

UOASL 2020 MEETING SCHEDULE

www.uoaastl.org

- April 6 St. Luke's -Dr. Rood,MD - Room 4 & 5
**May 4 Mercy Medical Center - Product Fair
Von Gontard Conference Center
**June 1 Mercy Hospital South (Formerly St. Anthony's)
July 6 St. Luke's - Show and Tell - Room 4 & 5
July 20-25 *Youth Rally San Diego, CA*
August 3 St. Luke's - Youth Rally Follow Up -Room 4 & 5
*September 14 St. Luke's - Summer Wrap-up. Dinner provided by
UOASL - WOCN Panel - Room 4, 5, & 6
**October 5 Christian Hospital - Detrick Building
West of hospital 2nd floor WOCN office
November 2 Leonard Naeger Memorial Lectureship - Drugs & Your
Ostomy - St. Luke's Hospital Room 4 &5
December 7 Annual Banquet (Starts at 6:30PM)
Syberg's Restaurant, Dorsett Rd

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

Publication Deadline May 25, 2020

Send articles to: Mary Beth Akers
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LIVE & LEARN by Email

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Affiliated With
United Ostomy
Associations
of America, Inc.

LIVE AND LEARN Spring 2020

President's Message

To All Members and Friends of UOASL,

The weather is definitely making us think of Spring. I continue to be so grateful to be a part of such a wonderfully active ASG here in St. Louis. We have had growing attendance numbers including many new people attending. We keep getting the opportunity to spread the information to more ostomates every month. A great group of WOC nurses supports us by sharing their knowledge and experience with us. As evidence of that, we have ten nurses who will be staffing the discussion tables at our May product fair at Mercy. While I miss the nurses and board members who have moved on, I continue to give thanks for the new ones who step into their places. Our chapter continues to grow.

Besides supporting our St. Louis Affiliated Support Group which is critical to continuing our work we also support UOAA the national organization. Our mission is to help ourselves and others like us around the country. Your subscription to the *Phoenix* magazine also helps support the UOAA. Another contribution we make is to the summer camp, Youth Rally for young people with bowel and bladder issues. The UOAA offers support to small Affiliated Support Groups who don't have access to the guidance of WOC nurses locally. UOAA supports small regional conferences around the country as well as the biannual National conference like the one that will be held in Houston in August of 2021.

Another way we support the ostomy community is through our offering of donated supplies to anyone in need. Whether you are between insurances or just want to try something new, you can get a variety of pouches or accessory items to use. The supply table at each meeting is full of whatever has been donated by people who have been reconnected, found a different system that works for them or no longer need the supplies for whatever reason. What is not taken by our meeting attendees is then shipped to FOW to be used in other countries. Read the article in this newsletter for more info about this wonderful organization

I look forward to seeing you at a meeting and please do not hesitate to reach out by e-mail me at marybethakers@excite.com or call 636-916-3201.

Mary Beth Akers, President UOASL

FOR THOSE WHO USE FACEBOOK AND TWITTER

The National UOAA is on both!

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

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

You can find our social blog at blog.ostomy.org.

From UOAA National Office

"Eating with an Ostomy" Nutrition Journal is newly updated and available on the UOAA website ... <https://www.ostomy.org/diet-nutrition/>. Feel free to download it or print it out for your own reference.

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.



The Phoenix



One-year subscription \$29.95 Two-years for \$49.95

Payable to: The Phoenix magazine, P.O. Box 3605, Mission Viejo, CA 92690

Ileostomy break out session notes: Sarah Wichmer February 3rd meeting

- For those who are using a 'vintage' pouching system but are disappointed by new products because of leaks, try to get a new measurement by an ostomy nurse, or try convex products. Also try to have someone demonstrate how to use various samples, don't settle for over the phone talk with representatives. There were discussions of steroid taper effects as well as how blockages feel.
- Many people have been able to clear blockages at home but understand that if vomiting happens getting to the hospital is critical. Most people avoid some foods, it varies from person to person. Water intake is helpful as is attention to food prep and adequate chewing of food.
- The group discussed and agreed that if there is no pain discomfort or leaking, lying face down is not a problem, but perhaps a stoma guard might be recommended. Finally, the group shared experiences with the various medical suppliers used for ostomy products, some are easier to deal with than others.

