

- **PRESIDENT - SAM WILSON 478-477-8337**
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### Next Meeting

Our next support group meeting is Sunday May 28, 3:00 P.M. at the COLISEUM MEDICAL CENTER cafeteria in Macon off of Coliseum Drive. The entrance is on Hospital Drive which is up the hill from the entrance to the Macon Coliseum.

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**OSGMG.ORG**

# THE OSTOMY RUMBLE

## PUBLICATION OF THE OSTOMY SUPPORT GROUP OF MIDDLE GEORGIA

May 2017

Our meeting this Sunday will be a general discussion of any and all things Ostomy, so, bring your good and not so good experiences with you and share them with the group for your benefit and ours. I have had several inquiries during the last month from persons interested in our group. I have invited them to attend. Announcements of our meetings have been appearing regularly in the "Healthy Dates" section in the Macon Telegraph thanks to our friend there, Ms. Fountain. I believe those announcements will continue to help inform new Ostomates about our activities and that there are numerous people with ostomies, almost all of whom lead normal, active, healthy and enjoyable lives.

This Sunday I will have with me some interesting materials sent to us by the U.O.A.A. and the Phoenix Magazine, plus some ostomy accessory materials you may like to try, mainly various liquids and powders that have been donated to our group.

Last month's meeting, April, was disrupted by a combination of events in Atlanta: severe thunder storms, tornado warnings, and the collapsed I-85. Our speaker just could not get through all that. She apologized profusely and will be with us Sunday, August 27. A special thanks to Kellie Hague who was the local Crohns and Colitus Support Group leader. She was quite knowledgeable and helpful.

### 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, happy, 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](http://osgmg.org).



## OSTOMY SUPPORT GROUP OF MIDDLE GEORGIA

### WHAT WOULD YOU DO IF?

*Elice Feiveson, Metro MD. Via: Dallas Ostomatic News*

Trust me, every ostomate has had or will have an "ostomy accident." By accident, I mean a pouch leak of some kind. The question is, "are you prepared in case an accident occurs away from home?" Not so much prepared as far as having a change of clothes and extra pouches, but prepared emotionally to deal with the unexpected mishap. The reality of it is that every ostomate must think of

what he or she would do if at a party, in a restaurant, work or anywhere else, your pouch leaked because it wasn't on securely, or the clasp came off and the contents were spilling out.

The question is, "What do you do if you feel your pouch is not on securely or you feel wet around your pouch? First of all, you think that everyone is noticing you and knows what's happening. Stay calm.

Go to the nearest bathroom and take care of business. Most likely, your friends are continuing their

conversation in the restaurant or in your work-place and no one knows you are temporarily missing. When I encountered an accident while I was in a group situation, I just removed myself and took my time in freshening up and rejoined my friends. No explanation is ever necessary! The more outings you take and the more public situations you are in, the more confident you will be as time goes on.

**Wow!**  
**I didn't know**  
**that!**

### STOMA Facts

*by Diana Kasner, RN, MS, ET;  
via UOAA UPDATE,*

#### What is involved in "inspecting" a stoma?

At each pouch change, check your stoma for color, shape and function. Watch for problems such as swelling, retraction, stenosis and prolapse. Urostomates should be on the lookout for crystal formation of alkaline encrustation (gritty white deposits coating the stoma). Any stoma complications should be reported to your MD or Ostomy Nurse.

#### Why does a stoma sometimes bleed?

Some bleeding may occur with rubbing of the stoma because the mucous membrane out of which the stoma is formed is highly vascular. This bleeding should stop quickly. Prolonged bleeding, an increased amount of bleeding or very easy bleeding may be indicative of another problem and should be reported to your MD.

#### Can a stoma get cut?

Cuts or lacerations of the stoma can occur and some can be quite serious. Since a stoma has no pain nerves and, therefore, no feeling, it can be cut without causing any pain. Causes of stomal laceration include shifting of the faceplate or skin barrier, too small an opening (of the pouch), incorrect pouch application, etc. Your MD or Ostomy Nurse should be consulted for diagnosis and treatment in any case of stomal laceration.

