

The Mail Pouch

Ostomy Support Group EV/AZ

January 2015

**Our Next Meeting is
Sunday, January 18, 2015
2:00 PM**

**First PRESBYTERIAN CHURCH
161 N. Mesa Drive
Mesa, AZ. 85201
Meeting in Fellowship Hall**



PROGRAM

January 18 our Speaker will be Dr. Heather Paulsen from the Arizona Natural Life Center. There should be good information for us to learn from. See you then!

UOAA: For information for ostomates and to view upcoming conferences and events, go to www.ostomy.org. You can join the discussion board and read the monthly Update letter. Click the "advocacy" tab to reach your elected officials and send a suggested message

**BE SURE TO VISIT OUR WEBSITE:
www.ostomysupportarizona.org**

ET Advisors

We want to thank our WOC nurses for all they have done for us. They come to every meeting and help us with any problems we may have.

Banner Desert Medical Center (Dobson Road)

Contact # 480 412-3449

Janet Schmidbauer, RN, BSN, CWOCN

Elaine Fox, RN, BSN, CWOCN

Angela Hukill, BSN, COCN, CWCN

Banner Baywood Medical Center (Power Road) Contact # 480 321-4642

Karol Friend, BSN, RN, COCN, CWCN

Independent Nurses

Sandy Lane BSN, RN, COCN, CWCN

Miriam Jensen BSN, RN, COCN, CWCN

Support Group Meeting Dates through May 2015. All meetings begin at 2:00 PM at Mesa First Presbyterian Church

January 18, 2015

February 15, 2015

March 07, 2015 Ostomy Health Fair

April 19, 2015

May 17, 2015

Board Meeting Date:

**All meetings begin at 4:00 P.M. after the
Support Group meetings
at Mesa First Presbyterian Church**

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Everyone attending enjoyed a wonderful time together Sunday. The food was delicious ! Santa and Mrs. Claus gave out some welcome gifts. We hope everyone enjoys a very blessed Christmas.

We appreciate the Team Work of our Ostomy Board and meetings will continue as normal. REMEMBER, WE DO NOT PRESENTLY HAVE A PRESIDENT AND ARE DEFINITELY NEEDING SOMEONE TO STEP FORWARD.

We are so thankful for the years of faithful service Darlene has given us. Things change and we do what we have to do. We're thankful she is able to work her schedule to have time to come to our meetings. She brings so much to them. She has a great talent working into her schedule time to give new ostomates her time, concern and beneficial information. Thanks Darlene !

Vella has served as Program Chairman several years and it has been known among the Board Members she could NOT be president. We will have a very interesting speaker on January 18. February 15, with many requests, we will be dividing in the 4 groups for individual needs. Plan to attend both meetings. The Health and Information Fair is scheduled for March 7, with Maureen Hymel heading. We will need VOLUNTEERS to help with booths and other needs. Let's make it our Best Fair ever for the people.

We need your help to continue this meaningful Ostomy Support Group.



The miracle is not
that we do this work,
but that we are
happy to do it.
Mother Teresa

Important Contacts for Ostomates

Coloplast www.us.coloplast.com 1-877-726-7872

ConvaTec www.convatec.com 1-800-422-8811

Hollister www.hollister.com 1-888-740-8999

UOAA www.ostomy.org 1-800-826-0826



We would like to start a suggestion box column in our newsletter. Many of you have special little things you do that help you and work for living with an ostomy. It is amazing how little inconsequential ideas can bring great comfort and answers to frustrating happenings. Please share your tidbits. Send your suggestions to Ostomy Support Group EV/AZ, P.O. Box 1681, Mesa, Az., 85211, or email generalkosman@gmail.com, or call 480-812-0324

We look forward to making this column a winner!

50/50 Raffle: N/A

Visitation Report: N/A

Sunshine Report: A sympathy card was sent to the family of Fred Kudym.

New Visitors: N/A

Tender Loving Care – Your Stoma Needs it Too
via Northern Virginia, The Pouch
Edited by Bobbie Brewer, UOAA UPDATE 9/2011

Most ostomy patients would agree that there is no substitute for TLC. That is one of the reasons that the specialty of ostomy nursing exists. It ensures that nurses with a special sense of caring and with special education are taking care of the ostomy patient's needs. Once you are discharged, remember that your stoma needs TLC also. A few pointers might be helpful.

Generally speaking, it is good to set aside a time for giving priority to stoma care. It might be during your morning shower, after breakfast, or at bedtime. It's important to make it fit into your routine. Don't change your schedule for the stoma. Make it change for you. Having a regular time for pouch changing, etc. helps put some order into your schedule. It will also ensure that leakage or other problems can be kept to a minimum. If you know that your pouch always leaks on the fourth morning for instance, then begin changing it on the third night, if that time is convenient.

Don't be rough with your stoma. It's not unusual for it to bleed a little when washed. Just be careful not to be too brisk with the washcloth or whatever you use, as that might cause excessive irritation.

