

The Mailbag



Meetings are held at the Baptist Medical Center
8th Floor - Meeting Room C - 3rd Sunday of each month 3PM

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**Please plan
to join us
Sunday Dec.
18th
starting at
3 p.m.**

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OSTOMY SUPPORT GROUP

I would like to thank the three new people that where at our November meeting. It was nice to see new faces. But I miss the old faces. We are still having our meetings.

I have decided to restart the door prizes, 50/50, snacks, and beverages. So please come out and help me with these new people as they need advise from the people who already have an ostomy.

We need volunteers to put packets together at Medical Care Products. Please telephone me at (904) 422-8165 so that we can get a couple of people to put packets together. Thanks Brenda & Patti. We are planning a date in December 2005.

We will be having a meeting on December 18, 2005 at 3:00 p.m. at Baptist Medical Center, 8th Floor, and Function Room C.

We are starting our Ronald McDonald House annual Christmas present donation, which begins in October 16, 2005 (this meeting). Please bring a wrapped gift with a minimum amount of \$5.00 spent on the gift. Label it if it is a girl or a boy and what age. Then bring it to our meetings or drop it off at Medical Care Products

We are still collecting the pop tabs for the Ronald McDonald House. We are going to see if we can fill a gallon jug by the end of the year. We will collect these at every meeting or you can drop them off at Medical Care Products. So please get your whole family involved and even your fellow employer by putting a can next to either the garbage cans or the soda machine. This is to help a very important cause.

Also, please remember if you have any extra supplies that can be donated to our closet for those less fortunate and or to help individuals during the hard time or in between insurance companies. Either bring to a meeting or take them to Medical Care Products or call Brenda Holloway and she will arrange to pick them up at your home, her number is 422-8165. We appreciate all you do for our closet.

Thank you for your time,
Brenda L. Holloway, Support Group Contac

EMPLOYMENT ISSUES

Quick Tips for the Workplace

Back to work having a stoma has little bearing on your employment. Most people with ostomies return to their jobs after surgery. Though absence of work can be frustrating and isolating, you must allow sufficient time (usually 3-6 months) to recover fully from your operation. Deciding when to return to work should be determined by you, your doctor, surgeon, and ET nurse. You may tire more easily upon returning to work. If so, ask your employer if you can work part-time for the first few weeks back on the job.

On the Job: You will need good toilet and washing facilities at your work site, with privacy available for changing your pouch. Keep spare wafers, pouches and accessory products—plus another set of clothing—at work, just in case. If using closed-end pouches, put the used pouch in a plastic resealable baggie before disposing of it. After draining an open-end pouch in the toilet, spray some air freshener.

Job Performance: People with ostomies perform nearly every kind of job. However, some occupations, in which the work is physically uncomfortable or inconvenient, may require some precautions. If your occupation involves strenuous or repetitive physical work such as stooping, bending, or heavy lifting, be extra careful as you move about.

If your work involves handling food, there is no reason why you cannot continue to do so, providing you exercise good personal hygiene. The risk of spreading germs is the same for those with ostomies as for those without.

Work Rights and Responsibilities:

Under the Americans With Disabilities Act, some employers may be required to make certain accommodations for you. Inquire about this with your human resources specialist. Individuals may, however, be required to undergo a pre-employment physical. Before accepting a position with a new employer, find out the name of their health insurance company and contact it directly to find out whether the plan covers your ostomy-related needs. (Better Together Newsletter)

ILEOSTOMY

Ileostomy and Salt

The salt output from an ileostomy is very high, around one teaspoon per day, as opposed to almost

none in the feces of a person with an intact colon. Therefore, the proper intake of salt by an ileostomate is very important. The body, however, seems to compensate for the salt and water loss by discharging less salt than normal through the urinary tract and through perspiration. The intake of too much salt is avoided, in that it increases ileal output

Marine output is generally less in an ileostomate. Therefore, it would be advisable for an ileostomate to increase his water intake above normal so as to increase urine output. In this way, the possibility of kidney stone development can be kept to a minimum.

DRINK LOTS OF WATER!

