

# MORRIS COUNTY OSTOMY ASSOCIATION OF NEW JERSEY

AN AFFILIATE OF UNITED OSTOMY ASSOCIATIONS OF AMERICA, INC.

## TEN QUESTIONS TO ASK YOUR DOCTOR OR PHARMACIST ABOUT A NEW PRESCRIPTION

Prescription drugs are life-savers-but only if they're used correctly. In the U.S., nearly half of all medications aren't taken as directed. Fourteen percent of prescriptions never get filled; 13 percent are filled but never used; 29 percent are filled but not finished.

1. What's the name of the drug you're prescribing?
2. Is a less-expensive generic version of this drug available?
3. How much will I be taking and how many times a day?
4. What time of day is best to take the medication? Should it be taken with food or without?
5. Does the medication need refrigeration?
6. What side effects, if any, might I experience? What should I do if they occur?
7. Is it safe to take this drug with other drugs or supplements? Can I drink alcohol while I am on this medication?
8. What do I do if I miss a dose?
9. How long will I be taking the drug?
10. Do I need to finish the entire dosage you're prescribing for me? What do I do if I feel better before that?

## WHAT TO DRINK WITH DRUGS

How many times have you received a prescription with the instruction to "take as needed" or "take before meals"? Pretty vague, but many people do not stop to question further, assuming the medication will work, no matter with what they swallow it.

Acidic drinks, such as fruit juice or soda pop, may chemically destroy certain kinds of antibiotics, including penicillin, ampicillin, or erythromycin. Citrus fruit juices may reduce the effect of antidepressants, antihistamines or major tranquilizers by speeding their urinary excretion.

Milk can interfere with a number of medicines. The laxative Ducolax, for example, has a coating designed to ensure that the drug will dissolve slowly within the intestine. But if the medication is taken with milk, which is alkaline, it may dissolve prematurely within the stomach, lose its cathartic action and irritate the sensitive stomach lining. Milk can also block the action of tetracycline. If a doctor fails to warn his/her patient not to take this antibiotic within an hour of any dairy product, he/she might be puzzled to hear the infection being treating has not disappeared.

Even something as simple as tea, hot or cold, may cause problems. A woman given a mineral supplement to treat iron-deficiency anemia would probably be surprised to learn that the tannin in tea can undo the benefits of her iron pills.

To play it safe, you can always rely on GOOD OLD WATER!! Water will not interact with drugs or reduce their effectiveness.

Source: Adapted from UOAA Update

## SPRING 2014 NEWSLETTER

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## POWDER YOUR STOMA?

By Donna Hoffman, PLN, ET, BlueWater MN

**P**owder is normally not required during the routine maintenance of a stoma. As a matter of fact, most modern disposable barriers are designed to adhere to the skin themselves. Powder is used to treat irritated skin or a fungal infection. Yeast (fungus, Candida) infections are very common, especially during the summer or when one perspires during regular exercise. Micro granulated anti-fungal powder is used only when there are signs of a yeast infection: i.e. an itchy rash and raised red bumps. Use the powder until the infection clears, then discontinue.

Pectin-based powders, such as Hollister's Stoma Powder, ConvaTec's Stomahesive or Karaya type powders, are used to treat irritated skin. To apply any kind of powder, clean the peristomal skin well with plain water and then dry. The skin should be completely dry before applying the powder. Dust the skin with the powder, gently rub it around and then brush off the excess. The barrier can be applied directly over the powder. You may also seal in the powder by applying a skin sealant over the powder and allowing it to dry.

Be careful. Skin sealants retard the adhesion of the new extended wear barriers and are not recommended. If you use a standard wear barrier, then the barrier is applied over the sealant covering the powder.

**Source: UOAA Update - North Central OK Ostomy Outlook, Cedar Rapids Iowa City Newsletter**

## CENTERING YOUR POUCH

**A** well-fitted pouch does not allow for much margin of error. Consider this: The correct opening size is determined by measuring your stoma's diameter with a measuring card and adding 1/8th of an inch. This means your pouch must be centered exactly and carefully each time. How do you do this? Good lighting is important, preferably from above and from the side. Stand sideways to a light source for better visibility. A wall mirror is a great help to see that the appliance hangs straight.

A crooked pouch exerts pressure on the skin and stoma and can only lead to trouble. Don't rush! Take time to check the placement carefully before allowing your skin barrier to make contact. No time is saved if you have to do the whole thing over again because the pouch is crooked and uncomfortable.

Remember, if your pouch feels out of place or uncomfortable, TAKE IT OFF! Don't wait for injury to occur. It is better to change unnecessarily than to risk damaging that precious stoma. You have to live with it for a long, long time.

