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THE OSTOMY RUMBLE

PUBLICATION OF THE OSTOMY SUPPORT GROUP OF MIDDLE GEORGIA

Next Meeting

Our next support group meeting is **Sunday - February 25, 3:00pm.**, at the Coliseum Medical Center in Macon off of Coliseum Drive. The entrance is at 350 Hospital Drive which is up the hill from the entrance to the Macon

THE OSTOMY RUMBLE

FEBRUARY 2018

DUES TIME—\$12. — SEE PAGE 7.

PROGRAM—Our speaker this Sunday will be Harriet Eason. She is a Registered Nurse who works in the Same Day Surgery Center in the area of infection prevention among other things.

CONSTRUCTION—PARKING—Coliseum is enlarging and remodeling its Emergency Room plus constructing a Helipad for medical helicopters. Therefore, parking will be a little congested until Summer, but less so on Sundays. Be patient. This is for the good of the hospital, the community and the surrounding area.

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You are unique, so be sure to consult your doctor or WOC nurse before trying products or methods that are mentioned in this newsletter.

OUR MEETINGS

All meetings of the Ostomy Support Group are open to everyone with an interest in ostomy care: ostomates, their spouses, families, and friends. We meet regularly on the fourth Sunday of the month, except November and December. On the first Saturday in December we have a Christmas Party. The meetings start at 3:00 p.m., except for special occasions when the time will be announced.

MORAL SUPPORT

SHARING

INFORMATION

FREE PARKING

FELLOWSHIP

MUTUAL AID

OUR MISSION

We are a volunteer charitable group affiliated with the UNITED OSTOMY ASSOCIATIONS OF AMERICA (UOAA), which is a national organization composed of numerous support groups similar to ours. We maintain a visitor program in which we visit

with persons and their families, at their request, to discuss life with an ostomy and address the many concerns they may have. All of our visitors have ostomies and have been through this change in lifestyle quite successfully with pleasant, hap-

py, and thankful attitudes. An ostomy can be a very good substitute for natural human plumbing and is certainly preferable to continued catastrophic illness.

Visit our web site at
osgmg.org.

The Flu——— And What To Do

Ostomy News Review, Green Bay, WI; South Fraser Connection, BC; Metro Halifax News

The flu brings with it headaches, upset stomach, diarrhea, muscle aches and pains!!!! The advice: drink plenty of fluids and rest in bed. This remains sound medical advice for your general attack of the virus. But if your case of the flu includes that “bug-a-boo” diarrhea, you may find the following hints helpful.

Colostomy: For those with a colostomy, it is usually wise not to irrigate during this time. Your intestine is really washing itself out. After diarrhea, you have a sluggish colon for a few days, so again, “leave it alone”. Start irrigation again after a few days when your colon has had a chance to return to normal.

Ileostomy: For the ileostomate, diarrhea is a greater hazard. Along with the excessive water discharge, there is a loss of electrolytes and vitamins that are necessary in maintaining good health. This loss is usually referred to as a loss of fluid which, in turn, brings a state of dehydration. Therefore, you must restore electrolyte balance. First, eliminate all solid food. Second, obtain potassium safely and effectively from tea, bullion, and ginger ale. Third, obtain sodium from saltine crackers or salted pretzels. Fourth, drink a lot of water. Cranberry juice and orange juice also contain potassium, while bullion and tomato juice are good sources of sodium.

Vomiting also brings the threat of dehydration. If it is severe and continuing, your doctor should be notified or go to the ER. You should know also that diarrhea may be symptomatic of a partial obstruction or an acute attack of gastroenteritis. Since the treatment of these two conditions is entirely different, a proper diagnosis should be made as rapidly as possible if obstruction is suspected because of localized cramping. A physician should be sought immediately. So you can see why it is so important to determine whether the diarrhea is caused (1) by obstruction or (2) by gastroenteritis. If you do not know, check it out with your doctor. Do not play games. Remember - always call your physician unless you are 100% certain of what you are doing.

Urostomy: Urostomates, be sure to keep electrolytes in balance by following the general instructions for colostomies and ileostomies. No ostomate should take medicine for pain or a laxative without the physician’s order. Do not use antibiotics for colds or flu unless the doctor orders it. In colostomy patients, drugs or certain foods can cause constipation. This can be prevented during a cold by drinking plenty of liquids. Increased water intake in the ileostomate results in increased urine output rather than increased water discharge through the appliance.

When returning to a normal diet, use fiber-free foods at first, then gradually increase to regular, normal diet. Prompt attention to the symptoms of distress of colds and flu should bring to each of you a happier and, hopefully, healthier winter.

(Editor’s Note: Often repeated article. As we go into the “flu” season, it’s before time to review)

OSTOMY SUPPORT GROUP OF MIDDLE GEORGIA

Baby Boomers with Ostomies

As the millions of baby boomers in the United States age, there are a greater number of illnesses just waiting for them. Years of fast food and stress make a breeding ground for intestinal problems. When they can no longer deny that their fast-paced lifestyle, poor eating habits and lack of exercise have caught up to them, they seek medical help.

