



949 Chestnut Oak Drive
St. Charles, MO 63303



Local website is www.uoaastl.org

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“I may not have gone  
where I intended to go,  
but I think I have ended up  
where I needed to be.”

— Douglas Adams

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LIVE AND LEARN – Summer 2016

UNITED OSTOMY ASSOCIATION OF GREATER ST. LOUIS

Our mission at UOASL is:

- To offer the opportunity to persons who have had colostomies, ileostomies, urostomies, or alternate procedures to meet with others who share similar challenges of adjustment and for sharing of ideas and knowledge.
- To aid the ostomate in recovery and rehabilitation.
- To provide educational opportunities to medical, nursing, and lay groups through lectures, demonstrations, and exhibits regarding care of the Ostomy patient.
- To provide the ostomate with volunteer services and social activities.
- To provide hospital visits to the patient, before and / or after surgery, at the request of the patient's physician.
- To maintain close contact with appliance manufacturers, also local pharmacies.
- To provide information about the availability of products to ostomates and the medical profession.

**ARTICLES AND INFORMATION PRINTED IN THIS
NEWSLETTER ARE NOT NECESSARILY ENDORSED BY
THE UOASL AND MAY NOT BE
APPLICABLE FOR EVERYBODY.
PLEASE CONSULT YOUR DOCTOR OR WOCN (ET) FOR
THE ADVICE THAT IS BEST FOR YOU.**



AFFILIATION
UNITED OSTOMY ASSOCIATIONS
OF AMERICA
1-800-826-0826 www.ostomy.org



AMERICAN CANCER SOCIETY
4207 Lindell Blvd.
St. Louis, MO 63108
1-800-ACS-2345 www.cancer.org

Membership Benefits:

Education **Mutual Support from Fellow Ostomates**
Visitation Program **Conferences Country-Wide**
Product Information **Local Meetings and Programs**
Ostomy Guide Books and Informative Literature
“Live and Learn” Our Own Publication

CHAPTER MEMBERSHIP APPLICATION FORM

NAME: _____

SPOUSE'S NAME: _____

ADDRESS: _____

CITY: _____

STATE: _____ ZIP CODE: _____ - _____

PHONE: HOME: (____) _____ OFFICE (____) _____

OCCUPATION _____ e-mail _____

YEAR OF SURGERY: _____ DATE OF BIRTH: ____/____/____

Type of ostomy: **Please check all applicable information**
 Colostomy Ileostomy Urostomy
 Continent Ileo Continent Uros
 Other (Specify): _____
Meetings: Send meeting notices Don't send meeting notices
Help: Would like to help on Phone Committee
 Other Activities _____
Assistance Request *Complimentary Membership*
Medical Profession Doctor RN,WOCN Other _____

UOASL Chapter Membership Dues: (Effective Jul 2006)
\$12.00 annual

Make check payable to U.O.A.S.L.
SEND CHECK TO: Hank Thill, Treasurer U.O.A.S.L.
970 Imperial Point
Manchester, MO 63021
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(ANY CONTRIBUTIONS OVER \$12.00 ARE TAX-DEDUCTIBLE
AS WE ARE A NON-PROFIT ORGANIZATION)

UOASL 2016 MEETING SCHEDULE

www.uoaastl.org

July 11: St. Luke's– Breakout Groups (Bring Your Travel Kit)
August 1: St. Luke's Hospital –How to Tell, Who to Tell, When to Tell
September 12: St. Luke's Hospital – Summer Wrap-up:
Dinner and Breakout Groups

****October 3:** **Christian Hospital**
November 7: St. Luke's– Leonard Naeger Pharmacy Lectureship
December 5: **Annual Banquet – Syberg's**

All meetings begin at 7pm and last about an hour.

Visiting happens before and after for about 30 minutes.

**Any articles welcome for consideration:
personal experiences, health, obituaries, tested tips, etc.**

Publication Deadline May 25, 2016

Send articles to: Mary Beth Akers
949 Chestnut Oak Dr.
St. Charles, MO 63303
636/916-3201
marybethakers@excite.com

LIVE & LEARN By Email

Are you interested in getting this publication by email? Send an email to Mary Beth at marybethakers@excite.com and let her know that.

