Purpose:

Where people with colostomies, ileostomies and urostomies; their families, friends and clinicians, can come together to meet, learn and share real life experiences and advice.
## Table of Contents

- What is an Ostomy: Introduction from the Phoenix Area UOAA  4
- What is an Ostomy: Terminology from UOAA  6
- UOAA Ostomy FAQ Sheet  16
- Hints from Everywhere: The Phoenix  22
- Depression and the New Ostomate: The Phoenix  23
- Food Reference Guide for Ostomates  24
- Abdominal Noises- You are Not Alone: S. Nevada Chapter  25
- Ostomy Travel Tips: UOAA  26
- Vender and Support Group Contact Information for Arizona  30
- Ostomy Clinics for The Phoenix Metropolitan Area  32
WHAT IS AN OSTOMY?

An ostomy is the result of surgery required when a person has lost the normal function of the bowel or bladder due to disease, injury or birth defects.

WHO ARE OSTOMATES?

Both men and women, rich and poor, all races, creeds and colors. No one is exempt, from a newborn baby to the very elderly. Any individual that has had surgery that resulted in an ostomy is an ostomate. Some have felt alone, embarrassed or angry with their ostomy. Nothing could be further from the truth since there are more than one million ostomates in the United States and Canada alone.

MEET OTHERS IN THE SAME SITUATION AS YOURSELF!

Meet other individuals that have experienced the same issues you have in the challenging transition to living with an ostomy. Whether you are the ostomate or it’s a family or friend affected by your changes that want to support you, there’s something for everyone. From new friendships, to off the cuff tips, to professional advice; the group has much to offer to anyone interested in moving forward in a functional, positive direction. Making friends with your ostomy, possibly the gift of life often given through the procedure, is possible. Learn to laugh again, have an intimate conversation, and handling public and private situations are just some of the benefits of attending the ostomy support group.
LEARN ABOUT NEW AND IMPROVED PRODUCTS

Many ostomates leave the hospital and never receive any additional information about the products they use, better alternatives, hygiene issues, intimacy or many other issues that are now a part of your new life.

Representatives from ostomy product companies, nurses, medical professionals, other ostomates and a variety of other individuals can offer a simple “one liner” that can solve issues you are dealing with or situations you did not even have the knowledge to ask about. It is all too easy to continue to do what you were told upon discharge from the hospital, not knowing there are other alternatives, products and accessories available that can solve daily issues. Tips about the care and maintenance of a good functioning ostomy can improve the quality of your life, with minimal effort.

ADDITIONAL SUPPORT AND RESOURCES

For additional meeting sites, schedules, information and advocacy, you can visit one of the websites on the internet at www.phoenixostomychapter.org, www.ostomysupportArizona.org or the United Ostomy Associations of America, a national support organization at www.uoaa.org

We look forward to meeting you!
What is an Ostomy? **TERMINOLOGY**

**Key Ostomy Terms**

This section covers terminology in two primary areas: types of ostomies and continent procedures, and types of pouching systems with the major accessories and supplies. The reader should be sure to “know your ostomy.” This is critical information to provide any caregiver. The sections on types of pouches and accessories are intended to accelerate the new ostomate’s usage of the terminology and to teach that alternative systems and accessories exist. You are not locked into any pouching system. If you are having trouble with any pouch, consult your ostomy nurse, caregiver or ostomy product supplier. Be receptive to trying a different type or brand of pouching system.

---

**Types of Ostomies and Continent Procedures**

The terms **ostomy** and **stoma** are general descriptive terms that are often used interchangeably though they have different meanings. An ostomy refers to the surgically created opening in the body for the discharge of body wastes. A stoma is the actual end of the ureter or small or large bowel that can be seen protruding through the abdominal wall. The most common specific types of ostomies are described below.

---

**Colostomy**

The surgically created opening of the colon (large intestine) which results in a stoma. A colostomy is created when a portion of the colon or the rectum is removed and the remaining colon is brought to the abdominal wall. It may further be defined by the portion of the colon involved and/or its permanence.

**Temporary Colostomy**

Allows the lower portion of the colon to rest or heal. It may have one or two openings (if two, one will discharge only mucus).

**Permanent Colostomy**

Usually involves the loss of part of the colon, most commonly the rectum. The end of the remaining portion of the colon is brought out to the abdominal wall to form the stoma.
<table>
<thead>
<tr>
<th><strong>Sigmoid or Descending Colostomy</strong></th>
<th>The most common type of ostomy surgery, in which the end of the descending or sigmoid colon is brought to the surface of the abdomen. It is usually located on the lower left side of the abdomen.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Transverse Colostomy</strong></td>
<td>The surgical opening created in the transverse colon resulting in one or two openings. It is located in the upper abdomen, middle or right side.</td>
</tr>
<tr>
<td><strong>Loop Colostomy</strong></td>
<td>Usually created in the transverse colon. This is one stoma with two openings; one discharges stool, the second mucus.</td>
</tr>
<tr>
<td><strong>Ascending Colostomy</strong></td>
<td>A relatively rare opening in the ascending portion of the colon. It is located on the right side of the abdomen.</td>
</tr>
<tr>
<td><strong>Ileostomy</strong></td>
<td>A surgically created opening in the small intestine, usually at the end of the ileum. The intestine is brought through the abdominal wall to form a stoma. Ileostomies may be temporary or permanent, and may involve removal of all or part of the entire colon.</td>
</tr>
<tr>
<td><strong>Ileoanal Reservoir (J-Pouch)</strong></td>
<td>This is now the most common alternative to the conventional ileostomy. Technically, it is not an ostomy since there is no stoma. In this procedure, the colon and most of the rectum are surgically removed and an internal pouch is formed out of the terminal portion of the ileum. An opening at the bottom of this pouch is attached to the anus such that the existing anal sphincter muscles can be used for continence. This procedure should only be performed on patients with ulcerative colitis or familial polyposis who have not previously lost their anal sphincters. In addition to the &quot;J&quot; pouch, there are &quot;S&quot; and &quot;W&quot; pouch geometric variants. It is also called ileoanal anastomosis, pull-thru, endorectal pullthrough, pelvic pouch and, perhaps the most impressive name, ileal pouch anal anastomosis (IPAA).</td>
</tr>
</tbody>
</table>
**Continent Ileostomy (Kock Pouch)**