#### How should a stoma be protected?

Stomas are fairly hardy, but some common sense rules apply. Stomas should be protected from direct physical blows, from too tight clothing and from rigid objects (e.g., belt buckles). This is not to say that these activities should be avoided. For example, ostomates engaged in contact sports can protect their stomas by wearing an additional binder for support.



## OSTOMY SUPPORT GROUP OF MIDDLE GEORGIA

### Medicare and Ostomy Supplies

Excerpts from [Medicare.gov](http://Medicare.gov)

Medicare covers ostomy supplies for those who have a colostomy, ileostomy, or urinary ostomy. Medicare covers the amount of supplies the doctor says you need based on your condition. An order (prescription) must be on file with the supplier. It must be signed and dated by the treating doctor.

Make sure your supplier is enrolled in Medicare and

has a Medicare supplier number. Suppliers have to meet strict standards to qualify for a Medi-care supplier number. Medicare won't pay your claim if your supplier doesn't have a number, even if your supplier is a large chain or department store that sells more than just durable medical equipment

You pay 20% of Medicare-approved amounts. If a supplier doesn't accept assignment, there is no limit to what you can be charged. You also may have to pay the entire bill (your share and Medicare's share) at the time you get your supplies.

Ask if the supplier is a

participating supplier in the Medicare program before you get your supplies. If the supplier is a participating supplier, they must accept assignment. If the supplier isn't enrolled in Medicare, Medicare won't pay your claim.

You must pay an annual deductible for Part B services and supplies before Medicare begins to pay its share. For more information call medicare at 1-800-633-4227.



**Did you know if you Google ostomy support groups you will get 149,000 hits in 0.56 seconds!**

**OSGMG.ORG**



### OSTOMY.ORG

Ostomy.Org is the U.O.A.A. national website. It contains a wonderful variety of information on all type of ostomies and ostomate health concerns. They have Patient Guides available for downloading on every type of ostomy, diets, blockages and other subjects. They list events, online discussion groups and other items. Even the ads are interesting. Try it. You will like it. Plus, it's all free !

### U.O.A.A.

### NATIONAL CONFERENCE

**IRVINE, CALIFORNIA**

**AUGUST 22-26, 2017**

**Details and registration forms can be found on website—[ostomy.org](http://ostomy.org)**

**Note — if you go by plane you get to land at the John Wayne Airport**

“This is an interesting article on abdominal changes.”

“We all go through these changes, but here is an explanation on the impact. Something to think about”

## **Impact of Abdominal Changes**

*By Arthur Clarke, CWOCA*

Only a finite amount of bowel eligible for use in the creation of a stoma. When you had your ostomy surgery, the surgeon was allowed—according to your personal physiology—only so much moveable bowel in the construction of a quality ostomy stoma. Once that piece of bowel was pulled through your abdominal wall, it was stitched to the inside of the abdominal wall and onto the outside of the skin. The length originally chosen by the surgeon will remain constant throughout the patient's life. Therefore, if the wall of the abdomen thickens: i.e., fat accumulates on the abdominal wall due to bowel segment used in the creation of the stoma will not change to accommodate the patient's increased girth.

This being the case, one might expect the stoma to appear to be receding, since it and the peristomal skin cannot expand with the thickening abdominal wall all around it. This is in fact what happens. This condition is further exacerbated with the patient move from a standing to a sitting position.

This change in position causes the abdominal wall to move forward and down. However, the fixed dimension of the stoma bowel segment prevents the peristomal skin from shifting as much as the rest of the abdominal wall. The result is formation of a skin well around the stoma, especially when changing from one physical position to another.