Mailing Information Update

Please let Brenda Schulte know if your info changes.

Her address is: 115 Pine St., Old Monroe, MO 63369.

Her phone number is: 636-661-5607.

Please let us know if you have any change in home address, email address, company address or contact person.

We would really like for you to keep getting the L&L's and postcards.

If you do not receive any of our information please let us know.



LIVE AND LEARN Summer 2016

President's Message

To All Members and Friends of UOASL,

It was great seeing a number of you at St. Anthony's this past week. Our topic was nutrition and hydration. www.ostomy.org has some great info you can download. Just a month before that I saw many more of you at the Product Fair. Congratulations to our raffle winners, Edie Brown, Susan Burns, and Felicia Toeniskoetter! We also learned some relationship ideas from our speaker, Monica Houttuin, MSW, LCSW. Some folks took information to contact her further.

I am busy right now getting ready for our upcoming Youth Rally in Seattle. It is more than a month away but will be here before we know it. Several counselors from the area joining me as well as four campers. They are all returning campers. I am thrilled that they got so much out of it that they can't wait to return, but I know there are so many more out there who would benefit from attending! Please don't feel shy about sharing the word about Rally.

As Sheila and I were sorting through the 16 pages worth of great articles we wanted to include, we found that a number of them had been used in the past few years. I encourage you to go to the website www.uoaastl.org and look at the archived newsletters when you get a chance. Many things have not changed over the years despite all the technological advances.

I look forward to seeing you at our meetings. Please do not hesitate to e-mail me at marybethakers@excite.com or call 636-916-3201.

Mary Beth Akers, President, UOA St. Louis

What Is the Crusting Technique?

Via PittsburghOS Triangle

Crusting technique is a procedure that absorbs moisture from broken skin and produces a dry crust enabling an ostomy wafer/pouching system to adhere better to skin. It is used on skin around the stoma/ostomy (peristomal skin) that has become irritated and broken down preventing an ostomy wafer/pouching system from adhering to the skin. The Crusting Technique can enable the ostomy wafer/pouching system to adhere better to the skin and increase wear time. It also protects peristomal skin from ostomy output and moisture.

Products you'll need:

- Skin barrier powder such as: Convatec Stomahesive Powder, Hollister Adapt Stoma powder, Coloplast Brava Powder
- Skin barrier wipe (alcohol free) or spray (alcohol free) such as: 3M Cavilon No Sing Barrier Film Wipes, Sensi Care Sting Free Barrier Spray
- Clean gauze pad (2" x 2" / 4" x 4" inches) or tissue for dusting excess powder

How to do it:

1. Wash your hands.
2. Organize and prepare products close to you.
3. Clean skin around stoma/ostomy with water and pat dry.
4. Sprinkle skin barrier powder on areas of skin break-down around stoma/ostomy.
5. Allow powder to adhere to areas of skin breakdown.
6. Dust excess powder from skin using clean tissue or gauze pad. (Note: powder should stick to areas of skin breakdown)
7. Using skin barrier wipe dab skin barrier wipe over powdered area; if using spray, lightly spray over powdered areas.
8. Allow the area to dry (may take several seconds up to 60 seconds depending on skin barrier used); a whitish crust will appear
9. Test for crust dryness by touching lightly with finger; crust will feel rough but dry.
10. Repeat steps 3 through 9 two or three times to attain a crust.
11. Place pouching system over crusted area.
12. You may stop using the crusting procedure when the skin has healed.
13. Contact your WOCN

THE DOCTOR/PATIENT PARTNERSHIP

by Carol Larson; via UOAA Update, and *Ostomy Outlook*, Northern OK

When support groups of people who have survived a serious illness gather, it's a good bet that eventually their doctors become the topic of conversation. Because of the life and death issues involved, strong feelings emerge. Good experiences tend to breed hero worship, while unpleasant encounters can leave everyone bitter. The impressions that make these relationships work the best are based mostly on the gifts of a good diagnostician and the ability of doctors to connect with their patients while dispensing care. Stories about insensitive physicians top the list.