In this surgical variation of the ileostomy, a reservoir pouch is created inside the abdomen with a portion of the terminal ileum. A valve is constructed in the pouch and a stoma is brought through the abdominal wall. A catheter or tube is inserted into the pouch several times a day to drain feces from the reservoir. This procedure has generally been replaced in popularity by the ileoanal reservoir (above). A modified version of this procedure called the Barnett Continent Intestinal Reservoir (BCIR) is performed at a limited number of facilities.

---

**Urostomy**

This is a general term for a surgical procedure which diverts urine away from a diseased or defective bladder. The ileal or cecal conduit procedures are the most common urostomies. Either a section at the end of the small bowel (ileum) or at the beginning of the large intestine (cecum) is surgically removed and relocated as a passageway (conduit) for urine to pass from the kidneys to the outside of the body through a stoma. It may include removal of the diseased bladder.

**Continent Urostomy**

There are two main continent procedure alternatives to the ileal or cecal conduit (others exist). In both the Indiana and Kock pouch versions, a reservoir or pouch is created inside the abdomen using a portion of either the small or large bowel. A valve is constructed in the pouch and a stoma is brought through the abdominal wall. A catheter or tube is inserted several times daily to drain urine from the reservoir.

**Indiana Pouch**

The ileocecal valve that is normally between the large and small intestines is relocated and used to provide continence for the pouch which is made from the large bowel. With a Kock pouch version, which is similar to that used as an ileostomy alternative, the pouch and a special “nipple” valve are both made from the small bowel. In both procedures, the valve is located at the pouch.
outlet to hold the urine until the catheter is inserted.

**Orthotopic Neobladder**

A replacement bladder, made from a section of intestine that substitutes for the bladder in its normal position and is connected to the urethra to allow voiding through the normal channel. Like the ileoanal reservoir, this is technically not an ostomy because there is no stoma. Candidates for neobladder surgery are individuals who need to have the bladder removed but do not need to have the urinary sphincter muscle removed.

---

**Types of Pouching Systems**

Pouching systems may include a one-piece or two-piece system. Both kinds include a skin barrier/wafer ("faceplate" in older terminology) and a collection pouch. The pouch (one-piece or two-piece) attaches to the abdomen by the skin barrier and is fitted over and around the stoma to collect the diverted output, either stool or urine. The barrier/wafer is designed to protect the skin from the stoma output and to be as neutral to the skin as possible.

**Colostomy and Ileostomy Pouches**

Can be either open-ended, requiring a closing device (traditionally a clamp or tail clip); or closed and sealed at the bottom. Open-ended pouches are called drainable and are left attached to the body while emptying. Closed end pouches are most commonly used by colostomates who can irrigate (see below) or by patients who have regular elimination patterns. Closed end pouches are usually discarded after one use.

**Two-Piece Systems**

Allow changing pouches while leaving the barrier/wafer attached to the skin. The wafer/barrier is part of a "flange" unit. The pouches include a closing ring that attaches mechanically to a mating piece on the flange. A common connection mechanism consists of a pressure fit snap ring, similar to that used in Tupperware™.

**One-Piece Systems**

Consist of a skin barrier/wafer and pouch joined together as a single unit. Provide greater simplicity
than two-piece systems but require changing the entire unit, including skin barrier, when the pouch is changed.

Both two-piece and one-piece pouches can be either drainable or closed.

---

**Irrigation Systems**

Some colostomates can “irrigate,” using a procedure analogous to an enema. This is done to clean stool directly out of the colon through the stoma. This requires a special irrigation system, consisting of an irrigation bag with a connecting tube (or catheter), a stoma cone and an irrigation sleeve. A special lubricant is sometimes used on the stoma in preparation for irrigation. Following irrigation, some colostomates can use a stoma cap, a one- or two-piece system which simply covers and protects the stoma. This procedure is usually done to avoid the need to wear a pouch.

---

**Urinary Pouching Systems**

Urostomates can use either one or two piece systems. However, these systems also contain a special valve or spout which adapts to either a leg bag or to a night drain tube connecting to a special drainable bag or bottle.

These are the major types of pouching systems. There are also a number of styles. For instance there are flat wafers and convex shaped ones. There are fairly rigid and very flexible ones. There are barriers with and without adhesive backing and with and without a perimeter of tape. Some manufacturers have introduced drainable pouches with a built-in tail closure that doesn't require a separate clip. The decision as to what particular type of system to choose is a personal one geared to each individual's needs. There is no right or wrong choice, but each person must find the system that performs best for him or her.

The larger mail-order catalogues will illustrate the types and styles from all or most of the suppliers. If you have any trouble with your current pouching system, discuss the problem with an ostomy nurse or other caregiver and find a system that works better for you. It is not uncommon to try several types until the best solution is found. Free samples are readily available for you to try. **There is no reason to stay with a poorly performing or**
uncomfortable pouching system.

**Types of Accessories**

You may need or want to purchase certain pouching accessories. The most common items are listed below.

