

MORRIS COUNTY OSTOMY ASSOCIATION OF NEW JERSEY

AN AFFILIATE OF UNITED OSTOMY ASSOCIATIONS OF AMERICA

How to Deal with Peristomal Hernias

by Elaine O'Rourke, Ostomy/IBD Health Mentor;
via UOAA E-News April 2021 and *UOAA Blog Post*

Peristomal hernias are something that every ostomate should be aware of. Although a hernia can occur for a wide variety of reasons, there are some common factors to take into consideration, such as weight, age, level of fitness and other health issues.

Nurse Anita Prinz, CWOCN, is my guest in this must-watch video and we discuss hernias in detail. She shares a very informative slide show as well as showing different types of hernia belts and ostomy products that are useful if you have a hernia. You will see and learn what hernias look like, how they form and preventive tips.



<https://youtu.be/uaR89SYrpAo>

There are a great variety of hernia support belts on the market which can make a big difference. But you should be fitted/sized for your hernia belt as every body and stoma is different.

Hernias do not go away so you should consult your medical professionals to get more advice. Surgery can be done but be aware that hernias can reoccur. Ask questions and be well informed

Summer 2021 NEWSLETTER

www.ostomymorris.org

MCOA BOARD

Walter Cummins
973-822-1146
Chris Katz
973-476-2000
Ed Nunn
973-822-2811
George Salamy
908-879-1229

WOUND, OSTOMY, CONTINENCE CLINICIANS

Toni McTigue
(MCOA Consultant)
MSN, APN, CWOCN
973-971-5522

Janet Munoz
MSN, RN, CWON
973-971-5940

Deirdre Byrne
BSN, RN, CWON
973-971-4191

Laura Doyle
BSN, RN, CWOCN

Karen Long
MSN, APN, CWOCN

Beth Blanchard
BSN, RN, CWOCN

PHYSICIAN ADVISORS

Dr. John Dalena
(Gastroenterologist)
973-401-0500

Dr. Rolando Rolandelli
(Colorectal Surgeon)
973-971-7200

Dr. David Taylor
(Urologist)
973-539-0333

Managing a High Output Ostomy

by Hamilton Health Sciences, Nov. 2009

Via *The Stoma Herald*, a publication of the St. Petersburg Ostomy Support Group

What Is a High Ostomy Output?

A high output ostomy is when you have more than 2 litres (8 cups) of fluid from your ostomy in a 24 hour period. The output is usually very watery and needs to be emptied 8 to 10 times or more a day. The output may also be very difficult to pouch and often leaks. A high output ostomy can increase your risk of dehydration and malnutrition.

Signs of malnutrition:

- Sleepiness or tiredness
- Dizziness
- Losing weight without trying to
- Wounds may heal more slowly
- Bruising more easily

Signs of dehydration:

- Dry, sticky mouth and increased thirst
- Lightheadedness or fainting
- Tiredness
- Irritability
- Headache
- Flushed skin
- Dark, strong smelling urine
- Muscle cramps
- Fast heart rate

What can you do to manage this?

- Eat meals regularly.
- Try eating small meals every 2 to 3 hours or 6 to 8 times a day.
- Chew your food well.
- At each meal and snack try to eat a starching food and protein food. Starchy foods include bread, cereal, rice, pasta and potatoes. Protein foods include meat, fish, cheese, peanut butter and eggs.
- Add extra salt to your meals or include salty snacks such as crackers, chips or cheezies.
- You may benefit from reducing the lactose in your diet.
- Avoid high fiber foods with skins and membranes.
- Avoid foods high in sugar such as white or brown sugar, jam, honey, hard candy, molasses, juice and regular pop/soda.

Foods that may decrease the number of stools/or diarrhea:

- * Applesauce
- * Bananas
- * Bread
- * Cheese
- * Oat bran
- * Oatmeal
- * Pasta
- * Peanut Butter
- * Potatoes *
- * Pretzels
- * Rice Pudding
- * White Rice
- * Tapioca

When you have a high output ostomy, your ability to absorb fluids is reduced. Drinking too much fluid can increase the output from your ostomy and cause you to become dehydrated. This may be opposite to what you might expect. To help you absorb fluids try changing the types of fluids you are used to drinking. There are special drinks available called oral rehydration solutions.

Commercial brands of oral rehydration solutions:

- * Gastrolyte
- * Pedialyte
- * Ceralyte

Other fluid choices:

- * Diluted juice (half juice/half water)
- * Gatorade/PowerAde
- * V8 Juice
- * Tomato juice
- * Clamato juice
- * Soup

Home made oral rehydration solution recipe: Combine: 1 litre (4 cups) of water + 40 ml (8 tsp) sugar + 5 ml (1 tsp) salt + 250 ml (1 cup) orange juice Shake well and dissolve

If making changes to your food and fluid consumption is not helping, you may need to see a gastroenterologist. If your gastrointestinal tract is too short to absorb enough nutrition and fluid you may need additional IV (intravenous) nutrition and fluid, in addition to making changes to your diet.