The welling effect and excessive stress

on the peristomal skin will most assuredly result in difficulty developing and maintaining the integrity of the skin barrier's seal. Ultimately, this results to untimely and frequent leakage challenges.

There are two main approaches to resolve this issue. The ideal approach is for the patient to make a conscientious effort to maintain a constant and healthy weight, thereby returning the abdomen to the shape and wall thickness present at the time of the surgery. This approach would require regular exercising to firm up one's body as well as maintaining the correct weight for one's physical attributes.

If one is unsuccessful with this approach, an option in pouching management is to switch from one's current pouching system to a convex pouching system. Many have found that a skin barrier with a convex surface—this has the effect of pushing the skin down and popping the stoma out—works much better than the highly flexible flat skin barriers.

If you find yourself in a position where abdominal changes affect the integrity of your pouching system, there are positive solutions available. Should you experience any difficulty making the switch to a convex pouching system, enlist the aid of your local ostomy nurse. Convex pouching systems are being used successfully by people with ostomies with flat or retracted stomas, and they have been for a sufficiently long time to prove their worth.

## ODOR MANAGEMENT

*Greater Cincinnati Ostomy Association*

Isn't it interesting that people with normal intact bowel tracts and urinary systems manage odor problems in an acceptable manner in our society? But when disease or trauma strike, and the person is the owner of an ostomy, the one big concern is the fear of offending society with an odor.

Basically, and simply, an ostomy is a man-made exit site that changes the point of exit from the bottom of our body to the front. Our eyes and nose are obviously on the front of our body, which leads us to be more aware of our changed body image and our odor-producing products. You've heard the statement "You've come a long way, baby." Yes, ostomy management has come a long way considering that as little as ten years ago we had very few 100 per-cent odor-free pouches. When ostomy surgery was first developed, ostomates wore anything to collect output. Presently, almost all ostomy supplies available to us today are made of odor-barrier materials.

Therefore, if an ostomate does have a fecal or urinary odor about them, some detective work should be done: Check out the application of the pouch to the body, is it leaking? Check out the closure of the pouch—is it closed properly so that no fecal matter is oozing out after the closure is applied? Do not put holes in the pouch as gas will seep out continuously.

A urostomate should rinse or wipe off the spout of the pouch with a bathroom tissue after emptying. Those few drops left in the spout after closing the pouch can cause a urine odor under clothing. It's interesting to note that most urostomy pouches on the market are odor-proof, but the connector tubing

and bedside and leg bags are not.

You must dispose of and replace these products when they take on odors, or else your entire living quarters will smell.

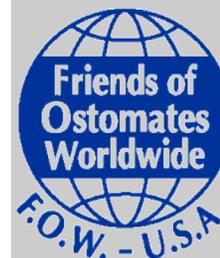
Emptying an ostomy pouch is comparable to a person with an intact bowel or urinary tract having a bowel movement or emptying their bladder. How does the non-ostomate handle the odor produced by this normal function of their body?

Room deodorizing sprays are popular; a quick flush of the toilet when defecation occurs, and striking a match or opening a window are some acceptable methods that have been used for odor management since the invention of indoor plumbing.

Why then are we ostomates so "up-tight" about the odor produced when our pouches are emptied? This complaint has encouraged ostomy supply manufacturers to create products to meet this need of "odor control." The trouble is, the ostomy deodorants do not work for everyone and they are expensive. Can we then consider ourselves "as normal as blueberry pie" so far as waste odors are concerned? Just remember, there is not a man or woman on this earth whose wastes do not smell. If someone tells you their waste products are odorless, then a nose overhaul is in order.

Our next support group meeting is Sunday May 28. 3:00 P.M. at the COLISEUM MEDICAL CENTER in Macon

**"A delicate issue but necessary to talk about and address!"**



Visit our web site at [osgmg.org](http://osgmg.org).

**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

**OSTOMY SUPPORT GROUP OF MIDDLE GEORGIA**  
**PO BOX 945**  
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