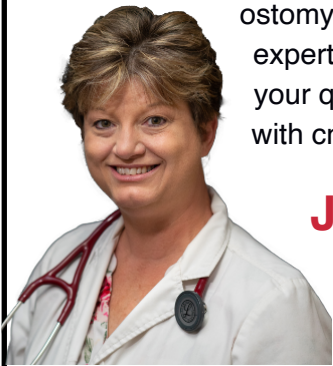




Advanced Wound, Ostomy & Continence Care

AWOCC serves Ocala, Florida and the surrounding communities with advanced wound healing, education, prevention and assists with complicated ostomies. At AWOCC, we strive to give personalized care and develop a family atmosphere, as we journey down the path toward healing.

At Advanced Wound, Ostomy & Continence Care, we understand the challenges and concerns faced by individuals living with an ostomy. Our dedicated team of healthcare professionals specializes in providing comprehensive ostomy management to help you lead a fulfilling life. With our expertise and compassionate approach, we strive to improve your quality of life and empower you to manage your ostomy with confidence.



Joy Hall, APRN, CWON-AP
1-352-897-0063



<http://www.corstrata.com/>

Virtual Wound Care & Ostomy Services

Jacksonville Contact Information:

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

mcp@ostomymcp.com

Support group meets the 3rd Sunday of each month 3 p.m.

4836 Victor Street

Next Meeting: **April 21th**

Also join us by Zoom

[https://us06web.zoom.us/j/](https://us06web.zoom.us/j/94640600811)

[94640600811](https://us06web.zoom.us/j/94640600811)

Meeting ID: 946 4060 0811

or call +1 301 715 8592 US

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 9th** @ 6 pm

Saddlebrook Rec Center (near Polo Field)

Masks Required

Contact Linda tvostomy@gmail.com

Visit the Peristomal Skin Assessment Guide for Consumers

[http://psag-consumer.wocn.org/](http://psag-consumer.wocn.org/#home)

[#home](http://psag-consumer.wocn.org/#home)

UOAA Discussion Board

[https://www.uoaa.org/forum/](https://www.uoaa.org/forum/index.php)

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Find all the past issues of the MailBag at <http://ostomymcp.com/id6.html>

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Considerations: when to offer a closed end pouch for ostomy patients *From Coloplast Professional*

Mackenzie Bauhs, CWOCN, is currently an employee and Ostomy Clinical Consultant for Coloplast. She obtained her bachelor's degree at Carroll University in Wisconsin. She has worked with ostomy patients in the post-operative period at the University of Wisconsin Hospital and Clinics in Madison, Wisconsin as well as outpatient ostomy care at Rush University Medical Center in Chicago, Illinois.

As a WOC nurse, there are many elements to an assessment of a patient. While assessing a patient with an ileostomy or colostomy, a skin, nutrition and post-operative assessment may take place, as well as an overall quality of life assessment. There are customizable options to enhance our ostomates' quality of life with pouching solutions. Let's explore ways to customize by teaching about closed end pouches to build patient confidence and quality of life.

When providing ostomy pouch selection options for patients with stomas, many factors come into play. Factors to consider could be ostomy type, personal preference, and lifestyle. Additionally, the patient may want to choose a different pouch system than what is initially used in the hospital.

Ostomy type and Location

Selection of closed-ended pouches for colostomy patients can be determinant on their ostomy location. Descending or sigmoid colostomies are ideal given bowel habits as well as formed stools. This specific patient population can utilize closed-end pouches in a one-piece or two-piece option.

- The one-piece system can be changed daily or every other day, depending on bowel habits. This means the gentle adhesive is being removed from the skin more frequently.
- The patient may instead opt for a two-piece option, leaving the barrier on longer, but removing and replacing the pouch more frequently, as needed. This helps reduce the frequency of removing the adhesive barrier from the skin.