Sensible Eating

It is several months since you had your surgery and you have become adapted to your new plumbing. You have a beautiful stoma, changing your pouch is almost routine, your skin has now accepted the wafer you apply and you can wear your pouch four to five days before changing. Boy, this is living again—no more pain, you can go out without worrying about bathroom locations. You accept an invitation to a party for the first time in two years and really rejoice in being out with your friends again. You drink with freedom and down handfuls of peanuts, you wander to the table set with raw vegetables and dip and join in; the dinner is delicious, including the corn. This has been a truly good night just like old times. Two o'clock in the morning and you haven't been asleep yet. There has been a persistent pain around your stoma that won't let you sleep. And now it is increasing. You recall that you have not had much effluent in your pouch and what you had was almost plain water. By three, it is much worse and by four you are considering calling your doctor, but you decide to tough it out. You remember remedies that were mentioned. You drink some warm tea; pull your knees to your chest and rock back and forth. You drink some more and get on your hands and knees and rock. You eat some crackers, drink, and knead your stomach. You drink some more, eat a piece of bread and get in the shower and let the warm water roll down your back. About the time you are ready to pack it in for the emergency room, things seem to ease up a bit and then you notice that your pouch is no longer empty. When you finally empty your pouch, it's like pouring a bag of peanuts in the toilet. You have learned a valuable lesson! You may be able to eat nuts, or popcorn, or raw vegetables, or even corn on the cob—but common sense will tell you in the future not to eat them all at the same time. Eat them in moderation and chew, chew, chew!!

The Phantom Phenomenon

“Phantom rectum” is similar to the “phantom limb” of amputees. A person may feel their limb is still there. For ileostomates, it is normal to feel the need to evacuate.

This can occur years after surgery. Explanation of this sensation helps the ostomate understand it is a normal mechanism related to spinal nerve control.

Simply stated, the nerves have innervated the rectum. This nerve is responsible for rectal continence and continues to respond even after the rectum is removed.

If the rectum has not been removed, one may also have this feeling and may pass mucus when sitting on the toilet. Some who have had their rectums removed say the feeling is relieved somewhat by sitting on the toilet and acting as if an evacuation is taking place.

SKIN CARE

ALLERGIC? HOW TO TELL FOR SURE

Many times I hear that people are allergic to adhesive tape, or paper tape or skin prep, or any number of different products that are used in ostomy care. Allergies can occur with any product. They occur with the first use of a product or after years of using a product without problems. Most people never have an allergic reaction, but a few are plagued with multiple sensitivity.

However, many things assumed to be an “allergic” reaction might be another problem. It is important to know whether or not you are truly allergic to a product, because eliminating products reduces your options. Believing you are allergic many cause you not to try a pouch that might be perfect for you.

Allergic reactions are usually severe and cause blistering and/or weeping skin wherever the pouch touches. Two situations are frequently labeled as allergic by mistake.

First, if a skin sealant wipe is used, it needs to dry completely to allow the solvents to evaporate. If the pouch is applied while the solvents are still on the skin, sore skin can easily occur. Since the solvents can't evaporate through the skin barrier as they can through the paper tape collar. This will look like an allergy to the skin barrier.

Second, each time you remove a pouch, the adhesive takes with it the top layer of dead skin cells. However, if you are removing a pouch frequently, cells can be removed faster than they can be replaced. This is called “tape stripping.” Everyone's skin reacts differently to having tape removed. But it's important to be gentle and not remove a pouch more frequently than

necessary. Skin that is stripped will be sore in some spots and not in others.

Sometimes skin around the stoma becomes fragile and strips easily, and a pouch and tape with very gentle adhesive must be found. To check whether you are really allergic: take a small piece of skin barrier or tape and place it on the other side of your abdomen, or, with the help of someone else, on your back. After 48 hours, take it off and see whether you are reacting. (If pain, itching or blistering occurs, take it off immediately). If it's an allergy, you will react. If you have a history of allergies, test this way before trying on a new pouch.

It's better to have a half-inch of sore skin on your back than around your stoma, where you need a good seal. If you develop an allergy to a product you have used for a long time, you can call the manufacturer and find out if they have made changes in the manufacturing process. Calls from users are sometimes their first notice that the new improvements aren't working.

(Kathryn Hoyman, RN, ET)

Folliculitis

Folliculitis is an inflammation of hair follicles. It is usually caused by traumatic hair removal; for example, hair under the skin barrier is pulled out when the barrier is removed. This is very difficult to avoid. Prevention is the key to managing skin complications, so, in this case, you should use an electric razor or scissors to clip the hair, before the wafer is applied.

If folliculitis does occur, it can sometimes be confused with a yeast infection if the skin under the faceplate or wafer is red and small pustules appear. On close inspection, though, if it is folliculitis, these pustules will **only** be seen at the hair follicles.

Treatment includes modifying the shaving and the pouch removal methods as needed to prevent further damage. Usually the use of a skin protective powder will permit the skin to heal. In a few cases, an antibiotic powder (prescribed by your physician) may be required. As with other skin complications, your ET nurse can provide you with help in identifying and treating the problem.

Why Doesn't My Tape Stay Stuck?

