

MORRIS COUNTY OSTOMY ASSOCIATION OF NEW JERSEY

AN AFFILIATE OF UNITED OSTOMY ASSOCIATIONS OF AMERICA

Ostomy Drainage Bags Market to Exceed US\$ 3.6 Billion by 2031

If you're ever wondered about the economics of the industry producing the bags we all wear and change relatively frequently, a study by Transparency Market Research finds that it amounts to billions of dollars, likely to surpass \$3 billion for the global market in the next decade.

These are the study's key points behind this conclusion:

Growing awareness of the reduced risk factors of ostomy procedures has catalyzed the creation of stomas. They have been routinely used to manage colorectal cancer, inflammatory bowel diseases, and fecal incontinence, spurring the demand for ostomy drainage bags particularly after intestinal stomas. Colostomy bags have been increasingly viewed as lucrative segment by numerous ostomy drainage bags manufacturers.

The growth opportunities in ostomy drainage bags are fueled by the pressing need for lowering the risks of pouch leakage, bleeding, infection, and skin irritation on one hand. Key players in the ostomy drainage bags market are thus increasingly gearing for products that reduce both short-term and long-term complications to cement patient trust in ostomy procedures.

Medtech companies in ostomy drainage bags market keen on improving the patient comfort are incorporating innovative features in ostomy systems. The use of sensor-based technology is a case in point. Such features alert the user or the caregiver as to when is the right time for emptying the bags so as to avoid overflows and leaks.

The study has found that disposable bags has increased in preference among customers in ostomy drainage bags market. The product attributes of ease of change and in carrying for the user has spurred their demand thus making the product segment lucrative for companies in the ostomy drainage bags market.

Prevalence of Crohn's disease, ulcerative colitis, and colorectal, pancreatic, and bladder cancer has been increasing the indications for ostomy procedures for managing these diseases. The use of ostomy drainage bags has helped the patients return to normalcy after the procedure. This has propelled the demand for products in the ostomy drainage bags. Of note, the demand for colostomy bags is massive.

Source: Globe Newswire

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www.ostomymorris.org

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Sensor-Based Technology

The 2031 sales projection reported on page 1 refers to sensor-based technology as an innovation for patient comfort by notifying wearers when a bag needs emptying. One such device already exists, and Coloplast is developing an alternative approach.

11Health Virtual HealthCare Ecosystem

This UK company (11health.com) was founded in 2013 by Michael Seres, who suffered from severe Crohn's Disease for most of his life and he ultimately required an intestinal transplant and an ileostomy. When in his post-surgical hospital bed, he was not satisfied with the existing pouching systems and devised a technology to provide more information about the status of the bag to the patient.

The current version of his invention, Connected Care, involves a stoma flange and bag that provides ongoing data to help reduce patient issues. The digitally connected Remote Output Monitor (ROM) automatically tracks and monitors stoma patients' output levels and provides alerts to patients of impending complications through Bluetooth reports to a smartphone. A study in the journal *Diseases of the Colon and Rectum* begins by explaining the issue:

Patients undergoing major intestinal surgery resulting in ostomy creation, living with an ostomy, or managing a chronic disease experience worse health than the general population, particularly related to impaired quality of life. They experience issues such as dehydration, peristomal skin conditions, and hospital readmissions more frequently. Complications including high output stoma and skin complaints have been reported at rates as high as 59%. Close monitoring of ostomy output volume and perioperative self-management support to drive preventative health behaviors and early detection of adverse clinical events can significantly reduce hospital readmission and emergency department (ED) visits within the first 30 days after ostomy surgery.

The 11Health Smartbag, composed of an ostomy pouch and wafer, provides a means for continuous ostomy monitoring by tracking accumulated ostomy output, potential leakage, and skin irritation development in sensors embedded in the pouch and wafer. Another aspect is the additional support provided by "patient coaches," who support the patients in their use of the technology and understanding of the data. The system enables patients and their healthcare providers to monitor their ostomy output and create alerts based on predetermined parameters.

11Health reports that this study found significant hospital readmissions in a 30-day period: 69% for hospital-based acute care, 39% for hospital readmission, and 67% for ER visits.

Coloplast Heylo

Coloplast has started a new clinical trial to test the effect of its ostomy product, Heylo, a product which uses sensors to warn patients with colostomy bags about leakage and advise them about how to prevent it.

Heylo has an adhesive sensor layer that should be placed underneath the baseplate. The sensor layer consists of an electronic sensor system that continuously detects moisture and output leakage underneath the baseplate. A transmitter connected to the sensor layer continuously evaluates the incoming information and sends a status to a smartphone software application, which based on a predefined flow decides which information to deliver to the user about the baseplate status.

The randomized study will include 144 subjects having an ileostomy or a colostomy to see if using the sensor improves the quality of life while living with an ostomy bag.