Personal Preference

In an outpatient setting or home care setting, patients or clinicians may choose an adhesive coupling two-piece closed-end pouch. The closed-end pouch allows for a low profile, easy application of the adhesive coupling, and supports an active lifestyle. This option may be recommended for patients with poor dexterity or have difficulty with:

- application of a two-piece mechanical coupling
- rolling up a closure option
- emptying adequately on their own

Caregivers may not always be available in cases where they help empty the pouch for the ostomate. Closed-end pouches also offer independence to those who are unable to adequately empty their pouch. In my experience, a closed-end pouch has been well-received by both patient and family members.

Lifestyle

Activity level is another consideration when selecting a closed-end pouch. For athletic or active patients, this is a nice alternative and can be for ileostomates or colostomates who participate in short-term activities such as swimming or yoga class. This can be a personal option that is free of worry and fit for the individual while considering the output and frequency of output or bowel habits. While assessing the patient, hobbies and activities the patient likes or is involved in can help tailor your care and pouching management as a clinician to impact the patient's quality of life.

Intimacy is not always thought of when it comes to ostomy lifestyle and management. Closed-end pouches may be selected for convenience, confidence, or discretion if the ostomate wants to conceal their stoma and output.

This allows for the ostomate and partner to have intimate moments with a shorter length to the pouch as well. Patients have shared their experience with me that he or she has used a two-piece option and selected the closed-end pouch for intimacy and then discarded and replaced with their routine daily pouch afterwards.

“Going beyond the clinical practice of ostomy care is vital when it comes to helping patients feel more confident about moving forward.” Ostomy Life study 2018-19

Closed-end one- or two-piece adhesive coupling or mechanical coupling pouching systems are determined by the needs, desired effects, and individual preferences of the patients. We explored a few of these options, but there are many more options available based on individual desires or lifestyles. Learning about an ostomate’s lifestyle is a unique way to personalize ostomy care. Personalizing care helps them be more confident and active, and ultimately enhances the quality of life for those living with an ostomy. ●

The materials and resources presented are intended to be an educational resource and presented for general information purposes only. They are not intended to constitute medical or business advice or in any way replace the independent medical judgment of a trained and licensed physician with respect to any patient needs or circumstances. The information presented or discussed may not be representative of all patient outcomes. Each person’s situation is unique and risks, outcomes, experience, and results may vary. Please see complete product instructions for use, including all product indications, contraindications, precautions, warnings, and adverse events.

Healing Skin After Leakage

Modified from www.myostomycare.com via “The Courier,” Ostomy Support Group-Tucson, AZ and “The Austi-Mate Journal,” Austin, Texas

Leakage happens from time to time, like forgetting where you put your keys, or putting your shirt on backwards. It should not happen regularly. If leakage is a regular occurrence, you may need to review your pouching system with your Nurse Specialized in Wound, Ostomy & Continence (NSWOC) or WOC nurse. Leakage can irritate skin. It can feel like a burn, and it can itch. Reactions can vary by type of ostomy:

- Urostomy: The moisture of urine, and the waste products that make it urine, can cause irritation of the skin. The skin around the stoma may turn whitish grey.
- Colostomy: The moisture content of the stool on the skin can cause irritation. The higher up in the bowel the stoma is located, the more moisture there will be in the stool.
- Ileostomy: The moisture content of the stool is quite high, and this can damage the skin. Ileostomy output also contains digestive enzymes, chemicals our body makes to help breakdown food. These enzymes also work on the skin, and cause damage.

Damaged skin can be red, itchy, or burning, and sometimes is weepy or oozing. This weepiness is moisture coming to the surface of the skin to help heal the damaged areas. If your skin was uncovered, this would make a scab.

Your pouching system sits on top of this damaged area. The moisture your body is sending to heal this area will break down your seal more quickly. This leads to leakage on tissue that is trying to heal. Damaged skin will start to heal as soon as the cause (leakage) is removed. To help the skin heal and become dry again, you will need to change your pouch more often until your skin is healed.

Creating a Dry Surface Over Damaged Skin. Some people use crusting to absorb some of the extra moisture. “Crusting” refers to the use of ostomy powder and a skin barrier film to create a dry surface over top of damaged skin around a stoma. It is done in the case of skin breakdown where there is a small amount of moisture present.

