

The Ostomy Support Newsletter Of Jacksonville, Ocala, Amelia Island, Gainesville, & The Villages







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### Check Out The MailBag Now On FaceBook

https://www.facebook.com/JaxUOAA/?ref=aymt\_homepage\_panel Find all the past issues of the MailBag at <a href="http://ostomymcp.com/id6.html">https://ostomymcp.com/id6.html</a>

#### Jacksonville Contact Information:

Patti Langenbach (800) 741-0110 (904) 733-8500

patti@ostomymcp.com

Support group meets the 3rd Sunday of each month 3 p.m.
4836 Victor Street
Next Meeting: April 16th
Also join us by Zoom
https://us06web.zoom.us/j/
94640600811

Meeting ID: 946 4060 0811 or call +1 301 715 8592 US

### Gainesville Support Group Contact info:

#### **Ocala Support Contact info:**

Karen Franco 352-304-1309

Meets the 2nd Sunday of each month
(except July & Aug) at 2 p.m. at the
Sheriff's Station 3260 SE 80th Street
between Ocala and Belleview.
Next Meeting: TBA

### Citrus County Support Group Has Disbanded

To find a support group in your area visit:

https://www.ostomy.org/support-groupfinder/

### Amelia Island Area Ostomy Support Group

(904) 310-9054
Meets second Monday of each month
at 6:30pm
Next Meeting: **TBA** 

#### **The Villages Ostomy Support**

We meet on the 2nd Tuesday evening of each month at 6:00 PM at (except July & August Linda Manson tvostomy@gmail.com

865-335-6330

Next meeting -April 11th @ 6 pm

Saddlebrook Rec Center (near Polo Field)

Masks Required

Contact Linda tvostomy@gmail.com



### Reprinted from Colostomyuk.org



We asked you for all your advice on tackling Pancaking and you did not disappoint! Thank you so much for everyone who shared, liked and commented throughout social media. Pancaking is certainly not the most pleasant part of life, but it is a reality for many ostomates. We hope that you have picked up some new tricks and techniques. Here are all the comments below...

"My experience with pancaking very much depends on the consistency of the stoma output which varies with my diet."

"Increasing your daily intake of water seems to be the number one home remedy for pancaking."

"Increase your fibre intake, this can also help alter the consistency of the stool."

"Really you need to keep the consistency of the faeces softer by increasing the fluid and perhaps fibre."

"You can also grease the inside of your bag with oil (olive oil or baby oil). This helps the stool to slide down inside the bag. Alternatively, try using a lubricating deodorant."

"Just as you apply your bag blow a little bit of air into it to prevent it from being completely flat. Towards the top of the appliance there is a filter, which allows the gas to escape. Sometimes the filter works too well and causes the bag to suck together it is worth placing a filter cover over this (they are the little stickers that come in the box with your bags) This allows the gas to create a bit more space for the stool to move down in the bag."

"I cover the filter on the pouch with the little plaster like stickers that come in the box. By covering the filter any gas is trapped inside the pouch and usually preceding every bowel motion is a little wind, which inflates the pouch slightly allowing the motion to pass freely into the pouch (especially if it is oiled inside). This also has the dual benefit of giving you total control over odour."

"I have dealt with it by lifting the plastic at the front of the bag, lower down than the stoma and then pushing down on the pancake with the plastic to get it away from the stoma. This seems to do the trick and allows further emissions to drop into the bag more easily."

"I have a colostomy and use adapt lubricant deodorant which helps but I put the bag inside my underwear so yes it does pancake so I empty it often and so far only had a couple of issues."

"I use stoma bridges, little sponge squares that stick inside the bag so it stays a little open. They are available from your stoma suppliers along with your normal prescription. Since discovering them I have not had any pancaking problems. If anyone wants to know more about them I can find the order reference number."