We have our good stories too, praising the doctors who have what is known as "a good bedside manner." The realities of modern medicine make it hard to establish much of a personal exchange. Time allocated for most appointments is short, and patients are usually scheduled in tightly. Instant judgments abound. Some hasty comment, look of boredom, or impatience on the part of the doctor can influence the effectiveness of care more than it should. But rudeness works both ways. Patients need to do their part to pay attention and make the best use of this time.

How to get the best care possible:

Be Selective

- If you have insurance, call the number on your card and find out which doctor is in your network.
- Call another doctor you admire and ask for a referral.
- Find a doctor who is convenient for you to see and who works in a hospital you would prefer.

Be Efficient

- Be on time for your appointments.
- Bring in a list of your medications and insurance information.
- Deliver your information concisely. If you are experiencing pain, grade the pain from 1-10. Be specific about your concerns.
- Don't expect a doctor to want to listen to unrelated facts.
- Don't overwhelm the doctor with a diagnosis you pulled off of the Internet or from well-meaning friends.

Listen Carefully

- Take notes. Bring a list of questions you had beforehand.
- Write down treatments or words you don't understand.
- Be reasonable and respectful. Understand that both of you will not always be at your best, especially when an illness is hard to treat.
- It is primary to your care to be able to accept honesty and not try to persuade your doctor to give you glib promises.
- Repeat the doctor's message out loud so that you truly understand.

The Phantom Phenomenon

via Ostomy Rumble Middle, GA

The “phantom rectum” is similar to the “phantom limb” of amputees. A per-son may feel their limb is still there. For ileostomates, it is normal to feel the need to evacuate.

This can occur years after surgery. Explanation of this sensation helps the ostomate understand it is a normal mechanism related to spinal nerve control.

Simply stated, the nerves have innervated the rectum. This nerve is responsible for rectal continence and continues to respond even after the rectum is removed.

If the rectum has not been removed, one may also have this feeling and may pass mucus when sitting on the toilet. Some who have had their rectums re-moved say the feeling is relieved somewhat by sitting on the toilet and acting as if an evacuation is taking place.

VISITING SERVICES

Upon request from you, a Doctor, a Nurse, or an Enterostomal Therapist (Wound Ostomy Continence Nurse): A **VISITOR**, who has been specially trained will be sent to visit an Ostomy patient, either Pre-Op or Post-Op. The visitor will be chosen according to the patient’s age, sex and type of Ostomy. There is **NO CHARGE** for this service and **WE DO NOT GIVE ANY TYPE OF MEDICAL ADVICE**. We only show the patient that his/her operation is not the end of the world, but a **NEW** pain free beginning to life again. Call Betsy at 314/725-1888.

Reputable Health Websites

via Ostomy Rumble Middle, GA

- **MayoClinic.com:** Look up diseases, check symptoms, learn about drugs and test procedures.
- **ClevelandClinic.org:** Learn about symptoms, health living (can download mobile app).
- **WebMD.com:** includes symptom lookup, articles on seasonal illnesses or conditions.
- **MedlinePlus.gov:** Part of U.S. National Library of Medicine – National Institutes of health includes interactive video tutorials to evaluate symptoms.
- **AHRQ.gov:** Information from U.S. Agency for Healthcare Research and Quality

WHICH DRUGS CAUSE CONSTIPATION?

Via Springfield Ostomy Family Newsletter

An array of medication can cause constipation. Some examples are narcotic pain medicines such as codeine and oxycodone; antacids that contain aluminum and calcium; antidepressants such as amitriptyline (Elavil) and imipramine (Tofranil); anticonvulsants such as phenytoin (Dilantin) and carbamazepine (Tegretol); and iron supplements. Certain blood pressure drugs – including calcium channel blockers such as diltiazem (Cardizem) and nifedipine (Procardia), and diuretics – also may cause constipation. If you suspect that any of these medications is making you constipated, ask your doctor about non-constipating alternatives. Realize, too, that you have control over other causes of constipation, such as a high-fat, low-fiber diet, a lack of physical activity, and ignoring the urge to have a bowel movement. Drinking plenty of fluids can sometimes help with constipation, as can taking a laxative, but be careful to avoid laxative abuse, which can cause the bowels to become unresponsive and cause “reflex” constipation.

Get Ostomy Answers!