This question is often asked because non-sticking tape can lead to some rather embarrassing situations. Usually it is not the fault of the tape itself. Manufacturers generally produce a pretty reliable product that does its job...provided the “working conditions” are proper. And there is the “rub:” the working conditions!!! Here are some no-nos:

Moisture on the shin: Tape will not stick properly if there is moisture on the skin. After washing, dry the

skin with a hair dryer—towels may leave your skin damp.

Insufficient application pressure: In order to stick, pressure must be applied, particularly at the edges.

Water-soluble foreign matter on the skin: Such as residual soap, skin prep, dried perspiration or mucus. Perspiration and mucus should be washed off with water. If wiped off, a thin coating of dried matter is left on the skin. Stomal output or perspiration will dissolve this film and undermine the adhesive.

Touching the adhesive before application: Moisture, skin cells and other material transfer from your fingers and reduce adhesion.

Loose solid particles on the skin: Such as powder, flaky skin or an overabundance of dead skin cells. The best remedy is to stick down and peel off tape before applying a dressing, thus removing the loose material.

Subjecting the adhesive bond to stress immediately after a dressing is applied: It takes time for the adhesive to flow into the microscopic irregularities of the skin and develop 100 percent contact and maximum adhesion.

Stretching of the skin under the adhesive area: Adhesive will release when the surface to which they are attached is stretched. If your dressing always comes loose in the same place, the chances are that your normal body movements are stretching the skin at that point. You might try to stabilize the skin by applying a one-inch (or more) wide tape beyond the edge of the dressing.

Low surface energy level of the skin: Adhesives will only stick to surfaces that have a higher surface energy level than the adhesive. A very high level results in a permanent bond; nearly equal levels produce a very weak or no bond. Oils and waxy materials, including lotions, mineral oil and moisturizing soaps, such as Dove, are absorbed by the skin, making it nice and soft, but also reducing the surface energy of the skin to a point where little or no adhesion results.

Sometimes a more aggressive adhesive is required: The bandage or foam tapes should be used in such cases.

A majority of alleged tape adhesion problems are really due to physical skin injury: The skin consists of two layers, the epidermis (outer layer) and the dermis (the inner layer). If the tape is placed on the outer layer with tension, the constant pull on the

outer layer can cause a strain on the bond with the lower layer, inducing irritation or cause an actual separation, forming blisters. The same effect will also take place if swelling occurs after an adhesive backed pouch is in place. To prevent this type of injury, gently place the tape without tension and then press down with firm rubbing motion.

Skin damage may also be caused by rapid removal of adhesive tapes. If you pick up a corner of the tape and stretch the skin away from the adhesive, skin trauma is reduced substantially.

Redness of the skin may also be caused by chemical irritants that are trapped between the adhesive and the skin. Usually the irritant is residual soap (Ivory is a known offender), skin preps that are not completely dry, deodorants, antiseptics and other outer skin coatings such as lotions and sunscreens.

Chemical substances from within the body may also cause irritation. When these byproducts are trapped under nonporous tape, the increased concentration at the skin surface may cause a problem. Another cause of skin irritation are small quantities of pouch contents on the skin that are not removed. The enzymes present with an ileostomy do not know the difference between you and a piece of steak. With a Urostomy, alkaline high pH urine does the most damage. Certain foods, such as cranberry juice will lower the pH and minimize the problem. If skin prep is used for protection, be sure it is non-water soluble!



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Ostomy Chat Room Weekly Meetings

Yahoo Peoples with Ostomy2* - Mondays, 8:00 pm US Central time

<http://clubs.yahoo.com/clubs/peopleswithostomy2>

StuartOnline Ostomy Chat* - Tuesdays, 8:00 pm US Central time

<http://www.stuartonline.com/id10.html>

Community Zero (Ostomy) Support* - Wednesdays, 9:00 pm US Eastern time

<http://groups.yahoo.com/group/ostomatessupport/>

Shaz & Jason's Chat* - Saturdays, 8:00 pm UK time / 3:00pm US Eastern Time

<http://www.ostomy.fsnet.co.uk/chat.html>

Yahoo UK Ostomy Support* - 1st & 3rd Sundays, 8:00 pm UK time / 3:00 pm US Eastern Time

<http://clubs.yahoo.com/clubs/ukostomysupport>

Use this form to join our chapter! **You do not have to be an ostomate to be a member and/or support the work of UOA. All information on this form will be kept confidential.**

Name _____

Address _____

City _____ State _____ Zip _____

Phone# Home _____ Work# _____

Email Address _____

Type of intestinal or urinary diversion: Colostomy __, Ileostomy __, Urostomy __, Ileoanal Pull-thru __
Continent Ileostomy __, Continent Urostomy __, None __, Other __

You may use my name in chapter Newsletter & Directory: Yes __ No __

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