

PRESIDENT - Sam Wilson
478-477-8337
PROGRAMS - Mary Leonard
478-745-3866

Next Meeting

Our next support group meeting is **Sunday, Sept. 23, 3:00 p.m.**, 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 Coliseum.

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THE OSTOMY RUMBLE

PUBLICATION OF THE OSTOMY SUPPORT GROUP OF MIDDLE GEORGIA

THE OSTOMY RUMBLE

SEPTEMBER 2018

Maybe at our Meeting this Sunday we will be free of hurricane and other weather warnings! I hope our friends in the Hurricane Florence flood regions of North and South Carolina had their ostomy emergency kits ready. This is a good time to check yours ! We have referred to the kits on numerous occasions. Be safe.

On page 7, I have included a Personal Note as to my plans for the future. I hope you will give the situation some thought and come up with some suggestions. Our Group is important to a lot of people. We have several months.

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. The meetings start at 3:00 p.m., except for special occasions when the time will be announced.

MORAL SUPPORT
FREE PARKING

SHARING
FELLOWSHIP

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

Next Support Group meeting on 23 Sept , 3:00 P.M.

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As an Ostomate, How Long Might You Live

by L. Wruble, M.D via Mailbag Jacksonville FL

Well, prepare, for good news! There have been only a few long-term studies of the postoperative life of an ostomate. The findings that have been made known were mainly done during the past 10 years. What do you think is the ultimate outcome? What may an ostomate expect in terms of health and life expectancy? The studies that have been done indicate that the health of an ostomate is exactly the same as that of anyone else. And, of more importance, there is no difference in your life expectancy from the general population.

Every part of the intestinal tract works in harmony, so it might be expected that the removal of one part, such as the colon, might affect the rest. But the studies reveal no indication of this. Diseases of the intestinal tract such as gallstones and peptic ulcers are not found to be in higher incidence after ostomy surgery. There is, however, an increase in the formation of kidney stones in the ileostomate, possibly because of the increase in the absorption of certain chemicals that can form stones..

Proper Care & Storage of Ostomy Supplies

*by Teresa Murphy-Stowers, via Dallas TX
Ostomatic News and OA of N. Central OK*

Ostomy supplies are not inexpensive, to say the least. So, it is important to understand how to apply them properly with the fewest errors possible and equally important to know how to take care of and store supplies until use. Proper care may avert the need to discard unused supplies and thus be as economical as possible.

- Be sure to read carefully the instruction sheet included in the box or guidelines on the container for specific recommendations for a given product.
- Generally, all ostomy supplies should be stored in a cool, dry location. Too much heat can melt or weaken many of the materials used in ostomy wafers, pouches, and accessory items. Avoid leaving supplies in a hot car or in direct sunlight.
- Keep supplies such as wafers and pouches in their original box. By doing so, you save the brand name, product identification number, and the lot and date information for those items. Perhaps you will never need this information, but in the event you do, the box you have saved will provide the information you (or someone helping you) will need for reorder or to report any quality control problems.
- Some ostomy supplies do have a “shelf life.” Be sure to check for dates that may be recorded on their containers. If you find you have a box with an expired date, check with the manufacturer, your local supplier, or an Ostomy nurse for advice on usage.
- While you do want to keep a “stock” of supplies so you are always prepared to change out your system, avoid the practice of stockpiling too much so your reserve will be as fresh as possible. This, of course, depends on factors such as the availability, proximity to a local supply house, or shipping issues.
- Purchase supplies from a trusted vendor—one you know will provide good service as well as stock/ship current stock.

Antacid Users Beware *By Elizabeth Smoots, M.D.*

Almost everyone has indigestion occasionally, and it is probably alright to take an antacid pill now and then; but many health authorities warn that taking antacids regularly may not be wise, especially for ostomates. Here's why: Magnesium hydroxide causes diarrhea and reduced absorption of vitamins and minerals. Aluminum hydroxide causes constipation, reduced phosphate levels leading to fatigue, poor appetite and bone loss. It also contains aluminum which has been linked to Alzheimer's disease. Calcium carbonate may cause acid rebound where, when the antacid wears off, stomach acid suddenly shoots up. It may also cause constipation, a potential disturbance in the body's calcium and phosphate levels called milk-alkali syndrome, which in turn may lead to nausea, headache, weakness and kidney problems.