<table>
<thead>
<tr>
<th>Accessory</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Convex Inserts</strong></td>
<td>Convex shaped plastic discs that are inserted inside the flange of specific two-piece products.</td>
</tr>
<tr>
<td><strong>Ostomy Belts</strong></td>
<td>Belts that wrap around the abdomen and attach to the loops found on certain pouches. Belts can also be used to help support the pouch or as an alternative to adhesives if skin problems develop. A belt may be helpful in maintaining an adequate seal when using a convex skin barrier.</td>
</tr>
<tr>
<td><strong>Pouch Covers</strong></td>
<td>Made with a cotton or cotton blend backing, easily fit over the pouch and protect and comfort the skin. They are often used to cover the pouch during intimate occasions. Many pouches now include built-in cloth covers on one or both sides, reducing the need for separate pouch covers.</td>
</tr>
<tr>
<td><strong>Skin Barrier Liquid/Wipes/Powder</strong></td>
<td>Wipes and powder help protect the skin under the wafer and around the stoma from irritation caused by digestive products or adhesives. They also aid in adhesion of the wafer.</td>
</tr>
<tr>
<td><strong>Skin Barrier Paste</strong></td>
<td>Paste that can be used to fill in folds, crevices or other shape or surface irregularities of the abdominal wall behind the wafer, thereby creating a better seal. Paste is used as a &quot;caulking&quot; material; it is <strong>not</strong> an adhesive.</td>
</tr>
<tr>
<td><strong>Tapes</strong></td>
<td>Tapes are sometimes used to help support the wafer or flange (faceplate) and for waterproofing. They are available in a wide range of materials to meet the needs of different skin sensitivities.</td>
</tr>
<tr>
<td><strong>Adhesive Remover</strong></td>
<td>Adhesive remover may be helpful in cleaning the adhesive that might stick to the skin after removing the wafer or tape, or from other adhesives.</td>
</tr>
</tbody>
</table>
Psychosocial Issues

A. Patient’s Concerns about Surgery
The reaction to intestinal or urinary diversion surgery varies from one individual to the other. To some, it will be a problem, to other, a challenge; where one person considers its life-saving, another finds it a devastating experience. Each person will adapt or adjust in their own way and in their own time.

Body Image/Self-Esteem Concerns
Permanent and significant changes in the body’s appearance and functional ability may change the way the person internalizes their body image and self-concept.

Fear of loss is normal and facing any loss is difficult. What are patients giving up by having this operation? Is there any gain? How changed will they be? Such thoughts may lead to weeping or depression, or they may be denied.

It is important to understand the impact of the ostomy surgery on the patient’s change in self-image and how they perceive themselves. It may be accepted as the lesser of two evils, or they may refuse to acknowledge its existence, or may hold onto the belief that it is a temporary situation.

Within the rehabilitation process there are times that patients should have the opportunity to express or deny their feelings, about their surgery, the changes in their body or their self-image.

Self-Care Concerns
Patients have to be reassured that they will be taught self-care and that they will be able to master the management process. Basic anatomy
and physiology should be explained to new patients, so they can better understand the extent of their surgery. Management options should be offered.

Patients should begin to assist the ostomy nurse with caring for the ostomy as soon as possible. Becoming involved in this process will begin to build confidence and help the patient to regain control of his situation.

**Relationship Concerns**

Patients may fear that their social role may be changed and that others may not accept them as in the past. One of the first concerns seems to be how to tell others about your surgery, who to tell and when.

- Patients should be prepared to explain their surgery with a few brief statements such as, “An ostomy is a surgical procedure for the diversion of bowel (or bladder).”
- They should understand that they do not have to tell everyone about the surgery. Be selective about who and how much to tell. It may be only to friends who will be supportive throughout the rehabilitation process.

Returning to the work place may present a concern about restroom facilities, interaction with co-workers, and feelings of being “watched.”

- Maybe a few of their co-workers may need to know in the event of an emergency.
- Employability and insurability are issues for some individuals. If these issues develop, seek help from healthcare professionals and/or talk with others who have found solutions to any of these issues.
Sexuality issues are common concerns for the new ostomate. Linked closely to our feelings of sexuality is how we think about ourselves and our body image.

- Any sexuality concerns should be discussed between the patient and his partner. It is likely that the partner will have anxieties due to a lack of information. An intimate relationship is one in which it matters how well two people can communicate about the most personal of human functions, that is, bodily elimination and sex.
- Ostomy surgery may present more concerns for single individuals. When to tell depends upon the relationships. Brief casual dates may not need to know. If the relationship grows and leads to intimacy, the partner needs to be told about the ostomy prior to a sexual experience.

**B. Phases of Psychological Adaptation**

Almost every patient goes through four phases of recovery following an accident or illness that results in loss of function of an important part of the body. The patient, along with the family, goes through these phases, varying only in the time required for each phase. People may experience the various phases of adaptation in a different order and at varying rates. Some people may skip certain phases entirely and some may move up and down at different times.

These phases are shock, denial, acknowledgment and resolution.

**1. Shock or Panic**

Usually occurs immediately after surgery. The patient is unable to process information and may be tearful, anxious and forgetful. This phase may last from days to weeks.

**2. Defense/Retreat/Denial**

This phase may last for weeks or months and delays the adaptation process. During this phase, the individual denies or minimizes the significance of the event and defends himself against the
implications of the crisis. You may note the avoiding of reality and “wishful” thinking.

3. Acknowledgment
As the patient moves to the next step of acknowledgment, he begins to face the reality of the situation. As you give up the existing old structure, you may enter into a period, at least temporarily, of depression, of apathy, of agitation, of bitterness, and of high anxiety.

4. Adaptation/Resolution
During this phase, the acute grief begins to subside. The patient copes with their situation in a constructive manner and begins to establish new structures. They develop a new sense of worth. This phase may take one to two years.