"Leave a little air in the bag/stick a ball of tissue in their to allow space for output and reduce pancaking! Also make sure skin is nice and healthy! Any soreness will cause issues so use barrier sprays/creams or speak to your stoma nurse!"



- "I use stoma bridges available from my supplier and I don't have any problems with pancaking any more."
- "A little squirt of baby oil eases all my pancake worries."
- "A little bit of baby oil in the pouch."
- "I definitely don't miss pancaking since I've been reversed I do remember I used to eat a curry and it would sort it out!"
- "Keeping stool soft, drink 2 litres water daily, otherwise use Lactulose to soften faeces. Wear a light convex flange, wear a belt. It's very difficult to overcome pancaking but try to keep faeces soft and don't get constipated."
- "Drink plenty but not just plain water, alternate with cordial and fruit juices to keep output softer. Some people find convexed bags help but you have to see a stoma nurse before you use them as they can cause problems if you don't need them."
- "I have increased my fluid intake, oil the bag, blow air in the bag and I still pancake might try the fibre option though."
- "Drinking plenty of fluid tea coffee water and fruit juice helps with the pancaking. Also try some baby oil in the top of your bag as this will help your output slide down."
- "If pancaking is just stool sitting around stoma, then just one of those things, especially if like me you need to wear strong support pants and a Lycra wrap belt for hernias. If it leaks out under the flange then that is horrid. I hardly ever a leak I say with fingers crossed using Sensura Mio Convex. So just change and clean up whenever necessary. Decided pancaking on stoma is unavoidable whatever I eat or drink."
- "My tip is that I blow some air into the bag before putting it on and also put baby oil in, now comes the fun bit when I have the bag on and have it stuck on most of the way round, I leave a tiny gap at the top above the stoma. I then get a long straw and blow more air in. (I have the filters covered as this would otherwise let air out.) Then stick down the top of the bag."
- "I stand facing the toilet with the seat up. Remove bag & bend over slightly in case more stool come out. Aim my stoma down. Then with toilet paper remove all caked stool around the stoma & in the top of bag. I repeat this every 30-60 min as I feel myself go & keep emptying it. Can't let it build up as the pressure will cause leaks on the side of bag."
- "I was given some Ostomy bag lubricant/deodoriser. Each small bottle cost the NHS about £7. After it had all gone I thought, what else can I use without putting more on my order !?? Antibacterial Hand Gel! I get Big bottles from the £1 shop and put into a smaller bottle in my changing bag. It does the same job."
- "For a natural alternative, you can mix essential oil drops such as peppermint or eucalyptus into a neutral carrier oil like vegetable oil and put a drop of the mix in the bag. Lubricates as well as deodorises!"
- "I also find warm drinks help soften my tummy after a pancaking episode, and if you are brave, going bagless in the privacy of home. I've sat on the loo several times massaging my tummy and it helps output a lot."

Thanks so much for everyone who sent in advice, of course if pancaking is a persistent problem contact your stoma care nurse.



### FOUR STEPS FOR DEALING WITH A FLUSH STOMA

By Wendy Lueder, Broward County (FL), "Broward Beacon

One of the more difficult challenges an ostomate may face is dealing with a stoma that either protrudes just a little bit or not at all. Some are even what I like to call "below the water line" or lie below skin level. After some unsuccessful surgery I have been dealing with this condition for a few years. When your stoma is flush the output has difficulty being directed into your pouch, thus, leaks occur and pouch changes are more frequent and annoying. For ileostomates or colostomates with a liquid output, changing your skin barrier wafer immediately when experiencing leakage is not an option to be delayed, as the output contains digestive enzymes and bile salts which damage and irritate your skin. If you have a flush stoma, here are four suggestions that might help make your life easier.

**First** try using a skin barrier wafer that has built in convexity. This means that the wafer doesn't lay flat on your skin but has a gentle curve toward your body that pushes the skin around your stoma down and away. But for some, this solution is insufficient to take care of the problem, and greater convexity is needed.