Irrigations - To Be or Not to Be

by Susan Wolf, CWOCN, The Mailbag, Jacksonville FL

Many people with a colostomy just do not like to irrigate. They find the whole procedure disagreeable, time consuming and often not very successful. In addition, despite irrigation, they still experience passage of stools one or more times a day. Irrigation does not work for everyone with a colostomy.

For one thing, your colostomy has to be in the descending or sigmoid colon. A colostomy in the ascending or transverse colon will not be able to be controlled satisfactorily with irrigation because the stool is too watery. One should never attempt to regulate an ileostomy with irrigation.

People who had a very unpredictable bowel schedule before surgery will probably continue to do so after surgery, despite efforts to achieve regulation with irrigations. On the other hand, some people whose bowel habits were irregular before surgery do find that irrigation helps them achieve regularity. Some people have work schedules or lifestyles that do not permit them to irrigate at a consistent time each day. This too can cause irrigation to be unsuccessful or inconsistent.

You do not have to irrigate your colostomy. Your bowel will work anyway, irrigation or not. The purpose of irrigating a colostomy is to achieve regulation of the bowel so that no stool is passed between irrigations. The main reason for regulating the bowel is for the person with a colostomy to have an alternative in his or her ostomy management. The goal is to be as comfortable as possible. If irrigating is not accomplishing regulation and is in fact making you more uncomfortable, you should not be doing it.



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A Pouch Falling Off

from The New Outlook via The Mailbag, Jacksonville FL

One of the most embarrassing situations that can befall a person with an ostomy is to have an accident because the barrier or the pouch pulled loose.

Multiple reasons exist to explain the falling off of an ostomy system: The stoma, the barrier or the pouch.

The stoma may be placed too close to a scar, crease or bodily prominence so that the twisting or bending loosens the barrier. This is no single solution for a misplaced stoma. A different barrier may be tried; e.g., one that is softer and more pliable like the new and improved version of Hollister's New Image Ostomy System.

An irregular area may be built up with the new seals —like ConvaTec's Eakin Seals—or with paste. Using these products will usually solve most challenges. A stoma may require surgical intervention if one has a prolapsing stoma that is pushing the pouch off. Conversely, a flat or recessed stoma may cause pooling of the effluent around the stoma eroding the adherence and eventually lifting the barrier from the skin. Fortunately, manufacturers have developed ostomy systems with curved barriers that put minor pressure on the skin around the stoma. These convex ostomy systems are a growing product line of retailers as more and more people discover the advantages of wearing a convex barrier.

The most stubborn falloff problem can usually be solved by using a seal with a convex barrier held on with a belt. Your ET nurse should be expert in solving these types of issues.

The skin around the stoma might be too oily or too irritated for the barrier to hold satisfactorily. Bath oils and greasy creams should be avoided. But, there are products that may be put on the peristomal skin to treat skin irritation problems. Ostomy product manufacturers all carry skin care products that will treat peristomal skin and yet at the same time allow your barrier to adhere firmly to your skin.

There are many different producers of many different barriers. They offer you a large choice of products that may work for you. You need to try different products if you are having problems. One barrier will not work for everyone in the same way. For instance, one urostomate in our Chapter had a problem with falloff using a flat, Stomahesive barrier. He saw an ET from our Chapter and she recommended he try a Durahesive barrier with convexity along with a belt to gently hold it in place. It worked! Our member was very pleased that he could resume his life doing the same activities he did before surgery.

