

# MORRIS COUNTY OSTOMY ASSOCIATION OF NEW JERSEY

AN AFFILIATE OF UNITED OSTOMY ASSOCIATIONS OF AMERICA, INC.

## LESS COMMON OSTOMY TYPES

While the most familiar types of ostomies are colostomies, ileostomies, and urostomies, other types exist.

**Jejunostomy** is the surgical creation of an opening (stoma) through the skin at the front of the abdomen and the wall of the jejunum (part of the small intestine). It can be performed either endoscopically, or with formal surgery.

The common purpose of a jejunostomy is to let a patient's intestinal contents get out past an obstruction in the large gut. Occasionally, an ostomy in the small gut is used to let food and drink get in past an obstruction in the oesophagus. An alternative for feeding is a ostomy in his stomach (gastrostomy), unless the problem happens to be there.

A jejunostomy may be formed following bowel resection in cases where there is a need for bypassing the distal small bowel and/or colon due to a bowel leak or perforation. Depending on the length of jejunum resected or bypassed, the patient may have resultant short bowel syndrome and require parenteral nutrition.

A jejunostomy is different from a jejunal feeding tube, which is an alternative to a gastrostomy feeding tube commonly used when gastric enteral feeding is contraindicated or carries significant risks. The advantage over a gastrostomy is its low risk of aspiration due to its distal placement. Disadvantages include small bowel obstruction, ischemia, and requirement for continuous feeding.

**Gastrostomy** is the creation of an artificial external opening into the stomach for nutritional support or gastric decompression.

Typically this would include an incision in the patient's epigastrium (upper central region of the abdomen) as part of a formal operation. It can be performed through surgical approach, percutaneous (needle) approach by interventional radiology, or percutaneous endoscopic gastrostomy (PEG) (tube insertion).

A **tracheotomy** or a tracheostomy is an opening surgically created through the neck into the trachea (windpipe) to allow direct access to the breathing tube

The procedure is commonly done in an operating room under general anesthesia. A tube is usually placed through this opening to provide an airway and to remove secretions from the lungs. Breathing is done through the tracheostomy tube rather than through the nose and mouth. The term "tracheotomy" refers to the incision into the trachea (windpipe) that forms a temporary or permanent opening, which is called a "tracheostomy," however; the terms are sometimes used interchangeably.

**Internal ostomies:** A surgical opening between two internal organs rather than bringing one opening out to the surface of the body.

**Sources:** Wikipedia, Johns Hopkins

## SUMMER 2018 NEWSLETTER

[www.ostomymorris.org](http://www.ostomymorris.org)

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## ROBOTIC SURGICAL PROCEDURES

As more surgeons are trained on the robotic surgery system, the list of procedures will continue to grow.

### Gynecologic Procedures

- Removal of the uterus (hysterectomy)
- Removal of uterine fibroids (myomectomy)
- Treatment for female pelvic organ prolapse (sacrocolpopexy)
- Endometriosis resection
- Surgery for urinary incontinence (including Burch procedure)
- Surgery for menorrhagia (excessive menstrual bleeding)
- Removal of ovarian cysts (ovarian cystectomy)

### Urologic Procedures

- Removal of the prostate, usually as a primary treatment for cancer (prostatectomy)
- Removal of the lymph nodes as part of cancer surgery (lymph node dissection)
- Removal of kidney tumors (complete or partial nephrectomy)
- Repair or reconstruction of congenital or acquired obstruction of the kidneys (pyeloplasty)
- Female Urology - surgery for urinary incontinence and pelvic prolapsed conditions
- Bladder surgery - repair or reconstruction of the bladder, removal of the bladder for cancer, removal of bladder stones
- Other reconstructive surgery - ureter re-implantation, repair of a stricture or obstruction

### General Surgery Procedures

- Surgical resection of the large intestine (colectomy) for cancer, diverticulitis, and other intestinal diseases
- Gall bladder removal (cholecystectomy). Gall bladder removal can be performed using “single site surgery” through one small incision, leaving little to no scarring.
- Surgery on the rectum for cancer, prolapsed, and other diseases
- Surgery on the stomach (gastrectomy) for cancer, ulcers and other diseases
- Surgery on the esophagus for cancer (esophagectomy), reflux (hiatal hernia repair) and other diseases
- Surgery on the spleen (splenectomy)

### Thoracic Procedures

- Surgery on the lungs (lobectomy) for cancer and benign diseases
- Surgery on the mediastinum for tumors of the thymus (thymectomy)

### Hepatobiliary (liver, gall bladder and bile ducts)

- Surgery on the liver (hepatectomy) for cancer and other liver lesions
- Surgery on the pancreas for cancer and other tumors

Source: Mills-Peninsula Medical Center

## WHAT IS ROBOTIC SURGERY

*Note: robotic surgery may now be used for a colostomy, as demonstrated in a video available on YouTube: <https://www.youtube.com/watch?v=NpsM1b54eTo>*



Robotic surgery is a type of minimally invasive surgery. “Minimally invasive” means that instead of operating on patients through large incisions, miniaturized surgical instruments fit through a series of quarter-inch incisions. When performing surgery with the da Vinci Si—the world’s most advanced surgical robot—these miniaturized instruments are mounted on three separate robotic arms, allowing the surgeon maximum range of motion and precision. The da Vinci’s fourth arm contains a magnified high-definition 3-D camera that guides the surgeon during the procedure.