Eat a well-balanced diet; following special instructions from your physician, dietician, ostomy nurse, etc. Drink sufficient water and fluids unless you are medically restricted. Persons with ileostomies and colostomies should chew their food very well. Avoid eating too many hard to digest and gaseous foods at one meal.

Urostomy patients need to be sure to have sufficient fluids, unless told otherwise by the doctor, as fluids help prevent infections. Rinsing the pouch daily with a solution of 1/3 white vinegar and 2/3 water helps prevent crystals from building up on the stoma, and the wash will also keep the inside of the pouch acidic. Acid conditions prevent growth of bacteria.

Patients can usually shower with the pouch off or on unless instructed otherwise. Water will not hurt the stoma. Peristomal skin especially needs TLC. A properly fitting pouch, changed regularly, usually accomplishes this. Never tape the pouch if it is leaking. Change it!! If you have frequent leakage and have to change too often, call your ostomy nurse to make an appointment for re-evaluation. Perhaps another type of pouch would be better suited, or perhaps your stoma and peristomal skin need re-assessment. There might be some new products that will work for you. Don't hesitate to make an appointment.

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Skin Rashes Around the Stoma

*By Carla Mellon, RN, CWOA
Edited by Bobbie Brewer, UOAA UPDATE 9/2011*

There are several different types of rashes or skin breakdown that can occur around the stoma, under the pouch seal. Some of the more common types area: Urinary stomas can develop skin breakdown as a result of urine being in contact with the surrounding skin for an extended period of time. This will cause the skin to develop an overgrowth of tissue (hyperplasia) which may be referred to as "urine crystals".

The urine may even feel grainy in the pouch. This is very painful.

Treatment begins with correcting the cause: these causes may be pouch opening size, wear-time, it maybe that convexity is necessary to prevent leaking under the pouch seal, or adding an ostomy belt. Vinegar soaks 2-3 times per day are also recommended in severe case to break up the crystals. Ileostomy stomas usually develop skin breakdown as a result of stool being in contact with the surrounding skin. This can happen fast. Early symptoms include burning and itching under the pouch adhesive. Again treatment begins with elimination of the cause.

Steps to eliminate leakage and/or stool undermining or pooling under the adhesive must be taken. Barrier rings, strip paste, convexity, belts, etc., are just a few of the additions to the pouching system that may be needed in order to secure a good seal. The skin also will need to be treated with a barrier powder (stomahesive, premium, karaya) and sealed with a sealant (No-Sting) to provide a dry pouching surface for the adhesive since the skin is likely weeping. This situation also predisposes the patient to a yeast or monilia rash, characterized by a fine bumpy red rash usually along the edges of the redness. This must be treated with an antifungal powder. The antifungal powder can be used with the barrier powder or alone. It too must be covered with a sealant (No-Sting).

Colostomy stomas are also subject to monilia/yeast rashes as well as skin breakdown associated with stool being in contact with the skin. See treatment above under ileostomy stomas. All stomas are subject to allergic reactions associated with the adhesives on the pouching system or any product (cleanser, skin-prep) that you are using on your skin. Even if you have been wearing the same pouch, or using this product for years. You can develop allergies to any product. The only solution is to change pouching systems/products and find one that you are not allergic to. I often use Kenalog spray (prescription) to decrease the inflammatory process and provide pain relief until the offensive agent can be identified and eliminated.

Urology Concerns

*via Honolulu Ostomy Association, Edited by B. Brewer UOAA
Update 4/11*

Germs are all over the world, but when they are in the urinary tract, either in the conduit, the ureters, or the kidneys, they are in an abnormal location, and that is what causes an infection. What causes infection?

Mostly, the reasons are unexplainable. Why do some people get more colds than others?

Infections can be caused by obstructions, kidney stones, tumors, cysts or scar tissues. Almost synonymous with obstruction is infection, and then too often comes stone formation. Once you have stone formation, it's hard to get rid of the infection. It's a kind of a cycle that goes around and around.

Infection can be caused by urine being forced back to the kidneys through the conduit. This could happen if you fall asleep with the pouch full of urine and accidentally roll over on the pouch, causing urine to be forced back through the stoma and the urinary tract with tremendous pressure. Invariably, the urine in the pouch is contaminated.

In general, to prevent and treat infection, you need a good flow of urine, much like a stream. That not only dilutes the bacteria or germs in the urine but also helps wash them out. Two and one-half quarts of liquids daily are required for the average adult. Also antibiotic therapy is used to fight infection.

Night drainage is recommended. Otherwise, you run the risk of urine backing up into the kidneys which can cause irritation or infection. This is especially important for urostomates with only one kidney.

It's important to be aware of the symptoms of a kidney infection: elevated temperature, chills, low back pain, cloudy urine, or decreased urine output. People with ileal conduits normally produce mucus threads in their urine which give a cloudy appearance, but bloody urine is a danger sign. You must see your doctor if any of these symptoms occur.