Leakage behind the flange causing skin damage should be a once-in-a-while event, like putting your shirt on backwards. If you are having weepy, irritated skin every time you change, something isn't right. Perhaps your flange is cut too small, or too large, or maybe you are waiting too long in between changes. Barrier rings are also helpful for absorbing some of the extra moisture coming from your skin as it heals. Most manufacturers will send out free supplies. A process of trial and error is usually what's needed to find out what works best for you.

>> **Change BEFORE the Next Leakage Happens!**

Changing your pouch before stool or urine gets on your skin again is the most important factor in helping skin heal. Sometimes this means changing daily or every second day until your skin is healthy. Once the skin around your stoma is healing and dry, you can return to your regular change schedule.

Post Ostomy Surgery: Do's and Don'ts of Exercise Source: UOAA New Articles to Share

Exercising after ostomy surgery is about patience and doing what feels right. It's important to take your time and know your limits. When you begin working out again, you may run into some challenges or limitations. Be patient and don't give up. Before long, nothing will stand in your way.

Optimal Ostomy Exercises: After ostomy surgery, many people may find these activities to be easier than others. But before starting any new exercise, talk to your doctor to make sure you're ready.

Core muscle conditioning: People who have an ostomy are at greater risk for having weakened core due to years of digestive or bladder issues, coupled with surgery. Building back core stability and flexibility is important, as it makes exercises and routine activities easier.

Here are a few basic exercises to get started:

- Hip Extensions
- Upper Body Extensions
- Arm/Leg Extensions
- Pelvic Tilt
- Bridging

Swimming: Swimming is great exercise. It works your whole body without putting strain or pressure on your stoma. Most ostomy pouching systems are water resistant, even for swimming. First, ensure that your pouching

system is securely in place. Then, cover the vent on your deodorizing filter with a filter cover to prevent water from entering the pouch. For more swimming tips visit: <https://meplus.convatec.com/articles/swimming-with-an-ostomy/>

Walking: Get your steps in. Walking is a simple and energizing way to exercise. When walking, you can build up fitness at your own pace. Walking can also reduce stress and constipation.

Reminder! Choose an activity you enjoy. Running, jogging, swimming, climbing, skiing; when it comes to working out with an ostomy, you shouldn't be prevented from staying fit the way you want to. The me+™ recovery series, provides information and support about the importance of movement and physical activity after ostomy surgery. Editor's note: *This educational article is from a UOAA digital sponsor, ConvaTec. Sponsor support helps to maintain our website www.ostomy.org and the free trusted resources of UOAA, a 501(c)(3) nonprofit organization.* ■

AIR TRAVEL TIPS FROM UOAA AND THE TSA

<https://www.ostomy.org/ostomy-travel-and-tsa-communication-card/>

July 8 - July 13

2024 YOUTH RALLY

University of Colorado at Boulder 914 Broadway, Boulder, CO, United States

Youth Rally is a one-of-a-kind camp experience for youth living with conditions of the bowel and/or bladder system. This year's Youth Rally will be held at the University of Colorado Boulder in Boulder, Colorado from July 8 -13, 2024. Registration is now open. CLICK HERE <https://youthrally.org/> to learn more and secure your spot today!

UOAA'S 8TH NATIONAL CONFERENCE

Announcement: The 2025 UOAA National Conference will be August 14-16 2025 in Orlando, Florida at the Hyatt Regency Grand Cypress Resort. Check back later for more information on a special hotel rate and program information.

Thank you to all the attendees, sponsors, speakers, exhibitors and volunteers at our 8th National Conference held August 10-12, 2023 in Houston, Texas! UOAA National Conferences are held every two years so details about the next gathering in 2025 will be shared when available. Check out the recap video below for a peak at the conference experience.

https://www.ostomy.org/wp-content/uploads/2023/07/8th-National-UOAA-Conference_Program-Schedule_07182023.pdf

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