The surgeon controls these instruments and the camera from a console located in the operating room. Placing fingers into the master controls, the surgeon is able to operate all four arms of the da Vinci simultaneously while looking through a stereoscopic high-definition monitor that literally places the surgeon inside the patient, giving a better, more detailed 3-D view of the operating site than the human eye can provide. Every movement the surgeon makes with the master controls is replicated precisely by the robot. When necessary, the surgeon can even change the scale of the robot’s movements: If a three-to-one scale is selected, the tip of the robot’s arm will move just one inch for every three inches the surgeon’s hand moves. And because of the console’s design, the surgeon’s eyes and hands are always perfectly aligned with his or her view of the surgical site, minimizing surgeon fatigue.

The ultimate effect is to give the surgeon unprecedented control in a minimally invasive environment. As one surgeon notes, “It’s as if I’ve miniaturized my body and gone inside the patient.” Utilizing this advanced technology, surgeons are able to perform a growing number of complex urological, gynecological, cardiothoracic, and general surgical procedures. Since these procedures can now be performed through very small incisions, patients experience a number of benefits compared to open surgery, including:

- Less trauma on the body
- Minimal scarring,
- Faster recovery time

Laparoscopic Versus Robotic Surgery. Rather than using a large incision, laparoscopy involves using several small incisions to perform a surgical procedure. Robotic surgery is a laparoscopic procedure, only with an added layer of technology.

Source: NYU Langone Health

# CENTRAL CORE EXERCISES FOR OSTOMATES

Parastomal hernia is the most frequent complication following the construction of a colostomy or an ileostomy, occurring in up to 50 percent of patients, according to a study by Richard R. Cima, MD. A parastomal hernia is a type of incisional hernia that allows protrusion of abdominal contents through the abdominal wall defect created during ostomy formation. An important intervention to reduce the possibility of hernia is strengthening the muscles of the central core.

Core-strength exercises strengthen your core muscles, including your abdominal muscles, back muscles, and the muscles around the pelvis. Strong core muscles make it easier to do many physical activities.

You can do core-strength exercises on a carpeted floor or mat. Breathe freely and deeply during each core-strength exercise. Focus on tightening your transversus abdominis, the deepest abdominal muscle and the one you feel contracting when you cough.

Repeat each of these core-strength exercises about five times. As your core strength improves, build up to 10 to 15 repetitions. If you have back problems, osteoporosis or other health concerns, talk to your doctor before doing these core-strength exercises.

The exercises below are recommended by the Mayo Clinic.

## Important: you need to get approval from your surgeon before beginning exercising

### Double-leg abdominal press

Lie on your back with your knees bent (A). Keep your back in a neutral position, not arched and not pressed into the floor. Avoid tilting your hips. Tighten your abdominal muscles.

Raise your legs off the floor, one at a time, so that your knees and hips are bent at 90-degree angles. Rest your hands on top of your knees (B).

Push your hands against your knees while using your abdominal muscles to pull your knees toward your hands. Keep your arms straight. Hold for three deep breaths.

Return to the start position and repeat.



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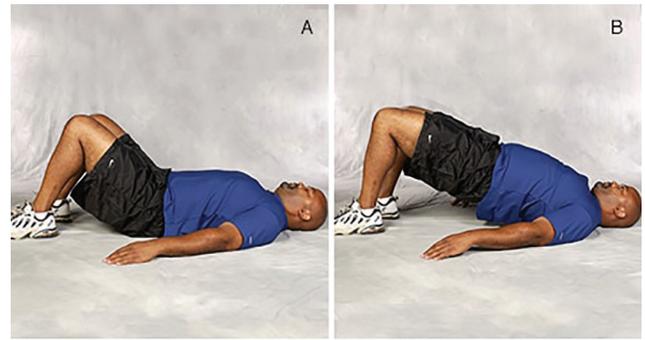
### Bridge

To improve core strength of several muscles in combination, try a bridge:

Lie on your back with your knees bent (A). Keep your back in a neutral position, not arched and not pressed into the floor. Avoid tilting your hips. Tighten your abdominal muscles.

Raise your hips off the floor until your hips are aligned with your knees and shoulders (B). Hold for three deep breaths.

Return to the start position and repeat.



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### Quadruped

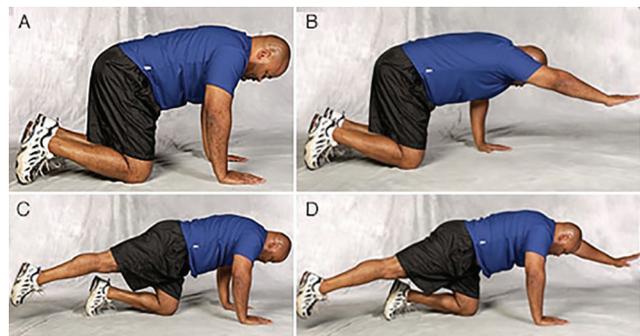
This core-strength exercise is called the quadruped:

Start on your hands and knees. Place your hands directly below your shoulders, and align your head and neck with your back (A). Tighten your abdominal muscles.

Raise your right arm off the floor and reach ahead (B). Hold for three deep breaths. Lower your right arm and repeat with your left arm.

Raise your right leg off the floor (C). Tighten your trunk muscles for balance. Hold for three deep breaths. Lower your right leg and repeat with your left leg.

For added challenge, raise your left arm and your right leg at the same time (D). Repeat with your right arm and left leg.



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Source: Mayo Clinic

# 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](http://www.ostomymorris.org). Their address is 4018 Bishop Lane, Louisville, KY 40218.

## DUES

Dues for 2018 are coming up soon.  
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.

JUNE 20, 2018  
JEAN ROSONE, MSW  
COORDINATOR ONCOLOGY SERVICES  
CAROL SIMON CENTER, MMC

JULY 18, 2018  
KATLIN SANDERSON  
BYRAM HEALTH CARE

AUGUST 15, 2018  
OPEN DISCUSSION

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