

# The Mail Pouch

## Ostomy Support Group EV/AZ

May 2015

### Our Next Meeting is

**Sunday, May 17, 2015  
2:00 PM**

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

### May Program

Looking forward to another enthusiastic and very informative meeting!

Angela Okeke, from Elite Home Health Services will be sharing with us. Better care for Ostomates is a big part of their service and much more. Plan to come and be informed !

And don't forget the 5 minutes of 'Motion is Lotion' requested from the April meeting to happen at each meeting.

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**UOAA:** For information for ostomates and to view upcoming conferences and events, go to [www.ostomy.org](http://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](http://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

Roberta Nixon, RN, MSN, CWOCN

### 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  
May 17, 2015**

### Board Meeting Date:

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

**The meetings will include June and July this year.**

**Many feel there is definite need. More about this at our May meeting.**

## Officers and Directors

**President: Roxanne Camp**

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foxyroxyinaz@gmail.com

**VP/Program Coordinator: Breanna Reeser**

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breareeser@gmail.com

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**Director: Maureen Hymel**

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**Director/Webmaster: Robert Miller**

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**Director of Projects: Gretchen Rodriquez**

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**Visitation: Bobby King**

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**Refreshments: Florence Park**

480.964.8953

**Ostomy Supplies: Kathy Scoles**

480.668.1462

kathyscoles14@gmail.com

A letter from the Vice President;

April 20th, 2015

Why pay dues?

Did you know that we rely on your financial support to continue providing these meetings and that our entire leadership is voluntary only?

Our Board of Directors works very hard to organize and run monthly events with programming that is applicable, fun and informative. They advocate for you by finding highly qualified speakers and nurses for each program and by actively seeking ways to get our group's information out there. Just a few other examples of their tireless efforts include meeting set up and tear down, volunteering at sister organizations, tabling events, attending conferences, writing and managing the news letter and facilitating the snacks at each meeting. We want to continue reaching out to new ostomates while we continue support for our current members, but none of this is possible without your membership dues and financial support.

As Vice President of this chapter, I want to thank the current paying members for your ongoing support. I also want to take this time to urge non-members to consider becoming a member. The year membership cost of only \$20 dollars is a great value to you and a vital investment in the future of our chapter. Please, if you have been to three or more meetings, consider becoming a member so that we may continue our legacy with your help.

Sincerely,

Breanna Reeser, MHI, ATC, LAT, EP-C  
Vice President  
Ostomy Support Group EV/AZ

**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

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Look for the Suggestion Box on the Welcome table!

Thanks for your suggestions put in the box at the meeting. These are suggestions the Board needs to consider; therefore they will not be published.

Do you have Tips for a better life for the Ostomate?

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**The 2015 Youth Rally will take place July 13th - 18th at the University of Colorado Boulder in Boulder, CO.**

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**UOAA CONFERENCE  
SEPTEMBER 1 – 6  
ST. LOUIS, MO  
WELL WORTH THE TIME TO ATTEND!!!!**

**Check at: [www.uoaa.org](http://www.uoaa.org)  
1-800-826-0826**

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**Oct 3, 2015  
World Ostomy Day**

## GOOD NEWS!

Prescott is having their first unofficial Ostomy Support meeting May 5.

For information call: Emma Sanders

928 533 2215

Pass the Word !

They welcome your encouragement & support!

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### Message from Vella Owens:

It's been a pleasure filling in as president the past 5 months. You are among the best in "wonderful" people to serve with.

It's such a 'breath of fresh air' welcoming Roxanne Camp as our President and Breanna Reeser as our Vice President. Let's do our BEST to support and serve with them.

Thank you WOCN's and ALL VOLUNTEERS!

Vella

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### Sunshine Report

2 cards sent: one to Florence Park- get well and one to Sandy Clark- thinking of you.

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1. We will be changing our sign in style, look for the new changes when you sign in next meeting
2. We will now be accepting donations and membership dues via credit or debit at meetings
3. We will be starting each meeting with a 5 minute guided move and stretch session lead by our VP Breanna Resseer

## Hospitalization Guidelines Guidelines for Ostomy Patients

by Dr. Lindsay Bard; via Chicago (IL)

It is important for a person with an ostomy to know how he/she should be handled differently than someone without an ostomy when you need to be hospitalized. It's up to you. It is very important to communicate to medical personnel who take care of you, including every physician that treats you, that you have an ostomy, and what type of ostomy you have. Here are some rules to help you cover the details:

### Rule 1 – The Cardinal Rule!

If you feel something is being done or going to be done to you that might be harmful, refuse the procedure. Then explain why to the medical personnel, especially your physician. They will then decide with you if the procedure will actually be in your best interests.

### Rule 2 – Supplies

Bring your own supplies to the hospital. Never assume the hospital will have the exact pouching system or irrigation system you use. Most hospitals have some supplies available. These are used for emergency situations.

### Rule 3 – Laxatives & Irrigations

Follow the points below concerning laxatives or irrigation practices, according to which type of ostomy you have. Medical personnel often assume all stomas are colostomies. But, of course, practices vary among the various types of ostomies.

A transverse colostomy cannot be managed by daily irrigations. The only colostomy that can be managed by irrigations is the descending or sigmoid colostomy.

However, sigmoid or low colostomies do not have to be irrigated in order for them to function; many people with sigmoid colostomies prefer letting the stoma work as nature dictates. If you do not irrigate your colostomy, let the fact be known to your caregivers. If your physician orders your bowel cleared, irrigate your own colostomy; do not rely on others. There is a strong possibility that those caring for you will not know how to irrigate your colostomy.

Bring your own irrigation set to the hospital.

If you have an ileostomy or urinary diversion ostomy, never allow a stomal irrigation as a surgical or x-ray preparation.

Remember that laxatives or cathartics by mouth can be troublesome for people with colostomies. For people with ileostomies, they can be disastrous—people with ileostomies should always refuse them. A person with an ileostomy will have diarrhea, may become dehydrated and go into electrolyte imbalance. The only prep needed is to stop eating and drinking by midnight the night before surgery. An IV should be started the night before surgery to prevent dehydration.

#### **Rule 4 – X-rays**

X-rays present special problems for people with ostomies, again, differently managed according to ostomy type:

A person with a colostomy must never allow radiology technicians to introduce barium into your stoma with a rectal tube. It is too large and rigid. Take your irrigation set with you to x-ray and explain to the technicians that a soft rubber or plastic catheter F#26 or 28 should be used to enter the stoma. Put a transparent pouch on before going to x-ray. Have the technician or yourself place the rubber or plastic catheter into your stoma through the clear plastic pouch. When enough barium is in your large bowel for the x-ray, the rubber or plastic catheter can be withdrawn and the open end of the pouch closed.

The pouch will then collect the barium as it is expelled and can be emptied neatly after the procedure. Once the x-rays are completed, irrigate normally to clean the remaining barium from your colon. This will prevent having to take laxatives by mouth after the procedure.

A person with an ileostomy may drink barium for an x-ray procedure, but never allow anyone to put barium into your stoma.

A person with a urostomy can have normal GI x-rays without any problems. Never allow anyone to put barium in your stoma. At times, dye may be injected through a soft plastic catheter into a urostomy for retrograde ureter and renal studies, often called an ileo-loop study. The same study may be performed on a urostomy patient with a Kock pouch. The dye will be injected via a large syringe; this can be a very painful procedure if the dye is not injected very slowly. Even 50 mL will create a great deal of pressure in the ureters and kidneys, if injected rapidly. Remember to request that the injection be done slowly.

For anyone who wears a two-piece pouching system: you may remove the pouch just prior to the insertion of the catheter, and replace the pouch after the procedure is completed. If you wear a one-piece pouching system, bring another with you to the x-ray department to replace the one removed for the procedure. In the event you are incapacitated, and cannot use your hands to replace your pouching system, request that a WOC nurse in the hospital be available to assist you. The WOC nurse will be able to replace the skin barrier and pouch for you before you leave the x-ray department.

#### **Rule 5 – Instructions**

Bring with you to the hospital two copies of instructions for changing your pouching system and/or irrigating your colostomy. Provide one to your nurse for your chart and keep one with your supplies at bedside. If you bring supplies that are not disposable, mark them “do not discard.” Otherwise, you may lose them.

## Rule 6 – Communicate!

Again, let me stress that you must communicate with the hospital personnel who take care of you. You will have a better hospital stay, and they will have an easier time treating you.

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### Not Everyone Knows

by Sharon Williams, RNET; via Abilene (TX) *Tomy*  
*Tabloid*

The experience of having a new ostomy can be quite frightening if one does not understand what is normal in stoma appearance and ostomy function and what is not normal. Although each ostomate is uniquely individual, there are some basic generalizations which can be cited in the postoperative period. For example, the normal, healthy stoma is bright red in appearance, resilient to the touch and may bleed slightly if rubbed when the peristomal skin is being cleansed. A marked change in stoma mucosa color or appearance should be reported to the physician or enterostomal therapist. Also, bleeding from inside the stoma (whether urinary or fecal) should signal a call to the physician for further testing.

It is normal for an individual with an ileal conduit or sigmoid conduit urinary diversion to have some mucus in the urine. Drinking sufficient amounts of water (8-10 glasses per day minimum) will help to keep the urine and mucus diluted.

It is normal for the skin surrounding the ostomy to be in the same condition as the skin on other portions of the abdomen. Redness, rashes, urine crystal buildup, etc., are not normal and should be reported to the enterostomal therapist or physician.

In individuals with colostomies and ileostomies who still have a rectum intact, it is normal to expel mucus through the rectum. The mucous membrane lining the rectum will continue to produce mucus, even though an individual is "re-routed."

It is normal for the stoma to change slightly in shape and size due to peristalsis (contractile motion of the bowel which propels contents through the intestinal tract). However, marked swelling, prolapse, or shrinking in size of the stoma should be checked by a professional.

It is normal for some colostomates and ileostomates to feel as though they still need to have a bowel movement (phantom rectal sensations) even though the rectum has been removed. The sympathetic nerves responsible for rectal control are not interrupted during surgery and therefore the sensations are still present. Knowledge of this fact may alleviate anxiety.

In summary, get to know your stoma and what is normal for you. Only by recognizing the norm can one know when and if a problem develops.

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## **Ostomy Support Group EV/AZ APPLICATION FOR YEARLY MEMBERSHIP**

Membership is open to anyone interested in learning about Ostomies, how to care for yourself or loved one after surgery and what to expect before surgery. We have Wound Care Ostomy Nurses at every meeting to answer your questions. Your membership includes a subscription to the chapter's monthly newsletter. We also have ostomy supplies FREE at every support group meeting! (Bring your product brand name, stoma size, etc with you). Be sure to visit our website for more information:

[www.ostomysupportarizona.org](http://www.ostomysupportarizona.org)

Membership dues are \$20.00 per year, due each August

Complete this form and bring it to the next meeting or mail it with your check to:

Ostomy Support Group EV/AZ, c/o Paula Nelson

6712 Des Moines St.

Mesa, AZ 85205-6827

Member's NAME: \_\_\_\_\_

E-Mail \_\_\_\_\_ PHONE: \_\_\_\_\_

SPOUSE'S NAME: \_\_\_\_\_

LOCAL ADDRESS: \_\_\_\_\_

OUT-OF-STATE ADDRESS: \_\_\_\_\_

PLEASE CIRCLE ALL THAT APPLY: Colostomy Ileostomy Urostomy

**Ostomy Support Group EV/AZ**  
**P.O. Box 1681**  
**Mesa, AZ 85201-1681**



### **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](http://www.ostomysupportarizona.org)

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

### **Useful websites:**

<a href="http://www.uoaa.org">www.uoaa.org</a>	<a href="http://www.cancer.org">www.cancer.org</a>
<a href="http://www.bcan.org">www.bcan.org</a>	<a href="http://www.ccfa.org">www.ccfa.org</a>
<a href="http://www.nih.gov">www.nih.gov</a>	<a href="http://www.ccalliance.org">www.ccalliance.org</a>

**BE SURE TO VISIT OUT WEBSITE: [www.ostomysupportarizona.org](http://www.ostomysupportarizona.org)**