

MORRIS COUNTY OSTOMY ASSOCIATION OF NEW JERSEY

AN AFFILIATE OF UNITED OSTOMY ASSOCIATIONS OF AMERICA, INC.

TYPES OF PERISTOMAL (OR SKIN SURROUNDING STOMA) PROBLEMS

Skin Irritation Due to leakage

Stoma discharge can be irritating to the skin, causing redness that can progress to open raw skin that weeps or even bleeds. This type of irritation is often very painful. People with ileostomies are at the highest risk. However, for anyone, a change in your stoma or the shape of your abdomen can make your pouching system not fit as well as it used to, leading to leakage.

Suggestions:

- Change your pouch promptly if drainage is leaking under the skin barrier.
- Change your pouch on a regular schedule before it leaks.
- Contact your WOC Nurse if you are having difficulty keeping your pouch on.
- Consider use of accessories (peristomal powder, paste, or convex barrier rings) to help prevent leakage under the skin barrier.

Skin Irritation under Tape

Irritated skin that develops only under the tape of your ostomy pouching system can occur for a variety of reasons. You may be sensitive to an ingredient in the tape or your skin may have become damaged from tape removal. The skin may be itchy, blistered or open and weeping. This problem can develop at any time even if you have worn the same type of product for months or years.

Suggestions:

- Try a pouching system without tape. These products are adhesive but use a skin barrier instead of tape.
- Apply ostomy powder to any open skin before applying your new pouching system.
- Contact your WOC Nurse if you are having difficulty keeping your pouch on.

Rash under an Ostomy Product

Sometimes a rash is caused by sensitivity, moisture, a skin infection, or even leakage. The area may be red or red with bumps. Itching may also be a symptom. It is important to get assistance in determining the cause since the suggestions for treatment will vary.

Suggestions:

- Contact the WOC Nurse if you are having difficulty keeping your pouch on.
- If an antifungal is recommended for treatment, make sure it is in a powder form, not a cream or ointment.

Remember: Don't ignore skin problems around your stoma.

Don't use home remedies.

Do seek help for skin irritation or pouch leakage.

Source: Hollister Incorporated

FALL 2013 NEWSLETTER

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HAVING PROBLEMS WITH YOUR OSTOMY?

The following questions and replies were posted on the Ostomy Support Group on www.inspire.com.

SKIN DEPRESSION CLOSE TO STOMA

QUESTION

Does anyone have a depression around the stoma that is a major cause of leaks? Mine is on the left side, is over an inch long and about an eighth of an inch deep and a quarter of an inch wide. This is a major cause of leaks and I've tried paste stick with soft stomahesive paste over it. Has anyone heard of a procedure that can permanently fill in the depression? Maybe a syringe full of stuff like they use for fuller lips?????

REPLY

Yes, when I first came home last year that depression from a surgical scar made for the stoma was the arroyo as we call it where I live. If anything was going to leak that was the path it would take. The fix was over long trial and error was to use a saline syringe with stomapaste to fill the depression in let it set, then an Eakin ring and a convex wafer from ConvaTec. Once the combination was found I stopped having this problem and felt a bit secure for the first time since the operation.

First of all, if you have a WOC Nurse/clinic available to you, go there to get their expert advice. Without actually seeing the depression, it's hard to know what to advise. That said, I have a depression to the lower left side of my stoma, plus the problem of a flat stoma that was leaking before I saw my WOC Nurse. She "fixed" the problem by putting me into a convex wafer for the flat stoma. For the depression, I use an Adapt ring (#7805) around the stoma, and then another half ring on the lower left side of the stoma. That, and the addition of using a stoma support belt, and the leakage problem was solved. I have real difficulty working with stoma paste myself, so was really glad that that wasn't part of the fix. These specially trained nurses are wizards at coming up with solutions to the weirdest problems; they've seen it all.

OPINIONS ON OSTOMY BELTS

In the beginning, I did not have an ostomy belt, wasn't told about them in the hospital...so suffered thru leaks and actually had the whole appliance fall off in my kitchen, and then again a couple weeks later in my surgeon's office. Ever since that day, I have worn an ostomy belt. I like to do things like kayak fishing out on the Chesapeake Bay, hunting out in the woods, working out in the yard...I want all the support I can get...and since that (lucky) day seeing my surgeon...I have never had another leak, no major or minor problems...I get a new one with my supplies each month. I wash the ones I have in the washer (no bleach). They are good for about six months. I don't care what the darn thing looks like, since I always wear a shirt. My ileostomy is almost belly button high. Then again, everyone's experience is slightly different. I recommend trying it and see if it works for you.