With the aid of an ostomy nurse and the ostomy visitor, you learn about living with a stoma.

Copyright © 2005-2010, United Ostomy Associations of America, Inc

http://www.ostomy.org/ostomy_info/whatis.shtml
UOAA Ostomy FAQ

Frequently Asked Questions Following Ostomy Surgery

As always, in order to obtain answers to your individually specific questions, be sure to consult with your doctor or ostomy nurse for help.

1. Who should I tell? What should I say about my surgery?

You should tell those who need to know, such as healthcare providers, your spouse or significant others, and people who are involved in your recuperative care.

You need not feel you have to explain your surgery to everyone who asks. Those who are just curious need to know only that you had abdominal surgery, or that you had part or all of your colon or bladder removed.

If you are considering marriage, thorough discussions with your future spouse about life with an ostomy and its affect on sex, children, and family acceptance will help alleviate misconceptions and fear on the part of the spouse.

If you have children, answer their questions simply and truthfully. A simple explanation will be enough for them. You may want to confide in your employer or a good friend at work because keeping it a complete secret may cause practical difficulties.

2. Will I be able to continue my daily activities once I recover from surgery?

As your strength returns, you can go back to your regular activities. Most people can return to their previous line of work; however, communicate with your healthcare team about your daily routines, so they can assist you to returning to maximum health as early as possible.

An ostomy should not limit your participation in sports. Many physicians do not allow contact sports because of possible injury to the stoma from a severe blow or because the pouching system may slip, but these problems can be overcome with special ostomy supplies. Weight lifting may result in a hernia at the stoma. Check with your doctor about such sports. There are many people who are distance runners, skiers, swimmers, and participants in many other types of athletics.
3. What about showering and bathing? Should I bathe with or without my pouch?

You may bathe with or without your pouching system in place. If you wish to take a shower or bath with your pouch off, you can do so. Normal exposure to air or contact with soap and water will not harm the stoma, and water does not enter the opening. Choose a time for bathing when the bowel is less active. You can also leave your pouch on while bathing.

4. What can I eat? Will I need to change my diet?

There may be some modifications in your diet according to the type of ostomy surgery. People with colostomy and ileostomy surgery should return to their normal diet after a period of adjustment. Introduce foods back into your diet a little at a time and monitor the effect of each food on the ostomy function. Chew your food well and drink plenty of fluids. Some less digestible or high roughage foods are more likely to create potential for blockage problems (i.e., corn, coconut, mushrooms, nuts, raw fruits and vegetables).

There are no eating restrictions as a result of urostomy surgery. Urostomates should drink plenty of liquids each day following the healthcare team's recommendations.

5. Will I be able to wear the same clothes as before?

Whatever you wore before surgery, you can wear afterward with very few exceptions. Many pouching systems are made today that are unnoticeable even when wearing the most stylish, form fitting clothing for men and women.

Depending on your stoma location you might find belts uncomfortable or restrictive. Some people choose to wear higher or looser waistbands on trousers and skirts.

Cotton knit or stretch underpants or panty hose may give the support and security you need. Some men finds that jockey type shorts help support the pouch.

Women may want to choose a swimsuit that has a lining to provide a smoother profile. Stretch panties (with lycra) can be also be worn under a swimsuit to add support and smooth out any bulges or outlines. Men may prefer to wear a tank shirt and trunks if the stoma is above the belt line.
6. What about sex and intimacy? Will I be able to get pregnant after surgery?

Sexual relationships and intimacy are important and fulfilling aspects of your life that should continue after ostomy surgery. Your attitude is a key factor in re-establishing sexual expression and intimacy. A period of adjustment after surgery is to be expected. Sexual function in women is usually not impaired, while sexual potency of men may sometimes be affected, usually only temporarily. Discuss any problems with your physician and/or ostomy nurse.

Your ability to conceive does not change and pregnancy and delivery should be normal after ostomy surgery. However, if you are thinking about becoming pregnant, you should first check with your doctor about any other health problems.

7. Is travel possible?

All methods of travel are open to you. Many people with ostomies travel extensively, from camping trips to cruises to plane excursions around the world. Take along enough supplies to last the entire trip plus some extra, double what you think you may need. Checked luggage sometimes gets lost, carry an extra pouching system and other supplies on the plane with you. When traveling by car, keep your supplies in the coolest part, and avoid the trunk or back window ledge. Seat belts will not harm the stoma when adjusted comfortably.

When traveling abroad, take adequate amount of supplies, referral lists for physicians and medical centers, and some medication to control any diarrhea and stop the fluid and electrolyte loss. When going through customs or luggage inspection, a note from your doctor stating that you need to carry ostomy supplies and medications by hand may be helpful.

For more information, see our Ostomy Travel Tips page.

8. What about medications? Can I take vitamins?

Absorption may vary with individuals and types of medication. Certain drug problems may arise depending on the type of ostomy you have and the medications you are taking. Make sure all your healthcare providers know the type of ostomy you have and the location of the stoma. This information will help your pharmacist and other healthcare providers monitor your situation (i.e., time-released and enteric coated medications may pass through the system of ileostomates too quickly to be effective).
9. Will I always be wearing the same size and type of pouch?

The type of pouching system that was used in the hospital may need to be changed as the healing process takes place. Your stoma may shrink and may require a change in the size opening of your pouch. Your lifestyle may necessitate a change of the pouching system after a recuperative period. Make an appointment with your ostomy nurse to evaluate your management system.