**Source: UOAA Update - Evansville, IN Re-Route**

## WHAT TO DO ABOUT POUCH ODOR

By Eileen T. Carter, MS, RN, CETN

- You should never be able to tell an ostomate by his/her smell
- Modern pouches are odor free
- No special precautions are necessary

It's only in rare cases that pouch odor needs special treatment. Disposable modern pouches are odor free, save for the brief odor everyone experiences during pouch emptying. Just be sure nothing has stained your clothes to leave a lingering odor. Cuffing the tail of the pouch at the start of each emptying should prevent soiling the outside surface.

Diet can also play a role in odor control. Certain foods may cause odor and certain others neutralize it. Keep track of your own body's response to foods and avoid those that cause unwanted odor especially if you may need to use a public restroom.

As a general rule, the following foods may cause odor (the first three affect urine): asparagus, broccoli, some spices, Brussels sprouts, fish, cauliflower, onion, beans, cabbage, eggs, garlic turnips

On the other hand, parsley, orange juice and active- culture yogurt can help neutralize odors. A sudden increase in odor may be related to a bowel blockage. Contact your doctor or enterostomal therapist (ET) if other symptoms occur, such as decreased output and cramps. A blockage must be dealt with!

Another tactic to suppress odor is to treat the inside of the pouch. Use products like antibacterial mouthwash when applying a new pouch and after each emptying. Simply apply a dab of mouthwash to a tiny scrap of tissue and drop it into the bottom of the pouch. Do not put aspirin inside the pouch, a practice that was once in vogue, it could cause the stoma to bleed.

Odor-reducing ingestible pills are available for those still bothered by odor problems. Consult your ET, and if you decide to go this route be sure to follow the directions. Otherwise, you could be needlessly bringing on health problems.

Bear in mind, your sensitivity to your stoma's fragrance may be just that—your own sensitivity. Following a sensible lifestyle should allow you to be just as odor free as the next person. But if you sense difficulty, try these hints one at a time to see what works best for you.

## JUST 'A DROP

**T**his ostomy odor control product is designed to eliminate odors when emptying a pouch into a toilet. Place a few drops into the toilet before emptying. Odors are trapped below the water surface until they are flushed away, leaving the bathroom odor free.

# SHINGLES

If you have had chickenpox you are at risk for Shingles. It is caused by the same virus that causes chickenpox. Once a person has had chickenpox, the virus can live, but remains inactive in certain nerve roots in the body for many years. If it becomes active again, usually later in life, it can cause Shingles. The risk of Shingles increases as you get older. These viruses can activate anytime, without warning. There is no way to tell who will get Shingles or when it may occur.

The first signs of Shingles are often felt and may not be seen. These can include itching, tingling or burning. A few days later a rash of fluid-filled blisters appears (only on one side of the body or face). The blisters may take 2-4 weeks to heal. Shingles can be painful and can cause serious problems. For most people, the pain from the rash lessens as it heals. After the rash heals, however, Shingles may lead to pain that lasts for months or even years. This is because the virus can damage certain nerves. Other serious problems that may be caused by Shingles include skin infection, muscle weakness, scarring or decreased vision or hearing.

The older you get, the more at risk you are. This is because the body can't defend itself against the virus as well as it could when you were younger. There is now a vaccine available to prevent Shingles. Everyone should get the vaccine - it's worth it!

Source: UOAA Update - Ostromoma News, Sonoma Co.

## TIPS FOR TRAVELING WITH MEDICATIONS

KEEP your medicine with you—not in checked luggage.

BRING more than enough medicine for your trip.

REVIEW your dosage schedule with your doctor or pharmacist before you leave and discuss whether you should make allowances for changes in time zones.

KEEP a list of all your medicines and dietary supplements

Source: UOAA Update

## DUES

With the new year, dues are due. Dues are still \$20.00, and you can send to:

George Salamy , Treasurer  
30 Wyckoff Way, Chester, NJ 07930

## WEBSITE FOR MCOA

The group's website will soon be available to going to [www.morrisostomy.org](http://www.morrisostomy.org). In addition to the mission statement, the list of officers, and the meeting schedule on the home page, links will be provided to the United Ostomy Association of America's site with its many helpful offerings of information and advice, to the sites of the major providers of ostomy products, to back issues of MCOA quarterly newsletters, to information about ostomy outpatient services of the Morristown Medical Center, and to advice about living with ostomies and using ostomy products from group members.

When the site is up and active, members will be notified by email. All are encouraged to send items of advice to the site's editor at [walter.cummins@gmail.com](mailto:walter.cummins@gmail.com).

## MEETING SCHEDULE

Meetings start at 7:30 p.m. and end at 9 p.m.

March 19, 2014

Hollister  
Theresa Rooney,  
representative

April 17, 2014

Byram Healthcare  
Margo Forfaro,  
representative

May 21, 2014

Coloplast  
Tyler Mutz,  
representative

June 18, 2014

Edgepark Surgical  
Richard Carter,  
representative

July 16, 2014

open

August 21, 2014

open

# 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.

## **MCOA**

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