

MORRIS COUNTY OSTOMY ASSOCIATION OF NEW JERSEY

AN AFFILIATE OF UNITED OSTOMY ASSOCIATIONS OF AMERICA

Fructose May Cause Gas and Stomach Discomfort

The simple sugar found in honey, fruits, and some soft drinks may be to blame for unexplained stomach ailments such as cramps, gas, and diarrhea. This sugar is the main sweetener used in Western diets, say a group of researchers at the University of Kansas Medical Center, but some people lack the ability to absorb fructose properly. The researchers believe the dietetic ingredient is responsible for a host of common gastrointestinal complaints, so they are urging doctors to use fructose breath tests as a diagnostic tool for unexplained abdominal maladies. Their study suggests that fructose malabsorption travels down the digestive tract into the colon, where some bacteria use the sugar as a food source and consequently flourish. In the process, hydrogen gas is released and may cause pain, bloating, and diarrhea.

During their research, the investigators fed their subjects 25 grams of fructose, the equivalent of a 2-ounce can of soda sweetened with high fructose corn syrup, and then gathered breath samples. Testing revealed an abnormal level of hydrogen gas in almost half of the participants. On another occasion, after the subjects had dined on 50 grams of fructose, about three quarters of them exhaled high levels of hydrogen. If the sugar was digested normally, the gas would be absent from their breath.

When given levels of fructose commonly consumed in the Western diet, a significant number of our subjects had both objective and subjective evidence of fructose malabsorption, meaning that the breath analysis showed hydrogen in excess of 20 parts per million, and they had symptoms like gas and diarrhea," says Peter Beyer of the University of Kansas Medical Centers' Dietetics and Nutrition Department. He believes physicians should add breath analysis for fructose intolerance to their diagnostic test reservoir. "If a patient is found to be fructose intolerant and symptomatic, the doctor may recommend a low-fructose diet," says Beyer. "But in severe cases, antibiotic therapy may be required to provide relief.

Source: "Big Sky Informer," Great Falls, MT Ostomy Association

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www.ostomymorris.org

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How to Spot Peristomal Skin Irritation and Damage

After your ostomy surgery, your healthcare team likely taught you how to care for your peristomal skin and what it should look like when it is healthy. Ideally, it should be intact without irritation, rash, or redness. The skin around your stoma should look just like the skin on the other side of your abdomen, or anywhere else on your body, free of redness, irritation, or damage. Healthy skin should be the rule, not the exception. However, if your peristomal skin is irritated or damaged, there may be some signs of a peristomal skin complication (PSC), such as:

1. Discomfort, itching, soreness, or even pain around the stoma.
2. Recurrent leakage under your pouching system or skin barrier.
3. Excessive bleeding of your stoma – it's normal for your stoma to slightly bleed after you wash it, but the bleeding should resolve quickly.
4. A bulge in the skin around your stoma.
5. Skin color changes from normal pink or red to pale, bluish purple, or black
6. A rash around the stoma that is red, or red with bumps – this may be due to a skin infection or sensitivity, or even leakage.
7. Wart-like, pimple-like or blister-like bumps under the skin barrier – this type of irritation can happen any time, even if you've used the same product for months or years.
8. Any type of wound or scratch on the peristomal skin.

Peristomal Skin Complications — Potential Causes and What To Do

Irritated and damaged peristomal skin can occur for a variety of reasons. It can be caused by anything from a poor-fitting pouching system to frequent skin barrier changes, to an allergic reaction to anything that contacts the skin, such as soaps or products used to prepare the peristomal skin. Some studies report up to 75 percent of people with an ostomy experience a PSC.* Although it is a common issue, it should not be ignored. If you experience any signs of a PSC, contact your stoma care nurse. You should work with your healthcare team to determine the exact cause and the appropriate solution. For more information on maintaining healthy skin and other topics, click here to visit the Hollister Ostomy Learning Center

* Rapp CG, L Richbourg, JM Thorne. Difficulties Experienced by the Ostomate After Hospital Discharge. JWOCN. 2007;34(1):70-79.