10. Got any tips on emptying the pouch?

Check the pouch occasionally to see if it needs emptying before it gets too full and causes a leakage problem. Always empty prior to going out of the house and away from a convenient toilet. Most people find the easiest way to empty the pouch is to sit on the toilet with the pouch between the legs. Hold the bottom of the pouch up and remove the clamp. Slowly unroll the tail of the pouch into the toilet. Clean the outside and inside of the pouch tail with toilet paper. Replace the clamp.

11. How often should I change the pouch?

The adhesiveness and durability of pouching systems vary. Anywhere from three to seven day is to be expected. Itching or burning are signs that the wafer should be changed. Changing too frequently or wearing one too long may be damaging to the skin.

12. What should I do if hospitalized again?

Take your ostomy supplies with you since the hospital may not have your brand in supply. If you are in doubt about any procedure, ask to talk to your doctor.

Ask to have the following information listed on your chart: 1) type of ostomy or continent diversion, 2) whether or not your rectum is intact, 3) describe in detail your management routine and list the ostomy products used. For urinary stomas, 4) do not take a urine specimen from the urostomy pouch, use a catheter inserted into the stoma.

13. Where can I purchase supplies?

Supplies may be ordered from a mail order company or from a medical supply or pharmacy in your town. Check the yellow pages under "Ostomy Supplies" or "Surgical
Supplies", or "Hospital Supplies." (For more information, see the Ostomy Product & Suppliers page on this site.)

14. Does insurance cover the cost of ostomy supplies?

Medicare Part B covers ostomy equipment. Medicare only allows a predetermined maximum quantity each month.

Medicaid is the federal/state insurance of last resort for low income persons. Check with the state Medicaid office for specifics.

Individual Health Insurance: most plans typically will pay you 80% of the “reasonable and customary” costs after the deductible is met.

For help with insurance issues, see the Advocacy section of this site.

15. When should I seek medical assistance?

You should call the doctor or ostomy nurse when you have:

a. severe cramps lasting more than two or three hours
b. a deep cut in the stoma
c. excessive bleeding from the stoma opening (or a moderate amount in the pouch at several emptyings)
d. continuous bleeding at the junction between the stoma and skin
e. severe skin irritation or deep ulcers
f. unusual change in stoma size and appearance
g. severe watery discharge lasting more than five or six hours
h. continuous nausea and vomiting; or
i. the ostomy does not have any output for four to six hours and is accompanied by cramping and nausea
16. Where can I find help?

For medical assistance, seek help from your physician, surgeon, or ostomy nurse. Contact UOAA for more information and referrals to local support groups and to request an ostomy visitor. Contact the Wound, Ostomy and Continence Nurses national office, 1-800-224-9626 for information and local referrals for ostomy nurse specialists. Contact the American Cancer Society at 1-800-ACS-2345 for cancer information.

Copyright © 2005-2010, United Ostomy Associations of America, Inc.

http://www.ostomy.org/ostomy_info/faq.shtml
They're worth repeating... Hints from Everywhere for ALL OSTOMATES

• If you wear a two-piece snap-on ostomy system, make sure the pouch is snapped to the flange SECURELY. Give a little tug on the pouch to test its lock.
• Do you take better care of your car than you do your stoma? Once a year have your stoma and your management program checked by a CWOC/ET nurse.
• Do not use antibiotics for colds or flu unless a doctor orders it. Antibiotics can change the proper balance of bacteria in the intestines and cause diarrhea.
• Fiber from fruits and vegetables do not have the same scouring results as fiber from grain and cereals.
• Don’t shave the parsley aside. It’s one of nature’s best deodorants! Use parsley in cooking fish to reduce odors for colostomates and ileostomates.
• If you are having gas problems, don’t take bismuth subcarbonate, it creates more gas when mixed with stomach acid.
• Store ostomy systems away from warm, humid places. “Melt-out” can render them ineffective.
• Make a note of the day you change your pouching system so that when it’s time to change again.
• Don’t keep a lifetime supply of ostomy supplies on hand. Shelf life may be limited. Let the stores stock up on your ostomy supplies.
• Fats of all kinds should be kept to a minimum by most ostomates. Fats induce an increased flow of bile into the intestines and make the body wastes more liquid and harder to control. They also tend to produce gas.
• A package of frozen vegetables can substitute for an ice bag in emergencies.
• Pouches can leak for a variety of reasons. Find out why you have a leak and correct the cause.
• A bag is a very strong pain reliever and you don’t need a prescription.
• When you fill a new prescription, ask the doctor or pharmacist to give you only a one or two day supply. If any adverse reactions occur and you have to stop taking the medication, you won’t have wasted a lot of medicine or money.
• After bathing with your pouching system off, hold a cold compress over the peristomal area for a few seconds to close the pores before putting on a new system.
• Remember after surgery when you were advised, “chew, chew, chew and drink, drink, drink?” It still applies. So chew food carefully and never pass a water fountain without drinking.
• Don’t try to set a world record for the longest time between changes and/or emptying; therein lies the way to some of the most spectacular masses you have ever seen!
• Don’t be so rigid about your stoma management program that the absence of one item throws you.
• Don’t stay home, travel and don’t put all your ostomy supplies in a suitcase that you check through the airline to your destination.
• Don’t worry about “accidents” and “problems” that may never happen.
• Don’t keep the scissors you use to cut barrier wafer openings next to your supply of pouches.
• Don’t concern yourself with people in rest rooms who are waiting for your stall; take the time you need.
• Don’t put limitations on yourself just because you have a stoma. ENJOY YOUR LIFE!
• Drink plenty of fluids to maintain the health of your kidneys. Normally, the color of your urine can provide an approximate guide to your fluid intake. If your urine appears darker than usual, it may indicate that it is too concentrated and that you should increase your fluids. Some foods and drugs may change the color and odor of the urine. Thirst is a great indicator of liquid needs.
• Symptoms of low potassium are sore muscles, tiredness and weakness. Foods high in potassium include apricots, grapes, bananas, fresh fish, molasses and bouillon.
• Potassium supplements should not be used by individuals with kidney problems.
• The proper pouching system will control odor! Don’t call attention to yourself by generous use of deodorants.
• Do you know the natural healing technique that CALMS heart irregularities, LOWERS blood pressure and even RFIGVES depression? It’s the healing power of touch! A soothing massage or the simple act of holding someone’s hand can provide REAL health benefits.
• If you reuse your ostomy pouches, always wash pouches in cool water as hot water destroys the odor proofing. Washing them with Woolite® tends to keep them soft and odorless. Cepaco® mouth wash is an effective pouching system deodorizer.
• Do not use drugs that treat sleeplessness if you are taking sedatives or tranquilizers.
• Never take medicine in the dark.
• Throw away any medicines that are past expiration date.
• Zest® soap does not leave an oily residue on your skin which can reduce the wear time of your pouching system. So if you bathe or shower without your pouching system, try using Zest®.
• When traveling, consider taking a flannel-backed, waterproof pad with you in case of an accident during the night. Some companies offer the same type of pad as used in hospitals. These are very helpful.

