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The Mailbag

The Ostomy Support Newsletter Of Jacksonville, Florida

Support group meets the 3rd Sunday of each month 3 p.m. 4836 Victor Street

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There will be no meeting this month in honor of Father's day.
Next meeting
Sunday July 18, 2010.
3pm, 4836 Victor Street.
Speaker/Program
to be announced.

Public TV Documentary Movie

UOAA entered into a contract for the publication of a five-minute ostomy public awareness movie that will appear on public TV; the National Medical Report as shown on cable; network and international TV as part of Voice of America.

This excellently produced project—coordinated by UOAA President Elect Kristin Knipp—can now be viewed on the UOAA Internet site at www.uoaa.org/uoaa_psa.shtml. One may also view the movie athttp://uoaa.wordpress.com/ .

We encourage you to send one of these links to anyone with an interest in ostomy surgery; i.e., our members, local medical professionals, family and even friends who you might want to have better understanding about our organization.

A good job with a very young ostomate

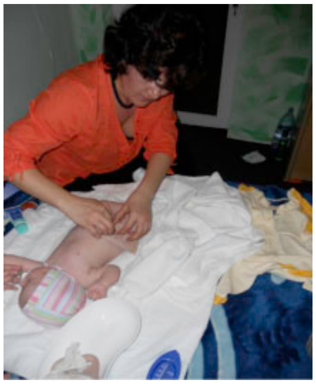
A successful challenge!
From the IOA Blog:
http://www.ostomyinternational.org/ioablog/

Have you ever found yourself alone in front of a 2-month-old baby who has a stoma? I popup=false]began this experience a few weeks ago. I live in a little town 120 km away from Bucharest, the capital of Romania, and here there are not stomatherapists at all. One day my husband, who is pediatrician doctor, told me that two colleagues of him from the Faculty of Medicine had called him. They are surgeons in one of childrens' hospital I Bucharest and they've just operated a baby, his name is Alex, and wanted to send him at home in Calarasi, my home town. They had asked my husband to take care of this baby and to monitor him very closely because it is a special case which requires a lot of attention. And I was about to find out very soon how special he is indeed!

The baby was operated four times in two months and has got an ileostoma now. Tree days after he was born, he was operated for megacolon and the doctor made a colostoma and the other part of the bowel was left there to recover. Unfortunately, after another 3-4 days his sigmoid has snapped and broken, so Alex was operated for the second time, and this time the doctor made an ileostoma. But Alex's problems were not over here. He had two more eventrations which took him back into the operating room. He had surgery four times in two months! Then he returned home after a long suffering, and my husband asked me to go to this baby boy to teach the parents how to take care of his stoma. His parents are young, they didn't know how the bag should be changed or how the skin around stoma should be taken care of. They have received some bags and products for stoma care in the hospital. When they returned home after a long period of hospitalization -in fear for baby's life and nervous tension - their psychological state wasn't great, which is easy to understand.

Alex needs more attention because although he has got an ileostoma, and his digestion isn't complete. He must gain weight and especially his hemoglobin needs to increase. Therefore the doctors have chosen for him a richer milk powder formula to help him grow and also to maintain the gut motility, but this causes him abdominal cramps. He often cries, and his stoma has got a prolaps. Moreover the stoma bags that he has received in hospital had too large adhesive surface for his little abdomen and this irritated his inguinal area.

So imagine me alone in front of this baby and the parents' expectations from me! Considering that I'm legal adviser, not stoma care nurse, especially for this kind of little ostomate and with such serious problems. Frankly, the first time I was a little afraid that I'll not be able to change his bag properly. In addition there was also a problem of irritated skin that worried me. Fortunately, the parents cooperate, and now we bath Alex together every two nights and also change together the stoma bag. I have found other smaller bags for him and the inguinal skin is normal now. The parents now know how to clean the skin around stoma, to moisturize it and to apply the bag.



Alex is almost tree months old now, and he has started to smile and play with his little hands. But the most important thing is that his weight has increased, he eats well, in only one month his hemoglobin is almost normal, and he looks like all the babies of his age! His parents are no longer desperate they have gained courage and hope. Yesterday was their first time all three went for a walk -not to the hospital - but in the park!!

Isabella Grosu
Romanian Ostomy Association

Ps: this article was sent to me as the president of EOA. I want to share this with all of you blog readers, so this is why I have blogged it

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Questions & Answers

By Angela Kelly, RNET, Vancouver General Hospital

Q When I take off my skin barrier, there is a red circle around my stoma. It is about the distance to the round inner circle of my skin barrier. It is not painful or sore, but I am wondering if I should be worried about this.

A The main reasons for red skin around the stoma are incorrectly cutting the skin barrier opening, leakage, moisture irritation or sensitivity to the ostomy products. (Note that we are talking about red skin and not the pink skin caused by the pressure of the skin barrier or paste. This is normal and expected.)

From what is described in the question, the red skin is the result of the most common problem, an improper opening in the skin barrier that when measured correctly turns out to be too large, thereby exposing the skin between the stoma and the seal. To check this, measure your stoma—there is usually a paper stoma guide in most boxes of skin barriers—with a measure guide, then check the size of the opening in the skin barrier that you are using. If the skin barrier opening is more than one-eighth of an inch larger than your stoma, this probably would account for the red skin.

The fact that the condition described is not painful indicates that the stoma under discussion is probably a colostomy. People who have an ileostomy or ileal conduit can get very irritated sore skin from using too large an opening in the skin barrier because the drainage from these is much more corrosive to the skin.

To correct this problem, measure the skin barrier opening and if there is a gap between stoma and seal, choose a barrier with a smaller opening; i.e., one that fits to 1/8th of an inch around your stoma and this will eliminate the red skin. If the problem persists, make an appointment to see your WOC nurse and have your pouching system procedures reviewed.