Debunking Ostomy Myths

by Joel Jacobson; via Halifax (Nova Scotia) *Gazette*

Wendy Lueder of Broward Florida Ostomy Association spoke about Ostomy myths and hints at a zoom meeting of the North Central Oklahoma Ostomy Association. Wendy has had an ostomy since 1972 and is very willing to talk about it. She travels the southeastern US to speak to groups and promote the good life possible for an ostomate.

She de-bunked a number of myths:

1. Things haven't changed since the early days. Equipment used to be bulky, heavy and you emanated an odor. No longer the case, as we all know, with lighter, easier-to-use equipment, and ways of eliminating or reducing odors.
2. Ostomates need to wear baggy, unsightly clothes. "Today, I wear tight jeans and you can't see anything," says Wendy. "You can be comfortable in any type of clothing."
3. Ostomates have odor control problems. That used to be the case, she says, but new appliances are odor proof.
4. Once you're an ostomate, you're continuously aware of your appliance. Once the healing starts and the complications end, it's like background music. You don't think about it. You only think about it when you have to change or empty the pouch or have a medical issue.
5. Ostomates think of themselves as patients. That isn't our identity. I'm Wendy.
6. As an ostomate, I'm all alone.

Wendy gave some US stats. There are almost one million people living with an ostomy. More than 100,000 surgeries performed annually. Likely over one million have had a temporary ostomy that's been reversed.

She concluded this portion by saying, "Hopefully some day being an ostomate means living in a Stigma-Free Zone."

Record Keeping—How Often Do You Change Your Appliance

by Phil Moyle, Spokane Ostomy Group and Karen Barron, Palouse Ostomy Group; via Inland NW *InSider* Newsletter

How often do you change your ostomy appliance? How about regularity? What causes you to change? Same reason every time? Or does the cause vary – "leakage" or "itch" or "you're going on a date" or "it's just time?" Should we keep a record of our appliance changes and the causes for replacing the old one?

While sharing "condition updates" during recent Zoom meetings of the Palouse Ostomy Support Group in Moscow, Idaho, and also during a combined meeting with the Spokane Ostomy Support Group, Karen Barron spoke up about "a recent incident" (don't we all know what that means) and how she tracks appliance changes.

On a paper sheet, Karen records the date and a code to document the cause, a simple but effective tracking system.

Carol Nelson suggested a similar option that many ostomates use which is to simply circle the dates of changes on a calendar.

The key is to use whatever system works best for you. For many ostomates, monotonous regularity is a blessing; so "X" days of wear time and change for the same reason. Tracking wear time and the reasons for appliance change can be helpful if you need to assess trends, whether seasonal, health, diet, or simply aging.

Bottom line, I really learned some things from Karen and Carol. Recording and assessing this information not only provides an ostomate with a long-term record of the condition and performance of an ostomy, but it also gives one confidence that we know what is going on and can recognize a pattern of significant changes.

Since each of us is different, consider developing your own unique code that reflects the behavior of your ostomy. Following is a generic coding system similar to what I use: "I" = itching/burning; "L" = leakage; "V" = vent failure; and "W" = worn out, time to change. If some new causes of failure start creeping into your pattern or other changes occur, maybe it's time to consult with a WOCN. They're the ones with the technical training and special knowledge to help assess your appliance and changing needs!

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. Their address is 4018 Bishop Lane, Louisville, KY 40218.

DUES

Dues for 2021 are now current.
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.

However, because of Covid-19 social distancing the meetings will be online via Zoom until further notice. They will still take place on the third Wednesday of the month, starting at 7 p.m.

Announcements will be sent to all MCOA members on our email list. Members just have to click on a highlighted URL to join the meeting.

JUNE 16 - MICHELLE BLISZACK, SAFE AND SIMPLE ON HERNIA PREVENTION
JULY 21 - STEFANIE MURPHY, CONVA TEC SENIOR TERRITORY MANAGER
AUGUST - NO MEETING
SEPTEMBER 15 - JEAN MARIE ROSONE, LCSW, ATLANTIC HEALTH INTEGRATIVE MEDICINE, ONCOLOGY
OCTOBER 20 - SOPHIA BISHAI, HOLLISTER NYC/NJ SALES SPECIALIST



MCOA
MORRISTOWN MEDICAL CENTER
ATLANTIC HEALTH GROUP
100 MADISON AVENUE
MORRISTOWN, NJ 07092