



DermaHug[®] OS-Care Ostomy Leak Containment System

User Benefits

The DermaHug OS-Care Ostomy Leak Containment System Drastically **Reduces the Frequency of Leaks**

- Leaks are **contained** under siliconized fabric.
- If the ostomy appliance loosens, patients have time to address the leak before it becomes a problem.
- The OS-Care is **reusable**: Simply wash gently with non-lotion soap and water and allow to dry. Then re-apply. The tack is restored.
- With over four years' use on patients, there have been **no skin stripping or contact dermatitis** with DermaHug devices

User Feedback

The DermaHug OS-Care Ostomy Leak Containment System is Receiving Positive User Feedback

- **Security:** "If the ostomy appliance loosens it protects me from leakage and gives me time to respond and avoid the possibility of an embarrassing leak."
- **Confidence:** "I am now able to go out and enjoy things without the fear of a leak. It gives me my life back."
- **Comfort:** "The device is very comfortable. I don't even know it's next to my skin."
- **Cost Effective:** "I love the fact that it's reusable. I can wash it in warm soapy water and reapply once it's dry."

Contact Don Phillips: (248) 343-4732

Jacksonville Contact Information:

Patti Langenbach
(800) 741-0110
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mcp@ostomymcp.com

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

4836 Victor Street

Next Meeting: **March 17th**

Also join us by Zoom

<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 **March 12th @ 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/#home>

UOAA Discussion Board

<https://www.uoaa.org/forum/index.php>

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 <http://ostomymcp.com/id6.html>

Medical Care Products, Inc.

(904) 733-8500

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<http://www.ostomymcp.com>

Bowel Blockage or Obstruction from Badgut.org

Question:

I had ulcerative colitis, have had my large intestine removed, and have an ileostomy. I just got out of hospital after having experienced a bowel obstruction. Can this happen again?

Answer:

A bowel obstruction is when the normal movement of food, fluid, or gas is prevented from occurring within the bowel (intestines). Obstructions can be either partial, meaning some of the fluid and gas passes through, but usually solids don't, or complete, meaning nothing is able to pass through the bowel. About 20% of people admitted to hospital with an acute abdomen (or an abdomen that quickly becomes firm, is tender to touch and painful), have an obstruction of their bowel. Of these 20%, the majority (80%) will have a small bowel obstruction like the one you experienced. There are several reasons why bowel obstructions occur, however, with your type of surgery and stoma, the two more common are adhesions (scar tissue) or food obstruction. Each of these will be discussed below.

Adhesions are bands of tissue, like scar tissue, that can abnormally connect or bind adjacent sections of the bowel together, or bind the bowel to other organs within the abdomen, or tack the bowel to the inside of the abdominal wall. This scar tissue can then prevent the normal movement of food, fluids, and gas through the intestine. Most scar tissue results from some sort of event that disrupts normal tissues. As the body repairs the disruption, it creates scar tissue. Events that can initiate this process include surgery, an infection within the abdomen, trauma, or radiation therapy. Adhesions are the most common complication of surgery, occurring in more than 90% of people who undergo a surgical procedure. The adhesions begin to form within days after surgery. In most instances, adhesions do not cause any pain or complications, and people are not aware of their presence. However, adhesions may not cause problems until months or even years after the initial surgery. If adhesions were the cause of your bowel obstruction, there is a risk that it may occur again.

The other type of obstruction that could occur is from food that becomes stuck, usually as it is trying to pass through your ileostomy. This is more of a concern during the initial 6-8 weeks after surgery, when the bowel is swollen from surgical manipulation. While the swelling is temporary, it does narrow the lumen (inner opening of your bowel), particularly as the bowel comes through the many layers of your abdominal wall (see our article on diet and ileostomies for more discussion). A narrow opening may prevent certain foods from passing through your stoma easily. Foods that are typically of concern are those with cellulose (fruits, vegetables, nuts, grains) or those with casings (like sausages and cold cuts) or tough cuts of meat, like beef. Small amounts of these are unlikely to cause problems, but larger volumes or poorly chewed/cooked fruits and vegetables may give you some difficulty. As mentioned, this type of blockage is usually only of concern in the first 6-8 weeks after surgery while the swelling settles. After this point, you should be able to eat most foods without concern.

There are some typical symptoms associated with a bowel blockage. People may have waves of crampy abdominal pain and may feel bloated. Sometimes the pain is very severe and constant. There may be a loss of appetite, and nausea and/or vomiting. The output from your ileostomy may change. With a partial small bowel obstruction, the output may be very liquid (you won't notice any solids) and be very forceful and noisy. With a complete obstruction, there will be no liquid, solid, or gas output. If you suspect a bowel obstruction, it is important that you seek medical attention and that you don't try to diagnose the problem yourself. You can do some things for yourself while you seek help, such as enlarge the opening of your ostomy appliance/flange to accommodate any possible stomal swelling. If you are not vomiting, you should stop eating solid food and you can try to drink fluids (water is best).