From Space Coast (FL) OA, Space Coast Shuttle Blast (12/01); Santa Barbara (CA) Chpt. Side. Ed. (01-02/03); and The Mission Ostomy Chpt. of Tucson (AZ) THE COWBOY (12/03 & 12/04).
DEPRESSION AND THE NEW OSTOMATE

At a recent support group meeting, a subject came up that I found intriguing. One of the participants in the rap session stated that he found himself depressed and withdrawn even though it had been a year since his surgery. He wondered how long he could expect that feeling to last and, I think, whether it would go on for the rest of his life.

Some ostonates adjust almost immediately. These folks see an ostomy as a cure for an illness that threatened their lives or restricted their activities. Others take a few months, generally feeling better about the situation as soon as they master the fine art of pouch changing and maintenance. For many, ostomy surgery begins a process that appears to be, and is, very close to the grieving process, and like any grieving process, the amount of time needed to feel emotionally whole again will vary.

It took me almost two years following my surgery before I felt like I had regained my former personality and was ready to move on with my life. So there is no magic amount of time needed to adjust to your new ostomy. Allow yourself the time you need and realize that the feelings of depression and isolation will eventually go away. If the depression is severe, don’t be afraid to seek professional help.

If your isolation is caused by a lack of confidence in your appliance, seek help from an ostomy nurse. If your appliance is working fine but you still feel separated from others, seek help from other ostonates. Go to a meeting and meet others in the same situation. If you don’t already have one, call your local support group and ask for an ostomy visitor who can talk to you about how he or she managed post-operative emotions. But above all, give yourself time to adjust.

From North Central Oklahoma Ostomy Outlook January 2008
**Food Reference Guide for Ostomates**

**Goals**
Promote adequate digestion and absorption.  
Prevent stoma obstruction.  
Prevent dehydration.  
Minimize odor.  
Minimize gas*

**Guidelines**
Drink an average of 8 cups of liquid per day.  
During the first 6-8 weeks after surgery, eat soft, soluble fibers.  
During the first 6-8 weeks after surgery, avoid insoluble fibers.  
After 6-8 weeks following surgery, add foods on a trial basis.  
Chew slowly and with your mouth closed.  
Eat 4-6 small meals per day*  
Do not skip meals*  
Avoid using straws*

**Soluble Fibers**
- Fruit (w/o skin): apples, bananas, citrus, nectarines, peaches, pears, plums, prunes  
- Cooked broccoli, brussels sprouts, carrots  
- Barley, oatmeal, oat bran  
- Cooked beans, lentils, peas

**Insoluble Fibers**
- Wheat & Corn Bran  
- Flaxseed  
- Whole Grains  
- Vegetables (most)  
- Granola, nuts, seeds

**Foods that May Obstruct Stoma**
Skins and seed from fruits and vegetables  
Raw celery, raw cabbage, peas, corn, Chinese vegetables  
Foods with kernels, nuts and seeds  
Coconut, Dried fruit, Mushrooms, Oranges, Pineapple

**Foods that May Cause Odor**
Asparagus, Eggs, Cabbage, Alcohol, Garlic, Onions, Cheese, Fish, Coffee  
Baked beans, Broccoli, Cod Liver Oil, Peanut Butter, Strong Cheeses

**Foods that May Reduce Odor**
Cranberry Juice, Buttermilk, Parsley, Yogurt, Orange Juice, Tomato Juice

**Foods that May Cause Gas**
Alcohol, Brussels Sprouts, Broccoli, Cabbage, Cauliflower, Cucumbers, Onions, Radishes  
Dry Beans, Peas, Fatty Foods, Green Peppers, Melon, Milk, Soy, Chewing Gum, Soda

**Foods that May Control Diarrhea**
Applesauce, Bananas, Rice, Peanut Butter, Tapioca, Toast, Weak Tea

**Foods that May Relieve Constipation**
Water, Warm/Hot Beverages, Cooked & Fresh Fruits, Cooked Vegetables, Juices
ABDOMINAL NOISES—
YOU ARE NOT ALONE.

Rumbles and grumbles coming from the abdomen happen to everyone. Normally one would laugh them off – except the ostomate tends to get embarrassed. The official name for this “music” is hoberygnal and the causes of it are many.

- If you are hungry, peristalsis goes on, even though the stomach is empty. Hence the noise.
- If you are nervous, the peristalsis (hence the noise) is increased.
- Coffee, tea, cola, and beer stimulate peristalsis and noise, particularly if consumed on an empty stomach.
- Eating high fiber foods increases gas production and noise.
- When eating carbohydrates, which may not be digested well anyway, gas and gurgling occurs.
- Eating too fast, especially with the mouth open, or talking while eating, causes air to be swallowed. If pain accompanies the noise, it could be a sign of bowel obstruction, an ulcer or a gall bladder problem. See a Doctor.

