MORRIS COUNTY OSTOMY ASSOCIATION OF NEW JERSEY

AN AFFILIATE OF UNITED OSTOMY ASSOCIATIONS OF AMERICA

Winter 2020-2021 NEWSLETTER

www.ostomymorris.org

Returning to Work with an Ostomy

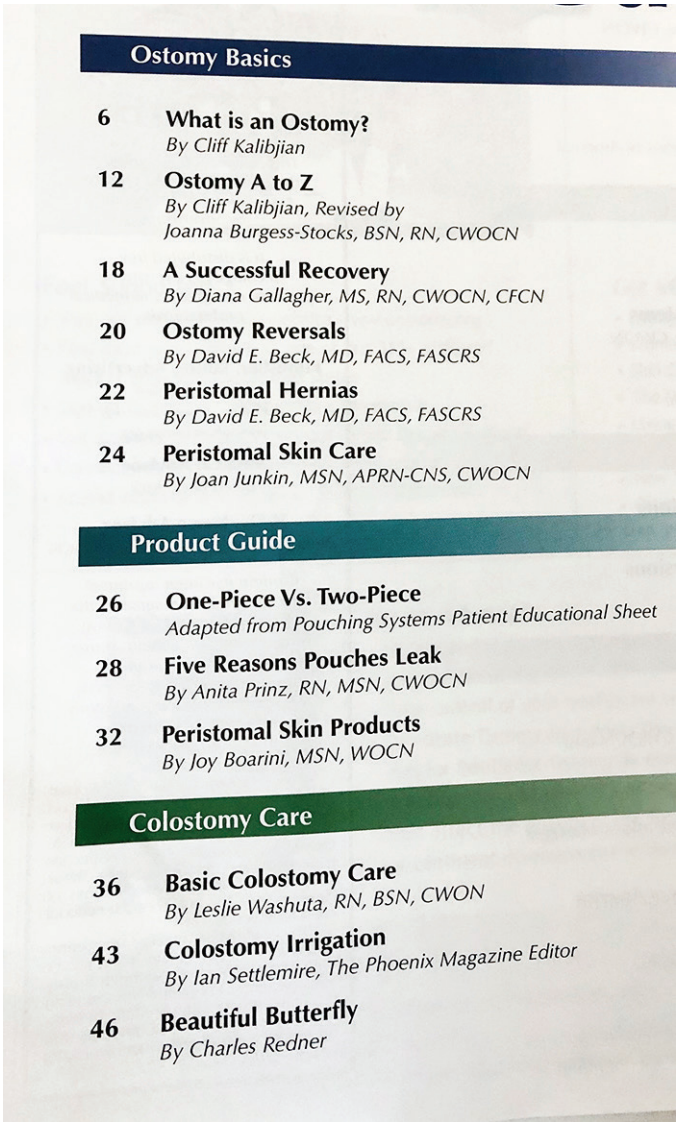
- Be prepared. Pack a bag with the items you need for a full change of pouching system and a change of clothes. You may not need your "emergency kit" at all, but it can offer peace of mind knowing that it is at the ready.
- Pack your water bottle and stay hydrated. Drinking water is one of the simplest ways to improve your health and well-being. Learn more about hydration with an ostomy.
- Initially, you may be self-conscious about emptying your pouch in public due to odor or sound. Create a bufferwith a layer of toilet paper in the toilet bowl to avoid splashing when emptying your pouch. Some people also include toilet deodorizing products in their ostomy supply kits.
- Dress comfortably. Do not worry that others will notice the pouching system through your clothes. Having an ostomy may seem very noticeable to you, but in reality it is rarely noticed by others. Ostomysecrets® apparel keeps your ostomy pouch supported & flat against your stomach allowing you to wear tailored clothing.
- Consider starting back to work on a Thursday, allowing you to ease back in with a short work week. You will be able to rest over the weekend before taking on a full week of work.
- Think about what facilities are available in your work restroom and plan accordingly. If no paper towels are available, have premoistened paper towels in zip lock plastic bags or moisturizer-free wipes. Try to think of how to accomplish a pouch change in that setting if needed.
- Take breaks. It is easy to get wrapped up in the task at hand, but allow yourself time to empty your pouch.
- Don't try out new products or foods right before going back to work.Save testing new products or diet changes for the comfort of home.
- Most likely, your co-workers will not realize you have an ostomy unless you tell them. It is a personal choice whether or not to tell your employer about your ostomy. Although it may help to tell your manager or trusted co-worker(s) if you require frequent breaks or .
- You have legal rights under the American Disabilities Act prohibiting employment-based discrimination. The UOAA can be a helpful resource if you encounter workplace discrimination.

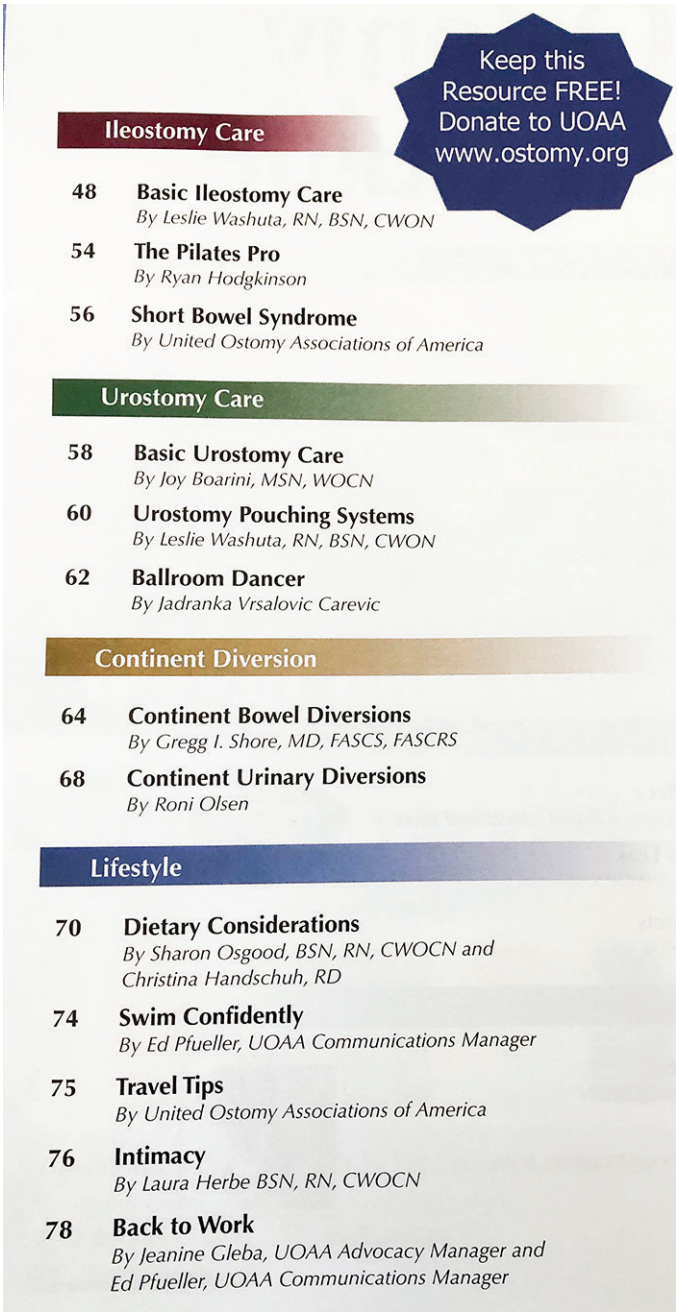
Source: UOAA digital sponsor, ConvaTec

UOAA New Ostomy Patient Guide

The United Ostomy Associations of America (UOAA)--our national organization--has made available a new comprehensive guide that full coverage of a range of ostomy topics and issues. Prepared by the editors of *The Phoenix* magazine, it is available for download as a PDF by clicking https://www.ostomy.org/wp-content/uploads/2020/10/UOAA-New-Ostomy-Patient-Guide-2020-10.pdf.

In the *New Ostomy Patient Guide* you will find surgery specific answers from medical professionals to many basic questions. Also included are information and tips about living with your ostomy, and profiles of people who have returned to a full and productive life after surgery.