When medical tests confirm intestinal problems that require surgery, their whole world seems to explode around them. As a baby boomer, I must take issue with the statement by saying that anybody in any generation, whether in the baby boom generation or not, could feel this way! Their doctor has just told his/her patient that he/she needs an ostomy. If the patient is fortunate enough to have a doctor who is aware of the local ostomy support group, he/she will advise the patient to visit them. In addition, the doctor will ask the WOC nurse managing the pre-surgery examination to make an appointment to see the patient.

Experience has shown us that it is only when a person with an ostomy talks to another person with an ostomy that the problems that initially seemed insurmountable are gradually chipped away. This is what the UOAA and the local ostomy support groups embrace as their primary mission—people with ostomies helping other people with ostomies. We want everyone to know that one of the best places to find this type of information and assistance is with your local ostomy support group. Bring someone with an ostomy to a meeting.

Cholesterol

--*Metro Halifax News*, Nova Scotia

People with ileostomies often have lower cholesterol than people in the general population. That's because the last part of the small intestine, the terminal ileum, is where the bile acids are absorbed.

Bile acids are made in the liver and help in the digestion of fatty foods. After the terminal ileum is removed during surgery, the body is unable to absorb the bile acids. Consequently, fatty foods, rich in cholesterol, are not broken down and used by the body, resulting in lower levels of cholesterol.



Visit our web site at
osgmg.org.

Next Support Group meeting on 25
February 3:00 P.M.

Descending or Sigmoid Colostomy

By JoAnn Mok, LPN, ET

What is the difference between a descending colostomy and a sigmoid colostomy?

These ostomies are named for the area of the large intestine where they have been created. Our large intestine consists of four parts: The ascending, moving up on the right side of the abdomen; transverse, running along the waistline; and descending, heading downward on the left side. At a point about three-quarters of the way down is the sigmoid which connects to the rectum (or the last ten inches of the large intestine). Colostomies may have permanent or temporary stomas. The opening may also be a double barrel, which is two separate openings or may be a loop. In loop ostomies, a loop of the intestine is brought out of the abdomen and is held in place with a rod. The most common type is the end stoma, which has a single opening.

The consistency and form of the feces depends on how much intestine is left in the body. Since the purpose of the large intestine is to remove liquid from the fecal material, the further along the intestinal tract the stoma occurs, the more formed the material. Feces from an ascending or transverse colostomy will be loose and watery, without form. Feces from a descending stoma will be soft-formed to formed. The sigmoid stoma located lower in the bowel will generally result in a more solid, formed type of bowel movement. Previous bowel habits play a major role in bowel function after surgery. If you have loose stool prior to surgery, chances are good that you will have loose stool after surgery regardless of stoma location

Colostomy Bowel Control...

Patients with a *right-sided colostomy* do not have as much remaining colon as those with a left-sided colostomy. Because of this, there is usually too little colon left to absorb enough water to make a solid stool. This type cannot be controlled by irrigation, but instead behaves very much like an ileostomy with a fairly continuous discharge. The left-sided colostomy is often described as a “dry colostomy” because it discharges formed stool. One has the choice of attempting to manage this type either by trained control or irrigation control.

Only one-third of the people who attempt to train themselves to control the colostomy without irrigation are successful in doing so. This type of training relies very heavily on diet and medication to achieve regularity. Many physicians in this country feel that control is more easily and satisfactorily achieved by irrigation. However, there are some patients who can't achieve irrigation because they have an “irritable bowel.” This problem has nothing to do with the colostomy. It is just part of some people's makeup. Some people, even before they have their colostomy, may have very irregular bowel habits. They retain these habits after the colostomy is performed, so that regular irrigation does not assure them of regularity.

When this condition exists, the physician will sometimes suggest that the patient dispense with irrigation since it will not produce the desired regular pattern, and the person may become frustrated trying to achieve this. In this case, once again the colostomy is treated much like an ileostomy with the wearing of a pouching system all of the time.

PROCEDURES THAT CAN BACKFIRE

From Tulsa by way of Live and Learn, St. Louis

Clamp Usage: Wrapping the drainable pouch tail around and around the clamp before closing it. This will not make the clamp work any better. All it will do is spring the clamp out of shape, which will ensure that the clamp will not function properly for future applications, and it will make releasing excess gas more difficult.

Releasing Gas: Snapping the pouch off the face plate to expel gas obviously doesn't do much for odor control! It's much better to hold the tail of the pouch beyond the clamp with a tissue, open the clamp and allow the gas out through the tissue with deodorant then use the tissue to clean out the end of the pouch and replace the clamp.

Normal Wear Time: You shouldn't wear the appliance until it leaks. The object is to change the appliance before leakage occurs. This way, the skin gets the best protection and care. Three to five days is normal wear time. Some people report seven days, but manufacturers feel that this may be pushing their products to their limits.

Ignoring Skin Problems: All problems are easier to manage if they are treated early

Seat Belts: A well-placed and adjusted seat belt shouldn't interfere with your stoma or damage your stoma. True, in an accident your stoma may be damaged, but it's a lot easier to repair a stoma than a crushed skull.