The Phoenix is the leading national magazine for ostomates, their families and caregivers. Each issue contains 72 pages of inspiration, education and information including new products, medical advice, management techniques, personal stories and more.



Subscriptions directly fund the nonprofit United Ostomy Associations of America – the only national organization providing vital information, resources, support and advocacy for ostomates.

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YOUTH RALLY 2016

This year will be in Seattle, Washington, July 25-30, 2016. It is not too soon to think about next year's which will be in San Diego July 17-27, 2017!

Please share this information with any youth who has any issue with the bowel or bladder. St. Louis Chapter UOAA pays first year scholarships (Tuition and airfare minus \$75 Registration Deposit).

If you know of an interested youth, have them contact Mary Beth at 636-916-3201 or marybethakers@excite.com for more info or log on to www.youthrally.org



EXERCISE IS GOOD BUT HERNIAS ARE BAD

Terri Ross Ostomy Nurse at The Christ Hospital Via Greater Cincinnati

Spring is here and you may be ready for outdoor activities. Good for you! Having an ostomy does not restrict you from walking, running, or working in your yard. If you recently had abdominal surgery you will want to start slowly while you are healing. Walking outside is exhilarating but if the weather is bad join a friend and walk at the mall or gym.

Several weeks after surgery you may feel ready for planting flowers or playing golf. If your surgeon feels this is okay you may want to wear an abdominal support belt.

Some activities may require you to protect your abdomen. When your ostomy was made the surgeon anchored it through your abdominal muscle for support. Heavy lifting or straining is a risk for herniation.

Most physical activity is fine but lifting more than 10 or 15 pounds should be avoided. Ask your surgeon for their recommendation.

When exercising or playing sports wearing a support belt can protect you from a hernia. It will also provide support and protection during contact sports or activities like climbing or gardening. An ostomy nurse can help you decide which one works best and then properly fit you.

Many of us sweat with exercise.

Your wafer/appliance may need to be changed more often to assure an adequate seal. It is fine to go swimming or relax in a whirlpool. Don't worry that your pouch will come off. It should be secure even when wet. If you wear one that has a tape border try rubbing some gel deodorant on the border. It will help the tape to repel water and dry faster later.

Remember to rehydrate in hot weather; drink plenty of water, and have a fun active season!

Kidney Stones and the Ileostomate

By Jill Conwell, RNET, Corpus Christi, TX,

Edited by B. Brewer, UOAA UPDATE

Kidney stones are fairly common medical problems. They occur in about 5 percent of the population. They are more common in men with a sedentary lifestyle and in families with a history of kidney stones. The average age of first occurrence is about 40, but they can occur at any age. For ulcerative colitis patients, the incidence of developing kidney stones is about double that of the rest of the population. For *ileostomates*, the incidence is 20 times greater. There are two basic types of kidney stones; uric acid and calcium. Both may occur in ileostomates since the underlying cause is dehydration. Uric acid stones are more frequent.

One reason for this is the chronic loss of electrolytes, producing acid urine. The stones may vary in size and shape, some being as small as grains of sand, while others entirely fill the renal pelvis. They also vary in color, texture and composition.

Symptoms during the passage of a kidney stone include bleeding due to irritation, cramping, abdominal pain, vomiting and frequent cessation of ileostomy flow. When ileostomy flow stops, distinguishing between an obstruction versus a kidney stone may be difficult since the symptoms are similar.

Treatment of most kidney stones is symptomatic and in most cases the stone passes spontaneously through the urinary tract. Medication for the spasms is usually administered. The urine should be strained in order to collect the stone for analysis. Once the composition of the stone is determined, steps should be taken to prevent recurrence of an attack. The physician will prescribe medication or dietary modifications depending on the type of stone. The best preventative measure is to drink plenty of fluids (8 glasses) every day. If the urine appears to be concentrated, increase fluids and use a sport drink that is rich in electrolytes to replace losses.

FOR THOSE WHO USE FACEBOOK AND TWITTER

The National UOAA is on both!

To find us on Facebook, go to Facebook.com/UOAA nc.

To follow us on Twitter, go to Twitter.com/UOAA, or while logged in, search for @UOAA.