Sources: 11Health website, *Diseases of the Colon and Rectum*, and clinicaltrials.gov

Decline in the Number of New Ostomates

Note: The findings of this study by the Cleveland Clinic appear to contradict the predictions of growing ostomy bag sales in the market study reported on page 1. Will the future bring more or less ostomy surgeries? The information below taken from a spring 2022 article by R.S. Elvey in the Chicago ostomy group's *New Outlook* presents the reasons for a decline.

For many years, "Complete colon removal was likely the only option for survival for people with severe UC that didn't respond to Sterapred, prednisone:" Sandra Gordon, *Everyday Health*, January 30, 2020. Likewise, colon cancer surgery often resulted in portions of the colon being removed. In both instances ostomies were created, UC patients received either permanent ileostomies or J-pouches, and colorectal patients received either permanent or temporary colostomies.

Now, biologic therapies for UC and advanced surgical techniques for colon cancers show a paradigm shift in treatment options. A recent study completed by The Cleveland Clinic and presented at the 2020 Annual Meeting of the American College of Gastroenterology presented their analysis of twenty years of data on UC patients.

George Khoudari MD, an internist and research fellow at Cleveland Clinic's Digestive Disease & Surgical Institute said, "The treatment for ulcerative colitis has changed significantly over the past 20 years with biologics being initiated earlier in the inflammatory bowel disease (IBD) course." Dr. Khoudari further stated, "We noticed a falling trend of colectomy prevalence that coincides with a rising trend in biologic use. This is a very important observation and may change the natural course of IBD." Cleveland Clinic's study analysis showed, "The prevalence of colectomies declined from 10.8% to 2.1% from 2000 to 2019." At the same time, there was an associated linear increase in the prevalence of biologic usage from 0.5% to 12.8%."

Dr. Richard Rood, MD, FMCP, FACC, AGAF, FASGE and Chairperson of the United Ostomy Associations of America (UOAA) Medical Advisory Board and Professor of Medicine, Inflammatory Bowel Disease Center at Washington University School of Medicine agrees saying, "Surgery to remove a colon is down 15% from before the biologic era."

He also notes that there still remain many patients that do not respond to any of the current biologics and that the medications are far from perfect. He says, "We are in the advanced biologic treatment era. And we are going to get better on the treatment side, but it may not be biologic."

As in the case of UC, colon removal is in decline in colorectal cancer surgery. The value of early testing and advanced surgical techniques gives "Colorectal cancers more hope than most cancers, and if caught early it is curable," says Kelly Tyler, M.D., Division Chief, Colorectal Surgery, FACS, FASCRS, Associate Professor, University of Massachusetts School of Medicine and member of UOAA's Medical Advisory Board.

When you receive a diagnosis of colon cancer your next discussion with your physician will be to discuss the next step, called staging. This step involves imaging tests to determine how far the cancer has spread. If surgery is necessary, it can now be performed employing advanced surgical techniques that are minimally invasive, such as advanced robotic technology and laparoscopic resection surgery.

Advanced techniques are not only sphincter sparing but also have fewer side effects on bladder function, bowel frequency and sexual function. Dr. Kelly says she does minimally invasive surgeries well over 80% of the time. In the past many colorectal surgeries resulted in a permanent colostomy. But what will the future hold for colorectal surgery? Dr. Kelly states, "With the sphincter sparing surgeries, and the techniques we do now, we're there. This is the future. We are preserving everything we can. The rate of colostomy creation now is probably much less than it used to be and the rate of ostomy reversal is higher."

However, with all the advances in treating UC and colon cancer there will still be a percentage of patients that require permanent ileostomies or colostomies. With the assistance of the UOAA and its local support groups combined with Wound, Ostomy and Continence Nurses (WOCNs), patients can lead enjoyable and meaningful lives living with an ostomy.

Biologics and Ulcerative Colitis

Biologics are made out of antibodies that are laboratory grown. The natural properties of biologics can stop certain problem proteins in the body from causing inflammation.

Think about biologics as tiny, human-made "soldiers." When they're injected into the body, they fight off inflammation that causes discomfort for those living with UC.

Biologics are able to target specific areas in the body, making them more effective for some people. By contrast, steroids or other drugs affect the entire body and may have unwanted side effects.

Three types of biologics used to manage UC are: anti-tumor necrosis factor (anti-TNF) agents, integrin receptor antagonists (IRAs), interleukin (IL) inhibitors.

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 2022 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.

AJULY 20 - ELAINE O'ROURKE, CREATOR OF AN ONLINE HOLISTIC PROGRAM "SURVIVING TO THRIVING: OVERCOMING OSTOMY CHALLENGES SO YOU CAN LIVE A FULFILLING LIFE"

AUGUST 17 - NO MEETING

SEPTEMBER 21 - ASHLEY MANN, FRIENDS OF OSTOMATES WORLDWIDE

OCTOBER 20 - PAMELA GIORDANO, PHARMACIST, ATLANTIC HEALTH, OSTOMIES AND MEDICATIONS

NOVEMBER 17 - NATALIE BARBERO, ATLANTIC HEALTH, OUTPATIENT DIETICIAN

DECEMBER 22 - HOLIDAY GETTOGETHER



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