Urgent care is required if you are vomiting, have severe/constant pain, or if there has been no output from your stoma for 12 hours. In these circumstances, you should go to your closest emergency department for assessment and treatment. The doctor will ask you questions about your medical and surgical history, will do a physical examination and order some investigations such as bloodwork and an x-ray or CT scan of your abdomen. Initial treatment may include stopping any oral diet, supporting you with intravenous fluids and with medications that will relieve some of your symptoms. You might have a nasogastric tube inserted, which is a small tube that goes through your nose and into your stomach to help drain fluid from your stomach and relieve your vomiting. It may take a few days for the obstruction to resolve, at which point a normal diet will slowly be reintroduced (usually starting with fluids, then progressing to solids). You will be monitored for any signs of ongoing problems. Sometimes, depending on the severity of the obstruction or if it fails to resolve with the conservative medical management, you may require surgery to correct the problem.

While two possible sources of obstruction have been discussed, there are other potential reasons for an obstruction that have not been reviewed. No one can say definitively if you will experience another bowel obstruction. However, given your history of surgery, you are at greater risk for another episode. Most importantly, if you experience any of the symptoms described, then you need to seek medical attention to help support you through care and management of the obstruction.

This series of ostomy care articles is authored by Jo Hoeflok, RN, BSN, MA, CETN(C), CGN(C), who is a Registered Nurse specializing in enterostomal therapy care. The information provided is not meant to replace care by or consultation with healthcare professionals.

Gas in Pouch from Badgut.org

Question:

I seem to have a lot of gas in my pouch. What is the best way to manage it?

Answer:

The production of gas through a stoma depends on two major factors: swallowed air and gas formed by the bacteria in the colon. Gas production is normal and amounts will vary depending on types of foods eaten, how often food is eaten, eating habits and the motility of the bowel. Managing gas production and the release of gas from the pouch is achieved through multiple techniques.

Swallowed air can result in gas production through a stoma. Common causes of swallowed air include:

- chewing gum or sucking on candies,
- sucking on drinks through a straw,
- talking while eating,
- eating and drinking quickly (“gulping”), and
- smoking.

Altering these habits may decrease the amount gas entering the pouch.

Gas can also result from eating certain foods and is part of the normal digestive process. Certain foods may be difficult to chew into small pieces such as some lettuces (romaine) or cabbage. More air may be swallowed with these types of foods, causing more gas. Some beverages like pop, mineral water, and beer will increase gas in the pouch. Other foods that tend to cause more gas production include:

- dried beans,
- cucumbers,
- vegetables from the cabbage family (onions, sprouts, broccoli, cauliflower,),
- spinach,
- corn, and
- radishes.

While these foods may contribute to gas formation, do not eliminate from your diet. Simply be aware that eating these items may result in gas production. You can choose when to include these items in your diet based on social circumstances and personal preferences. Some commercially available products that are available through pharmacies without a prescription, such as Beano®, may help to reduce gas production when taken with these foods. Lactose intolerance, or the inability to tolerate the sugar in dairy products, may be another source of gas production. Lactose intolerance may be accompanied by other symptoms such as bloating, cramps, and loose stools. Supplements, such as Lactaid®, are readily available at pharmacies and will help with the digestion of dairy products. Click here to read more about Intestinal Gas. Dietary review and changes can also be discussed with a dietitian.

Managing gas once it is in your pouch is somewhat dependent upon the type of stoma and the type of appliance used. Some pouches have integrated gas filters. These filters are located at the top of the pouch and contain charcoal. The charcoal

deodorizes the gas as it escapes from the pouch. Most of the charcoal filters are part of the pouch and cannot be removed or changed. There are some pouches still available that have removable charcoal filters. These filters can be changed if required. The efficiency and effectiveness of the filters are variable, and are not always appropriate for all types of stomas. In general, there needs to be external pressure on the pouch (either from clothes or from gentle pressure with a hand) to help expel the gas through the filter. Large volumes of gas may take time to pass through the filter. The filters also tend to clog or fail with looser stool, causing some odor breakthrough or even tiny leaks of stool through the filter itself. As a result, filtered pouches are usually not recommended for people with ileostomies. Filters can work well for patients with colostomies and who have formed stool. Filters should also be covered with a small adhesive patch (usually included with the product) when showering or swimming. Moisture from the outside can also cause the filter to fail.

An option for releasing gas that does not require a charcoal filter is the Osto-EZ-Vent™. This product is a simple disposable nipple valve that can be attached to any pouching system. The valve can be opened and closed repeatedly to allow for the easy release of gas. Further information about the product can be obtained through the website: www.kemonline.com.

For people who wear two-piece appliances, gas can easily be released by “burping” the pouch. Slightly separate the pouch from the flange at the top of the appliance (complete removal of the pouch is not required) to allow the gas to escape. Once the pouch is empty, reattach the pouch to the flange. For those who use a 1-piece system without a filter, empty the gas by removing the clip. Poking holes into the pouch to allow for the release of gas is not recommended. Once the pouch has been punctured, the pouch is no longer odor free or leak proof.

If you need assistance to help review dietary changes for the management of intestinal gas, or would like to consider alternate pouching options for managing gas, contact your ET.