The UOAA also offers *Eating with an Ostomy:' A Comprehensive Nutrition Guide for Those Living with an Ostomy.* https://www.ostomy.org/wp-content/uploads/2020/07/Eating_with_an_Ostomy_2020-07.pdf

George and Linda Salamy contributed to the printing.

You can also call the UOAA office to request copies of either guide: 800-826-0826.

Management of a Flush or Retracted Stoma

by Gloria Johnson, RN, BSN, CWOCN;
edited by B. Brewer; via UOAA UPDATE;
and Middle Georgia *Ostomy Rumble*

The ideal stoma is one that protrudes above the skin, but this is not always possible and a flush (skin level) or retracted (below skin level) stoma may result. This can happen if the surgeon is unable to mobilize the bowel and mesentery adequately or to strip the mesentery enough without causing necrosis or death to the stoma.

(Note: the mesentery is membranous tissue that attaches the intestine to the abdominal wall and provides the intestine's blood and nerve supply.)

Some causes of stoma retraction after surgery may be weight gain, infection, malnutrition, steroids or scar tissue formation. Stomas that are flush or retracted can lead to undermining of the pouch by the effluent (drainage). This continued exposure can lead to irritated and denuded skin as well as frequent pouch changes. These problems can be very stressful and expensive.

The inability to maintain a pouch seal for an acceptable length of time is the more common indication for a product with convexity.

Shallow Convexity may be indicated for minor skin irritations and occasional leakage; Medium Convexity may be indicated for a stoma in a deep fold, with severe undermining and frequent leakage; Deep Convexity is used when medium convexity is not sufficient, the stoma retracted, in deep folds, or leakage is frequent and the skin is denuded.

Barriers designed with convexity are available in both one and two-piece systems. These can be shallow, medium, or deep and can be purchased as either pre-cut or cut-to-fit. Additional skin barrier gaskets (seals) around the stoma can be cut or purchased pre-cut. You can use one layer or several layers. Products like the Eakin Seal or Coloplast Strip Paste can be pressed into shape around the stoma to protect and seal.

Less is More – Are You Using Too Many Products?

by Lauren Wolfe RN, BSN, CWOCN;
via Vancouver (BC) *Ostomy HighLife* January 2020

Pouches, barrier rings, adhesive removers, adhesive sprays, ostomy powder, skin prep...I could keep listing products that could be used to manage your stoma. The big question is; do you need to be using all theseproducts?

When it comes to your skin and stoma you will find that most stoma nurses (WOCNs) have the philosophy that less is more. What this means is that you only need to use products that ensure you don't experience a leak and your skin remains healthy. Using many different accessories can cause confusion when you experience a problem and sometimes may even cause problems.

Problems can be skin reactions, your pouching system not adhering causing leaks or decreased wear time. Even the simple fact that you may be complicating your change using too many added products. A change that could be 5-10 minutes is taking more than 30 minutes. On another note, accessory products can be expensive and if they are not helpful to you then best not to use them.

So, when do we use accessory products?

Adhesive removers are designed to help remove the pouching system without causing trauma and skin tears to your skin. They also help to remove any sticky residue that may be left on your skin after removal of your pouching system.

Skin Preps: In the past, everyone was advised to use skin preps to help keep your skin healthy and ensure the ostomy wafer/baseplate/flange adheres to your skin. In recent years, with the advancement of technology, the barrier composition allows for the barrier to adhere directly to your skin without using skin prep. In fact, using skin prep can decrease how well the barrier adheres to your skin.

Ostomy Powder: Unless you're extremely sweaty, I would suggest forgoing the powder and seeing how your ostomy flange adheres to your skin;.

Barrier rings: They can help to fill in creases or dips and valleys in your abdominal contours or, for some, they can add to the wear time, allowing for less frequent changes. However sometimes,as your stoma settles down post surgery, it may be worth discussing with your WOCN whether you need to

What is a Loop Ileostomy?

by Bob Baumel,
Ostomy Association of North Central Oklahoma

An ileostomy is an opening to the ileum, the terminal section of small intestine, which is made through the abdominal wall, and discharges digestive waste to an external collection bag (an ostomy pouch). A "loop" ileostomy is a particular type of ileostomy which is intended to be temporary (usually kept in place for only a few months to a year) and is probably the most common kind of ostomy that's being created nowadays.