Pregnancy After an Ileostomy My Personal Experience

by Karen B. Hart, Metro Maryland; via Seattle (WA) Ostomist

I always wanted to be a Mommy someday. Due to circumstances, it happened after ileostomy surgery. I was 25 years old when I experienced the first symptoms of ulcerative colitis. In 1990, after 6 years of the disease, I had to have ileostomy surgery. A few years later, after I got married and we had settled down, we were ready to start a family.

My gynecologist knew me for years before and after my surgery. The ileostomy surgery had altered the angle of the cervix. It was a little more difficult to get a pap smear than it was prior to surgery, but it has never really been a problem. The doctor did not feel that this would hinder natural delivery. As a matter of fact, he preferred not to perform a Caesarean section, so he did not have to cut through scar tissue created from the surgery. I asked the doctor if he had any other patients with an ostomy and he said he did not. But he had plenty of confidence and that reassured me.

I became pregnant in 1994 when I turned 35 years old. One of the concerns I had as I would grow larger was if people patting my stomach would be able to feel the stoma or the pouch. It wasn't really a problem because it did not occur as often as I thought it would. My clothing covered all signs of the ostomy anyway. I also wondered what would happen to my surgical scar -- would it stretch too? It seemed to do so, right along with my stomach.

Eventually, I had to depend more on a mirror when changing my pouch because I couldn't see everything. I used the same pouches throughout my pregnancy and childbirth that I had been using all along. Leakage had occurred occasionally but no more frequently than pre-pregnancy. (I am currently using better pouches than I had at the time, so it rarely happens now.)

At about 5 months, I noticed that the stoma had grown a little wider. I did not have any problems with food blockage (fortunately it has never been a problem for me).

I had read in literature that women with ileostomies who were pregnant did not have to worry about constipation or hemorrhoids, so that was a plus. Also, there was no enema used during childbirth.

In April 1995, I gave birth naturally to a healthy, almost 8-pound boy. The delivery was normal in every way. I brought extra pouches to the hospital in case I would need them. My stoma shrank down again, but it did not go back to quite the same size it was previously.

I am very blessed and feel fulfilled. The entire experience was rewarding.

Having an ostomy would not be a concern in any future decisions to have more children.

About Colostomies

from Philadelphia (PA) Journal via Oklahoma City (OK) Ostomy News

There are several types of colostomies. The word "colostomy" means to create a new opening in the colon for stool to pass through. A stoma is the opening on the abdominal wall for the colostomy.

The location of the stoma defines what type of colostomy a person has. An Ascending Colostomy is on the right side of the abdomen and is made from the upward (ascending) portion of the colon. The stool is usually semi-soft to liquid.

Bowel movements usually occur shortly after a meal. The pouch should fit well around the stoma without any skin showing. Stool will irritate any skin that is exposed. If skin shows between the stoma and pouch opening, a pouch with a smaller stomal opening is needed or the skin should be protected with paste.

A Transverse Colostomy is on the upper part of the abdomen and can be located anywhere along the horizontal (transverse) portion of the colon. The stool is usually soft to slightly formed. Usually a bowel movement will occur a few hours after a meal. Again, the pouch must fit well to prevent skin from being irritated by stool.

A Sigmoid Colostomy is on the lower left side of the abdomen and is made from the downward (descending) portion of the colon. The stool is usually soft to firm.

After a period of time a person's bowel movements may occur at about the same time of day as they did before surgery. People with sigmoid colostomies usually have a choice of whether or not to irrigate. An irrigation is an enema given through the stoma to help the colon have a bowel movement at a certain time of day.

Whether or not a person irrigates is that person's choice, depending on how regular bowel movements were before surgery. Irrigation is not painful but needs to be done on a regular schedule to train the bowel with a new habit.

Regardless of what type of colostomy a person has, once strength is regained, they may return to a normal day's activities. Having a colostomy will not handicap anyone in any way as long as they manage the colostomy instead of letting it manage them.

If You Have Internet Access . . .

Our website has been up and running. We have all kinds of information plus links to the national UOAA and Phoenix Magazine. Our current Mail Pouch is on the website in addition to archived ones. Our website address is:
www.ostomysupportarizona.org

If you have any questions or suggestions about the website, send an email to:
webmaster@ostomysupportarizona.org

Useful websites:

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| www.uoaa.org | www.cancer.org |
| www.bcan.org | www.ccfa.org |
| www.nih.gov | www.ccalliance.org |



**For the Upcoming Event:
Ostomy Health Fair
Saturday
March 07, 2015
10:00 a.m. – 2:00 p.m.**

**Where:
First Presbyterian Church
161 N. Mesa Drive /
Fellowship Hall
Mesa, AZ 85201**

Free Admission

Vendor Exhibits

Free Samples

**Latest Ostomy Products & Medical Accessories
Demonstrations by Professional Ostomy Specialists
Private Consultations by Ostomy Graduates & WOCN Nurses**

Door Prizes

Patient Networking

WOCN Nurses