Q I have come across faulty pouches lately. Three to five pouches out of a box have small pinprick holes in them. Is this a common problem with pouches?

A In a word, no. This is not a common problem, although I did hear of someone who had a cat as a pet and discovered that when this kitty sat on her lap, it would knead its claws into her clothing to show its pleasure at being stroked. Unfortunately, its claws would sometimes dig through the clothing and make small holes in her pouch. There may be a message here somewhere.

Let us go back to the question. The manufacturers of ostomy equipment maintain very high standards in the production of their supplies. In fact, Hollister, Inc., inspects and tests every pouch before it is sent to patients. This is a remarkable undertaking to insure 100% customer satisfaction.

However, the machinery used is very complex and sometimes if not calibrated properly, the seams on the pouches will not bond correctly. This would soon be detected by the numerous checkers of the machine and finished product. However, in the thousands made, it is possible that some faulty pouches do slip through and end up in the packages.

If you do come across faulty pouches, call up the manufacturer. They will gladly replace them. They will want to know the stock number on the box. This will help them track down any manufacturing errors.

If you are nervous about putting on a pouch that is faulty, check it before you wear it. A good way is by filling it with water. If it does not leak, it is good. Using this test, you can be guaranteed that you are putting on a sound pouch.

Q I have an ileostomy and when I have a blockage should I perform an ostomy lavage?

A A fecal ostomy blockage is most commonly caused by food. Sometimes the opening becomes narrow where the stoma comes through the muscle of the abdominal wall. Sometimes, undigested food particles can become stuck in this narrow place causing an obstruction.

The best way to prevent this from happening is to be sensible about what you eat and chew your food well. The way it goes into your stomach is usually the way it comes out the stoma. However, if you just could not resist that extra bran muffin or raw carrot and you do get a blockage, stomal lavage stoma is not always the best solution.

Rather, remove the skin barrier—give that stoma a chance to stretch—let the stoma be freely exposed or at least apply a skin barrier with a larger opening. Step into the bath or shower. Often the warm water will relax your abdominal muscles and allow the obstruction to pass. Another suggestion: Sipping warm tea without cream or sugar will cause the bowel to increase peristalsis and push out the offending blockage.

If things do not resolve in a matter of hours, then seek advice from your physician or WOC nurse. Possibly a gentle irrigation with normal saline solution will be required to remove the blockage. Only a professional familiar with this procedure should perform this.

A word I want to say on ostomy lavage. Be gentle. Insert your well-lubricated little finger into the stoma until you feel the blockage. Push it back a bit. This should help loosen the blockage and allow it to release. Rough dilation can cause accidental perforation or injury to the stoma, which may produce scarring when it heals compounding an already tight situation worsening the obstruction.

Q What is a good way to hide or conceal your pouching system during sex?

A First, make sure your pouching system is clean. The pouch can pick up body odors over a few days. A well-fitting pouching system will not dislodge during lovemaking, and if you use a two-piece system, a smaller pouch may be exchanged for a larger one at these special times.

There are now available many different and attractive pouch covers. If you are good with the sewing needle, how about making your own fashioned out of soft sensual material. Also available in the stores is attractive underwear designed to come up to the waist so covering the pouching system with wider legs for women. If you want to be especially daring, how about trying "Anticipants" (crotchless panties) available in specialty stores or seen in advertisements in thePhoenix Magazine. Some folks prefer to drape a cummerbund around their middle.

May I recommend for further ideas, the excellent pamphlets available through the UOAA entitled Sex and the Single Ostomate, Sex and the Female Ostomate, and Sex and the Male Ostomate available at www.uoachicago.org on the Tips page.

You should know that once one has tried all these alternatives, most people with ostomies simply have sex like anyone else. The pouch simply becomes part of the process like an arm, leg or butt. Never allow having a pouch on your tummy stop you from having enjoyable sexual activity.

Q My stoma seems to protrude more one day than another day. Is this OK or should I worry?

A The contents of the bowel are pushed along by progressive, simultaneous contractions and relaxations of the muscles in the bowel wall. This is known as peristalsis. This wave of movement can sometimes be seen traveling through the ostomy itself, causing the stoma to wiggle, swell a little and contract. All this is perfectly normal.

A stoma that is flatter when one is lying down but protrudes significantly when sitting or standing may indicate a prolapse. This is often associated with a peristomal hernia or excessive weight gain after surgery. Although there is no urgency to this, it is a good idea to have it checked out by your physician or WOC nurse.

Check Us Out On The Web
www.ostomymcp.cpom

IOA Today 2nd Quarter 2010 Newsletter
IOA TODAY brings to you up to date **Ostomy related reports** from around the world.
http://www.ostomyinternational.org/IOAToday/IOATodayFirstQuarter2010.pdf

Other Websites Of Interest:

United Ostomy Association of America: www.uoaa.org

Your Ostomy Community Connection Center: www.c3life.com

Ostomy Chat Room Weekly Meetings

Yahoo Peoples with Ostomy2* - Mondays, 8:00 pm US Central time
http://clubs.yahoo.com/clubs/peopleswithostomy2

Community Zero (Ostomy) Support* - Wednesdays, 9:00 pm US Eastern time
http://groups.yahoo.com/group/ostomatessupport/

Yahoo UK Ostomy Support* - 1st & 3rd Sundays, 8:00 pm UK time / 3:00 pm US Eastern Time
http://clubs.yahoo.com/clubs/ukostomysupport

UOAA Chat Sundays 9pm ET / 6pm PT
http://www.yodaa.org/chat.php

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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TO: