that advice unfortunately didn't sink in until my mid 30's. I've had many trips to the emergency room due to dehydration and blockages, but thankfully I started feeling better after an hour or so hooked up to an IV solution.

For many years sports drinks, soda and fancy coffee drinks were my main beverages of choice (no wonder I was dehydrated). I've learned that those beverages are filled with artificial ingredients, synthetic additives and food dyes - that's not good. These days I look for healthy alternatives that work for my body, not against it. Here are five beverages that help me stay hydrated with an ostomy.

1. Lemon Water

This one is really simple - but the effects are profound! Adding this powerful citrus fruit to water is a tasty way to stay hydrated and keep my digestion in motion.

What I do: start the day with a big glass of water and a few squeezes of lemon first thing in the morning. It energizes me!

2. Natural Herbal Tea

Ginger root tea and peppermint tea have been known to improve digestion and there's some evidence to back that they can have a powerful effect on headaches too. Herbal teas have distinct scents and taste, plus many are naturally caffeine-free. Chamomile is one of my favorites because it has a calming effect.

What I do: Boil water. Place mint leaves, peeled ginger root or tea sachets in a cup and cover with water, steep for about 5 minutes. Remove after steeping, or sometimes I just leave them in.

3. Golden Milk

Golden Milk (also called turmeric tea) is the ultimate bedtime concoction, it's soothing and delicious. The combination of turmeric, coconut milk, sweeteners, and spices is warming and it's something that helps me with sleep issues. And bonus - the recipe is easy!

What I do: Warm 2 cups of coconut milk and 1 teaspoon of turmeric in a pot, whisk until fully mixed. Then add a dash of cinnamon, honey or maple syrup to taste.

4. Infused Filtered Water

Water is the best thing I can put in my body, yet I snubbed it for years because it's sort of boring. I need to drink water to stay hydrated, prevent headaches, and my ileostomy does not function as well without the proper intake. There are simple, delicious recipes that can make drinking water interesting again! Fruit and herb infused water is so popular that you can even buy infuser water bottles and pitchers.

(continued on page 2)

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NEWSLETTER**

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PANCAKING

Pancaking occurs when stool does not fall into the bottom of the pouch and instead collects around the top near the stoma. This can build up to the point where it gets under the flange or bulges under your clothing. Pancaking affects almost all colostomates at some time or other (and some ileostomates).

The most common cause of pancaking is stool that is too dense or sticky to slide cleanly down the inside of the pouch. Clothing that is too restrictive across the top of the appliance can also cause pancaking. In some cases, it's believed that if the pouch has no air in it, this causes a vacuum which prevents the stool from going to the bottom. Whatever the cause, it's really annoying. How can you prevent pancaking? The first and easiest solution is to lubricate the inside of the pouch near the top.

Apply some lubricating deodorant—any of the brands made by the manufacturers will do—to the inside top of the pouch and smear it around. If you don't have any ostomy lubricant, baby oil or olive oil will do, or non-stick cooking spray, though these don't have any deodorant qualities. Whatever you use, don't get lubricant on the flange or the stoma itself. None of these products will hurt the stoma but oil around the base of the stoma will most likely decrease wear time. Another trick is to put scrunched up tissue inside the bag. This will help eliminate the vacuum effect and hold the sides apart so things don't get stuck so easily.

Consider changing your diet to include more roughage or old standbys like prune juice. Drink more water! If the problem is really persistent, you might consider a bulk-forming type of laxative—ask your pharmacist to recommend a mild form of this laxative (Check with your doctor or WOCN before trying this). Last—are you getting enough exercise? Lack of movement can contribute to, well, lack of “movement.” Get off that couch and get some exercise! Conversely, have some applesauce at breakfast. It's an old standby.

Source: Hartford (CT) *Ostomy Update*

CAN YOU PLAN AN ER VISIT?

As we mature our visits to the ER will become more numerous. As ostomates and consumers of emergency medical services, what do we really know about them? And when you can, how do you prepare for an ER visit?

For many ostomates an ostomy is not our only medical condition. And the authors of these studies also realize that many medical emergencies require that you go to nearest ER as soon as possible. However, when the need arises they emphasize planning ahead in order to maximize your chances for a satisfactory outcome. From my own experience and research I have put together the following items to take with you to the ER:

1. An emergency kit containing at least three days of your ostomy supplies.

2. Your complete medical history, written down in advance, to include a list of your current medications, an immunization history, your primary care doctor's name and contact information, contact information for all other doctors treating you and conditions, a list of allergies, insurance cards, name and telephone number of your emergency contact person and a photo ID.