UOAA also has a Social Blog! You can find our blog at blog.ostomy.org.

OSTOMY – THE NEW NORMAL

Recognition for the Spouse

by K. Karvounis via *The Ostomy Rumble*, Middle GA and Springfield, MO

There are a few times when a genuine and real recognition is given to the spouse of a person with an ostomy. The spouse deserves more credit than anyone can possibly bestow on him/her. Try for one moment, if you can, to imagine that the shoe is on the other foot, that is, that your spouse has the ostomy, and you do not. Now you find yourself waiting to use the bathroom, waiting for your mate to get through irrigation or to replace the pouching system. When you go out of town or make a visit and your spouse has an accident, you have to cut short your outing and go home so the person with the ostomy may clean up, not to mention that all the way home there may be an odor.

Of course, we should add that most of these challenges happen so rarely and with such minor intensity that they should hardly be mentioned at all. The quality of life of people with ostomies is being studied vigorously right now. The results of every study demonstrate the quality of life after ostomy surgery is remarkably better than before the surgery for people with inflammatory bowel disease. One of the goals of our local ostomy association is to witness to this amazing fact.

Nevertheless, the spouse of the person with an ostomy should be given a great big orchid, and we should all thank God that we have a person like our spouse in our midst. That goes for families as well. Even though we may have a new opportunity for life given to us by our ostomy surgery, there is still a natural period of mourning the loss of an important bodily organ. Our spouse and our family can be the most supportive while we mourn our loss.

For most of us, our spouse is very happy to have us alive. Ostomy surgery gave us a new life, and our life partner may be more thankful than we are to have us with them. For those of us with Crohn's disease or ulcerative colitis, our lives are better than ever. Our mates may once again have us all to themselves, sharing us with a disease. It is nice being married. It is nice being healthy.



There are a number of Relays going on in the Greater St. Louis Area. Brenda Schulte participates in the Troy one while Herschel Austin is with the Highland, Illinois one. To find out more about how you can participate in one near you, go to www.acs.org for more info.

Bowel Obstruction

By *Marshall Sparberg, MD* Via *The Ostomy Rumble*, Middle GA

Obstruction of the bowel may result from a variety of complications which prevent the normal passage of intestinal contents. As the flow becomes blocked, back pressure builds up, causing the bowel to enlarge and produce pain. Since everyone swallows a lot of air which is normally passed from the bowel, continuation of the obstruction soon causes vomiting, and dehydration becomes a problem. Danger of the obstruction, other than severe discomfort, is the swelling bowel itself eventually cutting off the blood supply and leading to the death of small intestine tissue.

An obstruction can be detected very soon after it starts in ileostomates, because the normal constant flow of intestinal wastes suddenly stops and cramping discomforts begin. Occasionally, the ileostomy works intermittently with passage of particularly foul-smelling contents. Cramping doesn't mean obstruction, but simply indicates gas or spasm in the small bowel. Of-ten an obstruction is temporary, with a sudden cessation of cramps and the rush of intestinal wastes heralding the end of the problem. Perhaps, one-third or more of all ileostomates have experienced some degree of intestinal obstruction, while a small proportion of ileostomates have required one or more operations because of obstructions.

The causes of obstructions include scar-tissue formation, stenosis (constriction) of the stoma, and food blockage. Scar tissue or adhesions can form rough cord-like bands across the bowel, narrowing it to a point where slight swellings or food particles can close off the passage entirely.

Food blockage is probably the most common type of obstruction that is encountered by an individual with an ileostomy, particularly in a new ostomate. Fibrous foods, such as tough meat and raw vegetables must be thoroughly chewed, the only teeth in the digestive system are in the mouth. Fibrous food should be avoided initially by the new ileostomate and consumed only after determined by a trial and error what foods should be avoided and how long the food should be chewed.

Obviously, indigestible items, such as pits and seeds must be avoided, because they may form the center to which particles cling, producing a large wad of material which is capable of blocking the bowel.

As with many principles of ostomy life, prevention of food obstruction is much better than treatment. In fact, the word prevention, which is the key to so many ostomy complications, should be regarded as the key to good health.