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BACK TO WORK WITH AN OSTOMY

From the board room to construction, to long shifts in a hospital, people with living with an ostomy (colostomy, ileostomy, urostomy, ect.) work every job imaginable. Embracing a “new normal” in life after ostomy surgery is key to living an active life, and that daily norm means going back to work.

According to the American Society of Colon and Rectal Surgeons once a person has recovered from surgery your ostomy should not limit your return to work. When you return depends on your individual recovery, ease of pouch management and how physical your job is (due to the increased risk of hernia).

Whether to tell your employer or co-workers is a personal choice depending on your unique work situation, but some feel it comes in handy if you require frequent breaks or other accommodations. Remember your co-workers will likely not realize you have an ostomy unless you tell them. With some preparation you’ll soon be confident in the workplace, and for many, feeling in better health than before surgery.

Here are a few tips from the UOAA Facebook community and Advocacy Network.

1. **Be Prepared:** In the case of a possible leak have a complete change of your ostomy supplies as well as a change of clothes you can bring to the bathroom. “Pack in a backpack, zippered tote, or small duffel bag that you can store in your desk drawer or locker” –*Jane Ashley-publishing/author*
2. **Know Your Rights:** You have legal rights under the American Disabilities Act prohibiting employment-based discrimination. Workplace complaints to UOAA are rare but it can still occur. “My coworkers all knew, especially of the trials and tribulations pre-op. But still, there was hostility and harassment at times.” *Jacque- Retired Government.*
3. **Dispose/Empty Your Pouch Properly:** Investigate the best restroom/changing facilities to empty or change your pouch. Consider the use of pouch or ostomy type deodorants. “My purse contains a 1-ounce bottle of Poo-Pourri, a Tide pen, a lubricating deodorant sachet, and baby wipes.” *Margie, Academia.*
4. **Find the Best Clothing for Your Job:** Consider loose clothing if sitting for long hours or a stoma belt if you have an active job with lots of bending. A skin barrier may be helpful if you perspire on the job. “I wear a hernia belt”- *Megan-Nursing*

5. **Don't Stress Stoma Noise:** If your stoma decides to speak up at the next meeting relax, you may be the only one who notices "All bodies make sounds" *Penny- Construction*
6. **Hydrate:** "Stay on top of your fluid intake. Don't get distracted and have it result in an ER visit." *Heather Brigstock-Nursing*
7. **Find Support:** Know that you are not alone. [UOAA has about 300 affiliated support groups](#) around the United States that offer advice, information and support.

Wish some preparation and patience you'll soon be confident in the workplace, and for many, feeling in better health than before surgery.

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6 Things I Wish Someone Had Told Me About Ostomy Surgery by Laura Cox, LPC Ostomy Lifestyle Specialist

You're making the right decision

I remembering being told I could have elective ostomy surgery within the next few months or that if I chose to keep my colon, it would probably be emergency surgery within the year. I was so sick and in a lot of pain, but there were so many unknowns about surgery. I decided it was best to remove my colon in a non-emergent way. I had a lot of worries about my decision and had a lot of "what ifs" in my mind. Six years after surgery, I believe I did make the best decision. Although life will never be the same as before surgery, the quality of my life has dramatically improved!

You will feel better, but it's not a cure

I rationally knew that surgery was not a cure for ulcerative colitis, but I think part of me was expecting to have no symptoms of my autoimmune disease after my total colectomy. The truth is, I still get some extra intestinal-manifestations of my illness, like arthritic pain, canker sores, and fevers. Compared to my UC symptoms prior to surgery, these feel quite mild, but it is easy to tell my illness is still sometimes active.

It is different, but it is not devastating

Living with an ostomy is different than anything you've experienced, but you quickly learn that different isn't bad. Sure, you miss some things about having a colon, like the ease of staying hydrated, but having an ostomy is completely doable and the longer you have it, the more living with an ostomy turns into your "new normal."

It's okay to be scared and sad, but you didn't "lose"

I know sometimes people feel like they have to be brave, but the process of getting an ostomy can be scary, and there can be some sadness surrounding the change in lifestyle, but acknowledge those feelings, and then try to accept them while also learning all the beautiful things about having an ostomy too. I know it can feel as though you "lost" to your illness when it was time to get a total colectomy, but it was never a competition. My life certainly doesn't feel like a "loss" six years post-op, and that feels like a victory.

You will be able to do all of the things you enjoy

Living with an ostomy has not taken anything that I hold dear to my heart away from me. During recovery you'll have to take it slow, but as soon as you begin to come out of recover, you'll be able to be active. Seven months post-op, I was able to hike, run, climb, swim, camp, and was even inspired to try new things like advocate, speak, and travel.

After the surgery, you will find a way to make meaning out of these experiences

Through the process of illness, pain, and surgery, you will find within you a growth that allows you to find meaningful ways to utilize the gifts that illness and surgery has given you. It is easier to practice gratitude when feeling well, it allows you to be empathic to people who are hurting, it teaches self-compassion, and has shown you how resilient the human spirit can be. I believe Rumi said it best "The wound is the place where the light enters you."

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