**Secondly**, you might try the ostomy products on the market that are in the shape of flexible washers called Barrier Rings. You may know of them as Eakin Cohesive Seals (distributed in North America by Conva-Tec), or Adapt Barrier Rings by Hollister. There are also other generics on the market Be careful. Quality does differ among these rings. If placed around the skin of your stoma underneath the barrier wafer, the rings add an extra depth of convexity thus helping to push the skin down around your stoma even farther. Remember, no other skin creams, preparations of any kind or stoma pastes should be used along with the barrier rings, as this will adversely affect the adhesion of the seal. Also make sure your skin is clean and dry before applying and use a soap with no oils or creams. I use a hair dryer set on very low to make sure my skin is dry in humid South Florida.

**Third** hint is that you actually might need to use an ostomy appliance belt (not a hernia belt). Conva Tec makes a white one and Hollister a fleshtone one. Both can be used interchangeably and snaps onto the sides of your pouch. I put very little pressure on with the belt, forcing my skin barrier closer to my body and thus pushing my stoma up. DO NOT use a belt without first consulting your ostomy nurse or doctor as some conditions such as a hernia make wearing one a prohibited option. As all three of these options used together still don't completely solve my problem I've had to go to

**DEF- CON level 4**. I have to lose weight. Some extra pounds I really don't need have given my tummy a little pooch which makes my convexity options less effective. As I've been losing weight, tummy's gotten flatter and the convexity options one through three are more effective. When out to dinner with my husband, I hate this option as desserts are always calling to me off the menu. But a functional ostomy pouching system just happens to be more important. Reprinted from Hamilton (ON) & District Ostomy Association

### POOR OSTOMY MANAGEMENT IDEAS

The following are poor procedures we found some people implement to manage their ostomy system. They are not recommended because they will yield less than optimal results. Sometimes we all do things that seem logical at the time but inadvertently lessen our quality of life.

**Using alcohol regularly to clean the peristomal skin**: This may result in itching, skin irritation and damage to sensitive tissue. Wrapping the drainable pouch tail around the clamp before closing it: This will not make the clamp work better. All it will do is spring the clamp out of shape. Replace your old clamp with a new one every month.



Wearing a pouching system for as long as you can until it leaks . . . the actual goal is to change the skin barrier before it leaks. Two or three times a week is about average. Using the same pouching system too long: Seven days is the maximum recommended. Pouches can become saturated with odor, which cannot be removed.

**Ignoring skin problems:** Always treat any skin irritations when you change your ostomy .system. Barriers covering damaged areas are made actually to help heal them if used properly.

Let the pouch get full before emptying it: Excess weight will separate a two-piece system and will put too much weight on the skin barrier resulting possibly in multiple problems. Empty the pouch at least when it is about one-third full.

**Not wearing seat belts in a car**: A well placed and adjusted seat belt should not cause a major interference with stoma function or damage your stoma. In an accident, is possible that your stoma is injured, but it is much easier to repair a bruised stoma than a crushed skull.

**Living with unsatisfactory ostomy management**: If you are unhappy with how your ostomy system works, make an appointment . . . now with a WOCN nurse. Most ostomy nurses really have great ideas.

**Not coming to your local ostomy association meetings:** once you figured out this thing, sharing with others turns out to be a surprisingly good way to keep yourself proactive and happy. Reprinted from ostomy support group of greater Chicago. The optimist

### **UOAA's 8th National Conference-Postponed**

AUGUST 10, 2023 - AUGUST 13, 2023

https://www.ostomy.org/event/uoaa-8th-national-conference/

Visit the Peristomal Skin Assessment Guide for Consumers <a href="http://psag-consumer.wocn.org/#home">http://psag-consumer.wocn.org/#home</a>

### **UOAA COVID-19 UPDATES**

UOAA will update this blog post with any information that may affect our community.

https://www.ostomy.org/coronavirus-effects-on-the-ostomy-community/



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