Urostomy Questions and Answers

By Juliane Eldridge, RN, CETN via Tri-State Ostomate, Keokuk, IA, "The Pacesetter", St. Paul Ostomy Association and Green Bay Ostomy

Q: Why do urostomates occasionally notice blue discoloration in a urostomy pouch or overnight drainage bag?

A: Be assured there is nothing wrong with the appliance. In recent laboratory tests conducted by ConvaTec, the blue color was found to be the result of normal bacterial decomposition of an essential amino acid called tryptophan. There is no clinical evidence, according to the article in the American Journal of Nursing, to indicate that the production of indigo blue is harmful or that dietary tryptophan should be limited. If you are concerned, please talk with your doctor. Tryptophan is part of the regular intake of dietary protein. As it passes through your system, it changes to a blue color when it finally oxidizes in the urostomy pouch. Green Bay Area Ostomy Support Group Page 7 of 12 March-April 2016

Q: Why are fluids so important for the urostomates?

A: People with urinary diversion no longer have a storage area (bladder) for urine. Therefore, urine should flow from the stoma as fast as the kidneys can make it. In fact, if your urinary stoma has no drainage for even an hour during the day, it is time for concern. The distance from the stoma to the kidney is markedly reduced after urinary diversion surgery. Any external bacteria have a short route to the kidney. As kidney infections can occur rapidly, and be devastating, prevention is essential.

Wearing clean appliances and frequent pouch emptying are vital. Equally important is adequate fluid intake, particularly fluids that acidify the urine and decrease problems of odor. In warm weather, with increased activity or with a fever, fluids should be increased even more to make up for body losses due to perspiration and increased metabolism.

It is important that you be aware of the symptoms of a kidney infection: elevated temperature; chills; low back pain; decreased urine output; and cloudy, bloody urine. Ileal conduits normally produce mucous threads in urine, which give a cloudy appearance, but bloody urine is a danger sign.

Thirst is a great index of fluid needs. If you are thirsty, drink up! Also, develop the habit of sampling every time you see a water fountain!

Ostomy Procedures That Can Backfire

Inside Out, Winnipeg April/May 2016

There are times when we think we are doing the right thing or take a "logical" shortcut, but inadvertently get ourselves into trouble. As is said, the "road to hell is paved with good intentions." Here are some instances to think about.

Using alcohol to clean the skin around the stoma: Alcohol is a powerful drying agent. Prolonged contact with the skin can have serious consequences.

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

Snapping the pouch off the face plate ring to expel gas: This procedure does not do much for odor control. It is better to hold the tail of the pouch beyond the clamp with a tissue with deodorant on it. Then hold the pouch up so that only gas is at the clamp, open the clamp and push the gas out through the tissue with the deodorant. Then use the tissue to clean out the end of the pouch and replace the clamp.

Wearing the appliance for as long as you can until it leaks: The object is to change the appliance before leakage occurs. This way your skin gets the best protection and care. Five to seven days wearing time is good.

Washing pouches in the washing machine and using the same pouch for months: Eventually, the plastic of the pouches is saturated with odor of the chemicals and no amount of washing will get rid of it. Throw the pouch away when throwing the faceplate away.

Insisting on trying every new pouch and new product you hear about: Although it is fine to experiment with new appliances, especially if you are unhappy with your usual equipment, you generally get the best service from the equipment with which you have the most experience and practice.

Ignoring skin problems: All the skin problems are easier to treat if they are found early.

Letting the pouch get full before emptying it: Excess weight will separate a 2-piece system and will put excess weight on the faceplate, resulting in early failures. Empty the pouch when it is about one-third to one-half full. Not using seat belts in a car: A well-placed and adjusted seat belt should not interfere with the stoma function or damage your stoma. True, in an accident your stoma may be damaged, but it is a lot easier to repair a stoma than a crushed skull.

It is not a good idea to try to live with a condition that you cannot correct yourself: When in doubt, see your ET Nurse or your doctor.