3. If you have an ileostomy and a blockage, the “Ileostomy Blockage Treatment Card” available from United Ostomy Associations of America website, www.ostomy.org

4. When possible, another person

5. A pad of paper and a pen

All of the above means you were able to communicate when you got to the ER. But what happens when you arrive unconscious or conscious but not able to speak? The ER staff will not know you or your medical history. For these types of occurrences medical ID's can be life savers for all ages and medical conditions.

There are a variety of medical ID's available. They range from vinyl bands to metal bracelets and necklaces. The information provided is up to the individual. But what should be considered are emergency contacts, blood type, and medical conditions.

The more information provided to first responders and ER staff will enhance their ability to treat you quickly and effectively. Increase your odds for a successful ER visit by planning ahead.

Sources: R. S. Elvey

STAYING HYDRATED (CONTINUED)

5. Green Drink

I never ate fruit or vegetables on a regular basis prior to my ostomy surgery, so I think that's why I had so much trouble digesting them with an ileostomy (that and dehydration). Eating fresh organic greens is important for my health, so I so I found an alternative in smoothies and green drinks. I've been making green juice for over five years, it's rare that I miss a day. What I do: Juicers are great, but it's easy to use a blender and pour blended greens through a fine mesh strainer.

The big challenge for me is—how do I remember to drink plenty of fluids every single day? I set out tea and water cups where I can see them. I fill up reusable water bottles the night before, so they're easy to grab when I leave the house. But the real hydration happens when I drink fluids that my body embraces.

OSTOMY REVERSALS

by Joanna Burgess-Stocks, BSN, RN, CWO CN

Not everyone who has an ostomy as a result of colorectal cancer and other diseases will have the option of having their ostomy reversed. Some people will need to keep their ostomy for life.

Your surgeon will determine when an ostomy will be reversed. There are many factors that determine a reversal such as the extent of the disease, a patient's overall health and treatment process (radiation and chemotherapy). Most patients with temporary ostomies will have the ostomy for about 3-6 months.

Surgery for reversal of an ostomy is usually much less involved than the surgery that you had to create the ostomy. So if you are feeling nervous, keep that in mind. A typical hospital course is 3-4 days on average.

For some patients, interrupting bowel function with a temporary ileostomy increases the chances that you will experience alterations in bowel function after reversal of your stoma. These symptoms can include rectal urgency, frequency, fragmentation of stool and incontinence. It is important that you notify your surgeon as soon as possible with these symptoms. Treatment includes behavioral strategies based on the symptoms and includes dietary modifications, incontinence products, skin care (use of barrier creams such as zinc oxide) and medications such as loperamide. More involved but helpful recommendations are pelvic muscle retraining (PMR) to regain sphincter strength and biofeedback. This therapy is done by a highly trained physical therapist.

If the temporary ostomy is due to cancer some physical therapists recommend PMR prior to surgery or radiation to assess muscles and teach strategies for ongoing muscle strengthening that can be carried over after surgery. This helps to address any coordination or existing weakness prior to radiation due to chemo or post-operative recovery. If PMR is recommended after surgery, it is best to wait at least 6 weeks and with the surgeon's approval.

CONVATEC ME PLUS

ConvaTec has a Me Plus program that provides exclusive ostomy secret coupons. The me plus welcome letter provides a 50% off coupon.

Here are instructions to sign up for Me Plus and to receive Ostomy Secrets coupons, visit this website <https://www.convatec.com/forms/enroll-in-meplus/> Or call Michelle Miller 1-877-585-0470 extension 2

You will also receive stories about diet, travel, exercise, and more.

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, 2017 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. in the Carol Simon Center of the Morristown Medical Center.

JULY 19, 2017
OPEN MEETING
AUGUST 2017
NO MEETING—VACATION TIME
SEPTEMBER 20, 2017
REUBEN MERA
HOLLISTER REPRESENTATIVE
OCTOBER 18, 2017
BILL JORDAN
EDGE PARK REPRESENTATIVE
NOVEMBER 15, 2017
SPEAKER PENDING
DECEMBER 20, 2017
HOLIDAY PARTY
NOTE 6:30 PM START TIME

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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