Temporary ostomies are often performed to divert the fecal stream from a surgery site that needs time to heal. For example, patients with rectal cancer would often, in the past, require a permanent colostomy. Now, only the very lowest rectal cancers require permanent colostomy; most of the others can be handled with "sphinctersparing" surgeries (Bordeianou et al 2014, Ludwig 2007, McNamara & Parc 2003) which preserve continuity to the anus to allow normal defecation, but require a temporary ostomy to allow the surgery site to heal. The temporary ostomy may be a transverse colostomy (bypassing the left half of the colon) or an ileostomy (bypassing the entire colon). It's been found that transverse colostomies suffer many more complications than ileostomies; therefore, temporary ileostomies have become the preferred choice.

Temporary ileostomies are also used in construction of J-Pouches (ileoanal reservoirs) and in various situations where a portion of intestine needs to be bypassed temporarily.

An ileostomy that's intended to be permanent will be an "end" ileostomy, also known as a standard "Brooke" ileostomy. In this case, a single cut end of ileum is pulled through the skin and made into a stoma. The resulting stoma has a reasonably round cross-section and forms a "spout" that helps keep the caustic output away from the skin. Such a stoma is relatively easy to care for.

A "loop" ileostomy is formed by pulling a loop of ileum through the skin, while it remains attached to both upstream and downstream portions of intestine bneath the skin. The resulting stoma has two openings, one from the upstream side, the other from the downstream side.

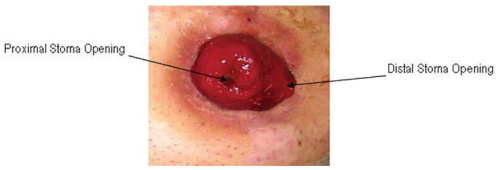
The upstream opening flows digestive waste, while the downstream opening (known as a "mucous fistula") secretes mucus that's generated in the downstream portion of intestine.

Considering that in every situation involving a temporary ileostomy, there is always some remaining intestine downstream from the stoma site (which hasn't been removed but is only being bypassed), a loop stoma tends to be the natural choice. There can be situations in which either a loop stoma or end stoma can be used for a temporary ileostomy, but even then, the loop stoma tends to be preferred because it can be closed more easily and safely when it comes time to reverse the temporary ostomy.

Unfortunately, loop ostomies tend to be more difficult to care for than end ostomies. A loop stoma is usually shaped more irregularly, and its openings are often at skin level. Also, during the first week or two after a loop ostomy is constructed, a plastic "bridge" or rod is often kept under the stoma to prevent it from pulling under the skin.

First, here is a photo of an "end" stoma, showing its typical round cross-section and single opening.

Next is a photo of a loop stoma, probably a loop ileostomy:



Loop ostomies are sometimes confused with "doublebarrel" ostomies. Both can serve similar functions. However, a loop ostomy consists of a single stoma with two openings, while a double-barrel ostomy consists of two distinct stomas, which may be either touching each other or separated.

If you have a temporary loop ileostomy, here are some tips that may help you deal with it:

• You may need to custom-cut your wafers. Because a loop stoma tends to be irregularly shaped, you probably won't be able to use a pouching system with pre-cut wafer openings. You may, however, be able to use one of the "moldable" wafer systems.

• You may need a convex pouching system. Because the openings in a loop stoma are often at skin level, you may need convexity to keep your skin in good condition. A convex wafer includes a ring that pushes inward on the skin around the stoma to make the stoma protrude outward from the skin.

• If your ostomy will be permanent, see if it can be converted to an end ostomy. It sometimes happens that, although an ostomy is intended to be temporary, complications occur which require it to be permanent. If this happens to you, check with your surgeon to see if it can be converted to an end ostomy, which might be easier to care for.

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 unil further notice. They will still take place on the third Wednesday of the month, starting at 7 p.m.

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

January 20-Michael Bednarek, Coloplast Territory Manager
February 17-Dr. Michael Scola, Hematology Specialist at Atlantic Health

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