HINTS ON AGING WITH AN OSTOMY

Via Inside-Out, WINNIPEG OSTOMY ASSOCIATION, Inc. (WOA), Oct. 2015; Source: Osto-Ology, Orange, CA, Saskatoon Ostomy Assoc Bulletin, Mar 2012 via Regina Ostomy News, Sept./Oct. 2012

As we grow older, changes occur in our bodies. The most insidious change is in our skin. Little by little, skin loses its elasticity and becomes thin and dry; skin becomes prone to wrinkles or irritation. These changes can become real problems for those who must wear an appliance at all times. To prevent leakage, as the skin becomes more wrinkled, one should stand up straight and, with one hand, stretch the skin just enough so that it is taut. The appliance, in the other hand, is then applied.

Skin over the entire body tends to break more easily and to heal more slowly as we age. Because of this, one needs to be careful when removing an appliance from the body. A skin barrier covering the entire area under the appliance and/or a very thin application of a skin care product may protect the skin.

Even though eyesight may become dim in later years, independence in care is still almost always possible. Totally blind persons have been taught to irrigate and to centre and apply the appliance. Irrigation is made easier by placing a piece of tape on the outside of the irrigation bag at the desired water level. By putting one hand in the bag and one on the outside, the optimal water level can be determined. Inserting the catheter, or cone, can be done by feel. Most people irrigating a permanent colostomy have only one opening, so gently inserting a finger enables one to slide in the catheter.

Centering the appliance is more difficult than irrigating, but not impossible. After the fresh appliance is prepared, the index and middle fingers are placed on each side of the stoma. The fingers are then removed and the appliance is placed onto the skin. Strips of tape can be applied around the edges of the faceplate with sight, as it does not matter if the tape is slightly wrinkled.

Another problem sometimes noticed with aging is less strength in the fingers, or even bouts of arthritis. Less mobility, or pain in the fingers, can make it difficult to put together a two-piece appliance or to cut an opening in a skin wafer. A one-piece appliance can be used, thus eliminating stretching a pouch over a faceplate. If one's stoma is round, a punch can be purchased to easily make a hole in a wafer. If this is not practical, check with your ostomy equipment supplier. Many of them will pre-cut wafers for you, for a fee.

Sometimes seniors find themselves alone. Being alone can lead to a loss of self-confidence. Know that there are other ostomates like you who care about you. Coming to the Chapter meetings can serve several purposes. You associate with others who are dealing with problems the same as yours. They understand your needs and you theirs, thus you can be helpful to each other.

How prepared are you?

Sharon Householder, Pittsburgh Ostomy Society, May 2016

Medicare recently changed their protocols and now reimburses physicians for time spent with their patients discussing end of life plans - about whether and how they would want to be kept alive if they become too sick to speak for themselves. This is not a 'death panel' that would limit care, rather a way to encourage people to have an active say about how they die — whether that means trying every possible medical option to stay alive or discontinuing life support if they do not want to be sustained by ventilators and feeding tubes. You now have the freedom to ask for medical advice when making those hard decisions.

Now for your plan...no matter what your age, one of the most important decisions you should make in addition to completing your 'living will' is to assign someone as your 'health care agent' or 'medical power of attorney. (*This is different than a financial power of attorney.*) A health care agent is a person you choose in advance to make health care decisions on your behalf in the event you become unable to do so - any time you are unable to communicate, are severely ill or injured in an accident.

State laws vary regarding the specific types of decisions health care agents (HCA) can make. In general, an HCA can agree to or refuse treatment and can withdraw treatment on your behalf. Your HCA can use the information in your living will (also called a treatment directive), statements made by you in the past, and what he or she knows about you personally to make these decisions. For example, your agent can consent to surgery, refuse to have you placed on life-support machines, or request that you be taken off life support. Otherwise, the hospital, doctors or even a judge can make that decision for you.

A legal form, usually called a medical power of attorney is used for documenting your choice of an HCA. These forms may be found online or through your lawyer. You must sign the form to make it valid and depending on where you live may be required to have the form notarized and witnessed. Be sure to tell your family members and doctors whom you have selected as your HCA.

Some important things to remember when deciding who you want to do this include:

- Your agent cannot be one of your medical providers or other person who might receive financial considerations in your treatment.
- Your agent will only make decisions when you are unable to speak so make sure they are trustworthy to do as you request. (Cont.)