Borrowed from Southern Nevada Chpt. Town Karaya; Grand Rapids OS Ostomy Promotors; Orange Co Chpt Orange Oasis; Monterey Co Chpt. The Internation News; Santa Barbara Chpt. Sdse Exil an The Mission Ostomy Chpt of Tucson, The Courier; and The Phoenix Newsletter.
Ostomy Travel Tips

**New:** Download UOAA’s [Travel Communication Card](#) as an aid in dealing with airline security.

In these days where extra precautions for security are being taken worldwide, it would be wise for traveling ostomates to do advance planning in order to avoid possible problems. Some suggestions are:

1. Pre-cut all pouches at home, as you may wish to avoid having scissors in your carry-on luggage (see [additional comments below](#)).

2. Pack ostomy supplies in at least 2 places – carry-on and checked luggage.

3. Take extra supplies in case you are stranded where supplies may not be available.

4. A statement from your physician stating your need for ostomy supplies might be helpful. Also a statement advocating a private area be used in case of an extended search.

5. If traveling to a foreign country it is a good idea to have critical ostomy information written in their language. One of the 70 member associations of the [International Ostomy Association](#) (IOA) may be of help with this translation as well as with locating supplies while visiting their country.

6. A copy of the book “Yes We Can” has many helpful hints and advice for traveling and also has a dictionary of ostomy terms translated to several different languages. There is important contact information for resources worldwide as well as a wallet-sized statement written in 11
languages that asks for privacy if a search is to be conducted.

7. One ostomate reported a very positive result from carrying photocopies of the catalog pages displaying and explaining his equipment. When a searcher asked about the items found on a hand search, he was able to explain their function without a long conversation that would hold up others in line. Our experience has been that over time the TSA agents are much more knowledgeable and sensitive to these personal care products.

**About carrying scissors on board aircraft:** In the aftermath of Sept 11, 2001, pointed metal scissors were banned from carry-on baggage (they are still always allowed in checked luggage). Since then, the U.S. Transportation Security Administration (TSA) has relaxed the prohibition of scissors in carry-on luggage. In August 2005, TSA allowed a special exception for "ostomy scissors." In December 2005, they relaxed the rule further to allow any metal scissors with a cutting edge no greater than four inches. It must be understood, however, that this applies only to flights departing U.S. airports. Scissors are still prohibited on flights departing Canadian airports, including flights to the U.S.

All screening at airports must be conducted in a way that treats passengers with courtesy, dignity, and respect. You may request that any personal screening be conducted in a private area. See TSA’s info on Travelers with Disabilities and Medical Conditions.

**Restrictions on liquids, gels, aerosols:** On Aug 10, 2006, TSA banned all liquids, gels and aerosols from carry-on baggage, with only a few exceptions for required medications, baby formula, diabetic glucose treatments, etc. On Sept 25, 2006, they modified the rules so each passenger may carry travel-size toiletries (3 ounces or less) that fit comfortably in a single, one-quart-size, zip-top, clear plastic bag—which you must remove from your carry-on bag and place in a bin or on the conveyor belt to be X-rayed separately (see TSA’s explanation of these procedures). Also, beverages and other liquids purchased in the secure area beyond the passenger screening checkpoint can be carried onto the plane. Based on these rules, you should have no difficulty carrying a 2-ounce tube of stoma paste or a few remover wipes, barrier wipes, etc.
Remember that the restrictions apply only to carry-on luggage; you can pack as much as you want in your checked luggage. If you need to carry larger quantities of liquid medications, baby formula, etc. on-board the plane, they must be declared separately at the security checkpoint; TSA provides a form you can use for declaring them.

**Helpful Links**

The [Transportation Security Administration](http://www.tsa.gov), which is educating the traveling public.

[Aerospace Medical Association](http://www.aiaa.org) publications list - tips for airline travelers

[International Medicine Center](http://www.internationalmedicine.com)

Copyright © 2005-2010, United Ostomy Associations of America, Inc

[http://www.ostomy.org/ostomy_info/travel_tips.shtml](http://www.ostomy.org/ostomy_info/travel_tips.shtml)
TRAVEL COMMUNICATION CARD
COMPLIMENTS OF THE UNITED OSTOMY ASSOCIATIONS OF AMERICA, INC.

This is provided to travelers in order to simplify communication with federal
Transportation Security personnel and airline flight attendants, at those times when you wish or
need to communicate in a non-verbal way, as is your legal right.

This is not a “certificate” and it is not a “pass” to help you avoid screening.

Please print out on any weight of paper you wish, trim to wallet-size and laminate if desired.
The blue color is important, as it is a “flash-card” developed by the TSA so their own officers
will recognize it and be guided to treat the traveler with discretion and sensitivity.

If laminated in a double-side manner, it can be used ‘blue side out’ during security screening,
and the white side out when communicating non-verbally with airline personnel.

JUST PRINT, CUT OUT, FOLD, AND PUT WITH TRAVEL DOCUMENTS

NEWS: As of January 2011 - You may always have a travel companion with you during a private screening
- TSA officers should NOT ask you to show your pouch—you may be asked to rub over your pouch outside your
clothing so they can test your hand to rule out explosive residue.
- TSA’s Complaint Form can be found on TSA’s website: https://contact.tsa.dhs.gov/DynForm.aspx?FormID=10

OUTSIDE LEFT—For use during screening before boarding.
- Intended for the passenger to show the TSA at the beginning of personal screening—before being pushed-down or entering a
full-body scanner.