Source: Ostomy Association of Solano CA

Goals of UOAA Advocacy

- **Ensure** public and private health insurance options, including those under the Affordable Care Act, Medicare, Children's Health Programs, and Medicaid, provide affordable coverage and access to high quality healthcare services, technology, and products to meet the needs of people living with an ostomy or continent diversion so that they may participate fully in society.
- **Protect** the rights of people with an ostomy or continent diversion and eliminate discrimination at school, work, and elsewhere in their lives to ensure they are accepted as normal, healthy individuals by sharing information and resources for individuals to self-advocate.
- **Dispel** the fear about undergoing this life-saving and life-restoring surgery and erase the myths, stigma and embarrassment that are sometimes associated with having an ostomy.



Sleeping with an Ostomy

It's extremely important to get a good amount of sleep, especially after surgery, because it speeds up the healing process. If you are still having trouble sleeping after trying these tips, contact your health care team, so they can assist you in getting a full night's rest. followed:

Securing the Ostomy Pouch

Wear a tighter shirt that holds the ostomy pouch close to your abdomen.

Tuck the ostomy pouch into pajama pants. Make sure the waistband isn't too tight or the output will stay above the pant line and not fall to the bottom of the pouch.

Wear a bandeau or belly band around the abdomen.

Sleeping Position

If you sleep on your back, you don't need to make any adjustments to sleeping position.

Sleeping on the side the stoma is on will also be okay. The mattress will support the ostomy pouch as it fills. Sleeping on the opposite side from your stoma is fine too. You can just hold a pillow up against your abdomen or set your pouch on a pillow next to you so the weight as it fills does not wake you up.

If you are a stomach sleeper, you can modify by bending the leg on the side with your stoma. This creates some space underneath your abdomen that allows the ostomy pouch to fill.

Right after surgery, your stomach may be too sore to lie down. You can do a modified sitting up position while splinting your stomach with a pillow to ease the pain.

Other Pain Tips

Take whatever pain pills your surgeon/doctor prescribed to you.

Use a heating pad on the low setting (make sure to use one that automatically turns off after 1-3 hours – it can be dangerous for your skin and can also be a fire hazard to leave a heating pad on unattended all night).

Restroom Schedule at Night

You may find you have to empty frequently at night. As time goes on, your body will adjust to its new anatomy and you will wake up less.

Eat and hydrate well throughout the day. About 1-2 hours before bed, stop eating and drinking large amounts. This will help decrease output.

If you are still getting up frequently, ask your doctor if it's okay to take Imodium or GasX before bed.

Avoiding Nighttime Leaks

Don't let the pouch get overly full! If the weight of the pouch doesn't wake you, set an alarm for every couple of hours until you know about how frequently you have to get up.

If the output is very watery, thicken it with diet. If your output is too thick, thin it by hydrating more. Change your pouch as frequently as your nurse/doctor suggests. The older the seal, the higher the chance of having a leak.

Other Sleeping Tips

Keep water and pain pills by your bed, just in case you wake up thirsty or in pain. Use a night light so you can find your way to the restroom in the middle of the night. Use a pillow or blanket to splint your stomach if you have abdominal pain.

Excerpted from Sleeping with an Ostomy With Shield Healthcare's Ostomy Lifestyle Specialist Laura Cox https://vimeo.com/embed-redirect/229768299?embedded=true&source=video_title&owner=66448886

Source: *The Pacesetter* newsletter of the St. Paul Ostomy Association

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

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

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.

JANUARY 19 - MEET THE WOC NURSES:
QUESTIONS AND ANSWERS

FEBRUARY 16 - THERESA JOHNSON,
STOMAGENIE

MARCH 16 - TRACIE MALLEO, PHYSICAL
THERAPIST AT MMC - CORE STRENGTH
EXERCISES

APRIL 20 - STEFANIE MURPHY, OSTOMY
SECRETS

MAY 18 - TBA