- Your agent should be familiar with your medical history including how you manage your ostomy so they can make sure your caregivers understand your needs.
- Also, if you have a significant other to whom you are not related or married, make sure they are specifically included in your wishes and/or assigned as your agent. Since HIPAA privacy rules came into effect, nonrelated loved ones may not be allowed to take part in the decision making process as one of my friends recently found out even though he and his partner had been together over 40 years.

CONTROLLING GAS

via Inside-Out, Winnepeg Ostomy Association, Feb 2016; Source: Hamilton & District (ON) Ostomy Assoc. “Osto Info” via Brantford & District Ostomy Assoc. News by Greater Seattle (WA) “The Ostomist” and Green Bay

In other words, farting. Everybody expels gas but now yours will exit from the front of your body and unlike those with an intact set of bowels, you can’t hold it in. This can cause some embarrassment in public if the noise is audible or if there is an odor, and it can sometimes cause problems overnight if the bag gets too full of gas that isn’t being vented. Most bags have a filter, which will help with letting the gas out, but filter effectiveness can be minimal at times. A pouch that is strained by an overabundance of gas may be a risk of breaking the seal and leaking.

OVERNIGHT

It’s important to watch what you eat prior to bedtime. Be cautious about beans, broccoli, starchy breads and pastas, and especially soft drinks. All of these can cause gas buildup and could potentially cause an issue for you overnight. Also, try to refrain from eating too close to bedtime; a suggested deadline is 1½ hours before bedtime. If you need a small snack at bedtime, try to avoid the above problematic foods. Be sure to empty or ‘burp’ the bag before turning in.

IN PUBLIC

Again, do your best to avoid the most gas producing foods if you can. You can help limit gas production by:

- Eating slowly
- Have loose dentures refitted
- Avoid milk products if you are lactose intolerant
- Avoid using a straw to drink liquids
- Limit eating foods that contain sorbitol and fructose
- Limit carbonated beverages

Despite your best efforts to discourage gas production, your guts will always expel some gas. For new ostomy patients, this can be a huge source of worry because they dread being embarrassed. It’s normal to feel that way and we all felt self-conscious in the beginning. You’re going to be hyper-sensitive to your own body sounds for awhile so bear in mind that what sounds loud to you may not be audible to others. Your body may give you subtle signs a moment or two before expelling gas and you will become tuned into this, giving you time to employ a few tricks to mask the sound. A well-timed cough can help, or rustling papers or shopping bags. You can hold something like a parcel or purse over your stoma to muffle sound, or even your forearm casually crossed and pressed over top can help suppress things.

If you’re in a crowd you can play innocent but if there’s no way out, a simple “Excuse me” will do. Nobody’s perfect. Everybody on the planet has accidentally farted in public.

WOA Editor’s Note: Ostomates can take comfort in the fact that the sound is not followed by a smell. Regarding gas odor control, eating yogurt or buttermilk helps some individuals reduce odor. Parsley is another natural deodorizer. For something stronger, try Devrom tablets. You chew one to three of these after a meal or snack and they can be pretty effective in neutralizing scent. The taste is mildly pleasing, sort of like banana. Devrom will turn your stool black but this is harmless.

STL Editor’s Note: Simethicone is the key for me. I get a bottle of 100 from Medicine Shoppe Pharmacy, order # 220-4899 for under \$4.

TIPS FOR TRAVELING WITH MEDICATIONS

02/2014 UOAA UPDATE and 6/14 Live and Learn

KEEP your medicine with you-not in checked luggage.

BRING more than enough medicine for your trip.

REVIEW your dosage schedule with your doctor or pharmacist before you leave and discuss whether you should make allowances for changes in time zones.

KEEP a list of all your medicines and dietary supplements.

Summertime...and the Living is Easy

by Bobbie Brewer, Greater Atlanta Via Insights of OASNJ

Swimming is an excellent exercise and activity you can enjoy with family and friends. So, why are so many of us afraid to get back into the water? Check out these tips: Don’t go swimming immediately after you have put on a new pouching system. Make sure your pouch is empty and has a secure seal. Picture framing your wafer with water-proof tape isn’t necessary, but may give you the extra confidence you need. Take precautions against sunburn. Besides being bad for your skin; a bad sunburn can result in diarrhea and sometimes vomiting, thus depleting electrolytes.