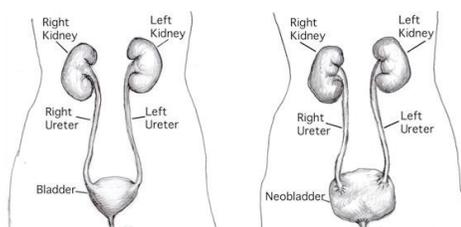
NEOBLADDERS

The May 2013 newsletter explained the J-pouch as an internal alternative to a stoma and pouch for colorectal diseases. The neobladder, also formed of a portion of the individual's own small intestine, serves as an equivalent internal substitute for people who require removal of the bladder.

How Neobladders Work

The neobladder is made from a piece of a person's own small intestine that is formed into a pouch and positioned inside the body in the same position as the original bladder. With this procedure, most patients can urinate in a normal fashion. There is usually a period of urinary leakage until the pouch stretches up and the patient strengthens the sphincter muscle that holds in the urine. Occasionally patients need to put in a catheter to drain the urine; this is more common in women than in men. Some patients also have persistent leakage, especially at night.

Not everyone is a candidate for a neobladder reconstruction; for example, patients must have full kidney and liver function, and cannot have cancer in urethra. However, many patients prefer this type of diversion compared to an ileal conduit (external collecting bag that sticks to the abdominal wall).



Adapting to a Neobladder

As with any bladder substitute, it may take some time until the neobladder functions best. Soon after surgery, many people may have difficulties with urinary incontinence until the neobladder stretches to a normal bladder size.

The new bladder continues to enlarge and function better even over the first one, two, and three year. However, initially patients have more incontinence during the night and most of them will wear an incontinence pad. Leakage of urine during the day is unlikely and usually improves quickly.

Also, the "new bladder" doesn't contract (squeeze out the urine) like a normal bladder does. To urinate, patients need to relax the sphincter muscles and push with the abdominal muscles, the same as if they were having a bowel movement.

If you have bladder diversion surgery, your physician and health care provider will provide you with education and instruction.

Sources: Stanford Cancer Institute, Mayo Clinic, University of Michigan

OSTOMATE OF THE MONTH

Hindsight is a wonderful thing, and in March 2008, if I had known what I know now, I would have said to the Doctors and Nurses, "Just remove my colon and give me a bag."



I must say it took hundreds of prednisolone, azathioprine, mercaptopurine and asacol tablets and pints of blood, saline, hydrocortisone and cyclosporin to take the decision out of my hands and give me my bag for life!! And a bag for life it is!!

Since my sub-total colectomy in November 2009, I have managed to finish my university degree and gain a 2:1 in BA(Hons) Secondary Education, get myself a full time, very demanding job with my local council Social Services department, appear on an ITV game show and win £25,000 [\$40,000] and meet the most perfect man in the world!!

I was given the choice of a bag or a box, and I know I made the right decision! Life really has been good since my operation [...] Things I would never have dreamt of doing before my ileostomy, and things that would have been impossible if I wasn't here at all!

The operations are not over yet! I'm due my proctectomy any week now, just to remove the last part of my rectum and give me a "Barbie bum". I chose the proctectomy over the pouch construction. The main reason being, I have no problem aesthetically with my bag on my belly, so I don't see what I would be gaining by having the pouch!

I do feel that everything I've been through has made me a much stronger, mature person. However, my ileostomy is only a small part of who I am, and it definitely doesn't define me! I've learnt that when you accept your bag, others will also accept it! As proud as I am to have my bag, I have the same goals and aspirations as other people. To live my life as much as I can and enjoy every minute of it! Even those minutes when I'm hovering over the toilet, emptying the contents of my bag. At least I'm doing it with my heart still beating and a smile on my face!!

Source: www.stomawise.uk, March 2013

MORRIS COUNTY OSTOMY ASSOCIATION

MEETING SCHEDULE

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.

September 18, 2013

L. Becker, Founder
Ostomysecrets—Stylish
swimwear and clothing for
ostomates

October 16, 2013

L. Hollander, Nutritionist,
Nestle Health Source

November 20, 2013

T. Metz, Coloplast
representative

December 18, 2013

Christmas Party

January 15, 2014

C. M. Trezza, owner,
Lake Surgical Supply Denville, NJ

February 19, 2014

open meeting

March 19, 2014

T. Rooney, Hollister
representative

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