HOW CAN I HELP? *There are many opportunities for you to make a difference in the lives of individuals who have or will have ostomy or related surgery. Stay involved.*



Visit our
web site at
osgmg.org

Management of a Flush or Retracted Stoma

By Gloria Johnson, RN, BSN, CWOCN

The ideal stoma is one that protrudes above the skin, but this not always possible and a flush (or skin level) or retracted (below the skin level stoma) may result. The surgeon may be unable to mobilize the bowel and mesentery adequately or be able to strip the mesentery enough without causing necrosis or death to the stoma. (Note: mesentery is a membrane in the cavity of the abdomen to retain the intestines and their appendages in a proper position.)

Some causes of stoma retraction after surgery may be weight gain, infection, malnutrition, steroids or scar tissue formation. Stomas that are flush or retracted can lead to undermining of the pouch by the effluent (drainage). This continued exposure can lead to irritated and denuded skin as well as frequent pouch changes. These problems can be very stressful and expensive.

The inability to maintain a pouch seal for an acceptable length of time is the more common indication for a product with convexity. *Shallow Convexity* may be indicated for minor skin irritations and occasional leakage; *Medium Convexity* may be indicated for a stoma in a deep fold, with severe undermining and frequent leakage; *Deep Convexity* is used when medium convexity is not sufficient, stoma retracted and in deep folds or leakage is frequent and the skin is denuded.

Pouches designed with convexity are available in both one and two-piece systems. These can be shallow, medium, or deep and can be purchased as either pre-cut or cut-to-fit. Addition of skin barrier gaskets (seals) around the stoma can be cut or purchased pre-cut. You can use one layer or several layers. Products like the Eakin Seal or Coloplast Strip Paste can be pressed into shape around the stoma to protect and seal.

Urostomy Facts

- Mucous in the urine is normal. The ideal conduit is made of mucous-secreting intestinal tissue. It doesn't stop doing its job even though it is transporting urine.
- If it is necessary to have a urinalysis, remind the nurse to take the specimen directly from the stoma, not from the pouch.
- Deodorants are not used because they may mask the odor which could signify the present of an infection. Asparagus and onions may cause an odor.
- Carbonated beverages make urine alkaline. So stick with cranberry juice and water. useful to reduce the likelihood of a kidney or bladder infection. Orange juice is not used by the body as an acid, but as an alkaline.
- Change your pouching system first thing in the morning before eating or drinking.
- Rinse off or wipe off the spout of the pouch after emptying to prevent urine odor on underclothes.
- Wearing clean pouches and frequent emptying are vital. Adequate fluid intake, particularly fluids that acidify the urine, decrease problem odor.

ABDOMINAL NOISES

From Greater Atlanta & UOAA Update

Abdominal noises happen! However, as ostomates, we are sometimes embarrassed and wonder if something is wrong. It is usually “sound and fury,” signifying nothing important. Any of the following may be the cause:



1. You are hungry. Peristalsis goes on whether or not there is anything to move through. — *Empty guts growl. Eat a snack between meals or consider eating four small meals a day.*
2. You are nervous, so peristalsis is increased.— *Try to eliminate some stress, especially at meal times.*
3. Coffee and tea, cola and beer all stimulate peristalsis. Beverages consumed on an empty stomach will produce gas as peristalsis redoubles its movements—*Add a little food with your beverages. Try some crackers and/or bread.*
4. Eating a high fiber diet produces gas, so rumbles increase.— *Mix with other foods. Reduce the amount of insoluble fiber. Switch to more soluble fiber.*
5. Intestines do not digest starches and sugars as easily as proteins and fats. — *Reduce the amount of carbohydrates that cause you trouble. Mix with proteins and fats.*

Visit our web site
at osgmg.org.

2018 Dues

Have you mailed your annual dues for 2018? Please mail to OSGMG, P.O. Box 945, Macon, GA 31202, include the form on page 8. Dues are \$12 per year (\$1.00 per month). We also accept voluntary additional contributions. Visitors and people seeking our help are not required to pay anything. Please fill in the form and mail it to us. We need your continued financial support.

Next Support
Group meeting on
25 February , 3:00
P.M.

Membership Application
Ostomy Support Group of Middle Georgia (OSGMG)

OSGMG Contact 478-477-8337

Membership in the Ostomy Support Group of Middle Georgia includes receiving the monthly newsletter, visitor training, regular chapter meetings on the fourth Sunday of each month excluding November and December, and other activities of the group. Dues and donations are tax deductible. (Please print legibly)

Name _____

Address _____

City _____ State _____ Zip Code _____

Phone Number _____ E-Mail Address _____

___ Permanent Colostomy ___ Temporary Colostomy ___ Ileostomy ___ Urostomy

___ Continent Pouch or J Pouch ___ Medical ___ Spouse ___ Other

___ I would like to be a member and enclose \$12.00 dues.

___ I would like to receive the newsletter but cannot afford dues at this time.

___ I do ___ do not give permission to use my name in the newsletter.

___ I am enclosing a donation for the chapter in the amount of \$ _____ .

Make checks payable to OSGMG and mail to OSGMG PO Box 945 Macon, GA 31202

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