A well fitting pouch that is suited to your needs and lifestyle is essential. If your pouch keeps coming off, have your entire ostomy system evaluated by a WOC nurse. Do not settle for less than excellent service

Management of a Flush or Retracted Stoma

By Gloria Johnson, RN, BSN, CWOCN, Edited by B. Brewer, UOAA UPDATE

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) 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, 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 Wafer or Coloplast Strip Paste, can be pressed into shape around the stoma to protect and seal.



**SATURDAY OCTOBER 6
IS
WORLD OSTOMY DAY**

“SPEAKING OUT CHANGES LIVES”

**Visit our
web site at
osgmg.org**

Pouching Checklist

√ **Measuring the Stoma**

It is very important that you measure your stoma when you change your pouch, to be sure that the wafer always fits correctly. ‘New’ stomas will gradually decrease in size.

Check size often and make adjustments to the wafer opening. It is also important that ‘seasoned’ stomas be re-measured, less often, but at least a couple times a year.

√ **Changing the Pouch**

Try to change your pouch when your stoma is less active. Always examine the skin around the stoma for redness or irritation. There may be a little bleeding when cleaning your stoma. The bleeding should stop quickly. Contact your physician or WOC nurse if the bleeding does not stop or if there is a distinct change in the color of the stoma.

Have your pouching system ready and put it in easy reach before you remove the pouch that you are wearing. Remember, remove easy with a gentle push....not a quick pull.

√ **Emptying the Pouch**

Empty the pouch when it is one-third full of urine, stool, and/or gas. Or empty as needed for comfort or convenience. To reduce splashing, put toilet paper in the toilet bowl first, or lean forward to place the end of the pouch closer to the water level. You can empty your pouch while sitting or standing. (Sitting gets you closer to the water level and containment). Some suggestions:

- 1) Hold up the end of the pouch before you remove or undo the clamp.
- 2) “Cuff” the edge to keep the end clean (if your pouch allows).
- 3) Drain the contents
- 4) If the stool is too thick, add some water to the pouch and rinse. (gently rinse so that you do not force water up around the stoma and undermine the seal).
- 5) Be sure the ‘tail’ of the pouch is clean before reclosing.

√ **Bathing**

You may shower with or without the pouching system. Water won’t hurt your stoma.

Avoid using bath oils and soaps because they may interfere with the wafer sticking to your skin.

When showering with your pouch, try turning your back to the water flow.

A PERSONAL NOTE—THE TIME HAS COME

I will soon complete the 26th year of my 2 year term as President of our Support Group. Prior to that I served 2 years as Vice President. When our beloved Betty Futrell passed away in 2010 I took over her jobs as Treasurer and Collector/Dispenser of donated Ostomy Supplies. When Norman Deputy died in 2013 I inherited the Newsletter. Norman had brought our group into the digital age of communication with our Website and computer generated and distributed Newsletter. These have been labors of love. I have stated numerous times since my surgery in 1989 that I owe much of my well being to my involvement with our Support Group, the members and the people we assist. I am quite proud of us.

All that being said, my intention is to resign from my positions and relinquish all my duties with the Support Group effective January 2019. I am in reasonably good health, but I feel I am suffering from what is referred to as “burn out”. In the current environment for medical support groups, I believe our group may benefit from new leadership and possibly a new structure. I cannot provide those things. I am too much of an advocate for the policies, procedures and methods of the past. They worked.

I believe I have done a good job for you. We are a free standing corporation registered with the Secretary of State as “The Ostomy Support Group Of Middle Georgia, Inc.”, for which we pay an annual corporation fee. We have a Federal Employer Identification Number even though we have never had any employees. We are affiliated with the United Ostomy Associations of America and pay them an annual fee. We are tax exempt under sec. 501 c 3 of the Internal Revenue Code. We maintain a website at “OSGMG.ORG” which can be located through a GOOGLE search. We have money in the bank and maintain an inventory of donated ostomy supplies which we give away. We have regular meetings and publish our newsletters 10 times a year.

I plan to remain a member and help when I can.

Thank you for the confidence placed in me.

Sam Wilson



Visit our web site
at osgm.org.

Next Support
Group meeting on
23 Sept. 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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