Notification Card
I have the following health condition, disability or medical device that may affect my screening:

[ ] (Optional)
I understand that presenting this card does not exempt me from screening.

OUTSIDE RIGHT

FOLD LINE

~~ Gotta Go Now ~~

RESTROOM ACCESS

The cardholder contains body waste in an
OSTOMY DEVICE (stool/urine) and/or carries
pouches and related supplies and/or a catheter to manage personal hygiene. If the
needs access to the restroom in order to empty
the pouch—this is critical for the cardholder’s well-being and for public sanitation.

INSIDE LEFT - This is designed to show in the event it is needed while in flight and
the pilot has chosen to limit restroom access—or when passengers are suspected to
be belted in during turbulence. You might wish to show it to a flight attendant during
boarding and/or getting settled, so he or she will be mindful of your situation.

TRAVELER’S COMMUNICATION CARD

Provided by the UOAA, a volunteer-based health organization dedicated to providing
education, support and advocacy for people who have or will have
intestinal or urinary diversions.
United Ostomy Associations of America
www.ostomy.org 1-800-826-0826

INSIDE RIGHT
<table>
<thead>
<tr>
<th>Support groups</th>
</tr>
</thead>
<tbody>
<tr>
<td>Phoenix Ostomy Chapter</td>
</tr>
<tr>
<td>Chris Ridge Village</td>
</tr>
<tr>
<td>2nd Tuesday of month 7:00 PM</td>
</tr>
<tr>
<td>No meetings in June, July, August</td>
</tr>
<tr>
<td>6246 N. 19 Ave., Phoenix, AZ</td>
</tr>
<tr>
<td>Multi-purpose room to left of main lobby entry</td>
</tr>
<tr>
<td>Contact 602-678-4441</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>Paradise Valley Satellite Chapter</td>
</tr>
<tr>
<td>3rd Thursday of month 12:30 – 2:30 PM</td>
</tr>
<tr>
<td>La Casa de Cristo Lutheran Church</td>
</tr>
<tr>
<td>6300 E. Bell Rd., Building C, Room 109, Phoenix, AZ</td>
</tr>
<tr>
<td>Contact Cheryl Simmons 623-580-4120</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>Sun City Satellite Chapter</td>
</tr>
<tr>
<td>1st Thursday of month 2:00 – 4:00 PM</td>
</tr>
<tr>
<td>Banner Boswell Support Services Building</td>
</tr>
<tr>
<td>13180 N. 103 Dr., Juniper Room, Sun City, AZ</td>
</tr>
<tr>
<td>Contact Joe Musser 623-935-7514</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>Mesa Ostomy Support Group</td>
</tr>
<tr>
<td>Last Sunday of month 2:00 – 4:00 PM</td>
</tr>
<tr>
<td>Centennial Village</td>
</tr>
<tr>
<td>130 W. Brown Rd., Mesa, AZ</td>
</tr>
</tbody>
</table>
Contact Vella Owens 480-657-6464

Chandler Ostomy Support Group
Chandler Regional Hospital
Contact Linda Terry RN, BSN, CWOCN at 480-728-7077

Flagstaff Satellite Chapter
Flagstaff Medical Center
1200 N. Beaver St. Flagstaff, AZ
Contact Amy Stilley 520-779-3366 ext. 13638

Yavapai County, Arizona Satellite Chapter
Contact Michelle Herod 928-445-3550

Casa Grande, Tucson Satellite Support Group
Casa Grande Regional Medical Center WOCN 520-381-6154
Phoenix Area Ostomy Clinics

Important information before scheduling an appointment in an ostomy clinic:

1. A referral from your physician/medical provider is needed.
2. Prior authorization may or may not be needed depending on your insurance company.
3. All ostomy visits are by appointment only.

Banner Baywood Medical Center Outpatient Wound/Ostomy Clinic

6644 E. Baywood Ave.  
Mesa, AZ  85206  
Telephone: (480) 321-4642

Fax: (480) 321-4645

Monday - Friday 8:00 AM – 4:30 PM  
(Closed major holidays)

Banner Boswell Medical Center Wound Center and Hyperbaric Oxygen

13203 N. 103rd Ave.  
Suite I-1A  
Sun City, AZ  85351  
Telephone: (623) 875-6580  
Fax: (623) 974-8413

New patient information: (623) 933-0280  
New patient scheduling: (623) 974-7554 (Michelle)

Monday – Friday 8:00 AM – 4:30 PM

Banner Desert Medical Center Ostomy Clinic

1400 S. Dobson Rd  
Mesa, Az. 85202  
Telephone: 480-412-3449

Fax: 480-412-5509

Limited appointments Monday – Friday  
7:30 AM to 4:00 PM
Banner Good Samaritan Medical Center Outpatient Ostomy Clinic

1111 East McDowell Road
Phoenix, AZ 85006
Telephone: 480-684-7500 (scheduling appointment)
Fax: 480-684-7501 (MD referral)

Ostomy Nurse Telephone Line
(602) 839-0555
Ostomy Nurse Fax: (602) 839-6355
Monday – Friday 8:00 AM – 5:00 PM

Banner Thunderbird Medical Center Outpatient Ostomy Clinic

5555 W Thunderbird Road
Glendale, Arizona 85306
Ostomy Nurse Line 602-865-5732

Fax 602-865-4492
Tues and Thurs afternoons
(exceptions possible)

Mayo Clinic Hospital Outpatient Ostomy Clinic

5777 East Mayo Blvd.
Phoenix, AZ 85054
Telephone: 480-301-1735

Monday – Friday
8:00 AM – 4:00 PM
Only patients who have had surgery at Mayo are seen.