Find a Comfortable Sleep Position

Comfort Medical Via Chicago New Outlook

For the first few weeks after surgery, your abdominal muscles and skin surrounding your stoma will be sore. You may find that lying on your back with your torso and head propped up with pillows helps alleviate any discomfort you may have when lying flat. Once the stoma area heals, you can start experimenting with your usual sleep position. For the first few weeks after surgery, your abdominal muscles and skin surrounding your stoma will be sore. You may find that lying on your back with your torso and head propped up with pillows helps alleviate any discomfort you may have when lying flat. Once the stoma area heals, you can start experimenting with your usual sleep position.

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 Mary Beth at 636/916-3201.

ATTENTION: Traveling - You and TSA “*Know Your Rights!*”

All air travelers with an ostomy should be familiar with

- (1) TSA security check procedures - both regular and enhanced, and
- (2) Your Rights as a traveler and an ostomate!

▶ Every traveler should review TSA security check procedures, especially the “*Pat-down Screening*” and accompanying video outlined at <https://www.tsa.gov/travel/security-screening>.

▶ The UOAA website also has considerable information and resources that you should check: <https://www.ostomy.org/ostomy-travel-and-tsa-communication-card/>

▶ You should know that once the standard screening (esp. full body scan) reveals something irregular, like an ostomy appliance, the TSA agent will request the traveler to wipe/rub their hand over the “spot.” The traveler’s hand is then swabbed and an electronic sniffer is applied to the swab.

▶ If the sniffer alerts - detects a “*red-flagged substance*” (could even be a perfume? or cream?) - an enhanced search procedure is performed: (1) full pat-down, (2) bag search, etc. It is recommended that at the point that the sniffer alerts, the traveler should:

(1) Request a **supervisor be summoned**, and/or

(2) Request a “**private screening**” . . . with a third-party witness.

▶ UOAA staff have worked intensively with TSA management in recent years to “enlighten & sensitize” TSA security agents about people with ostomies. But please be aware that, due to the large numbers of staff and wide variety of airports, screening procedures may vary between airports, security screening stations, and staff.

▶ A proper screening security check and pat-down was demonstrated by a TSA agent at the recent UOAA Conference; please review:

<https://www.facebook.com/UOAAinc/videos/2486951711347629/>

Bath and shower tips: Via Tucson Courier

- You can bathe and shower just as you did before surgery, with your pouch on or off – the choice is up to you.
- Because soap residue can cause your skin barrier to lift, avoid oil-based and moisturizing soaps.
- Soap and water will not flow into the stoma and cannot damage it..

Post-Surgical Depression and the Older Ostomy Patient

Via VanCouver Highlife

Ostomy surgery performed on seniors is frequently due to a cancer diagnosis. Patients find themselves coping with not only a frightening disease but with a major change in their bodies as well. After a lifetime of ‘normal’ bathroom habits, suddenly they are no longer in control and must use unwelcome artificial means to contain body waste. Although they may no longer have issues such as how to continue working at a job, or how to date with an ostomy, they have concerns and body image issues the same as those much younger. Let’s face it, we’re all vain and have our pride, no matter how old we are! **Depression, sadness or anger are common emotions** for older ostomy patients to feel upon their return home. They may fear loss of independence -- how will I care for myself? How am I going to buy these supplies and how will I afford them? They may resent loss of dignity. They may resent family members who do not have to cope with an ostomy. They may resist going out or resuming former activities. They may feel -- “What’s the use? I’m near the end of my life and now I’m stuck with this thing. I can’t go out like this. I’ll never be happy again.” Does any of this sound like you? You’re not alone. The first thing you should remember is you have been given many drugs during your stay in hospital -- pain-killers, antibiotics, and general anesthesia, all of which can affect your emotional state. General anesthetic in particular is known for triggering post-surgical depressions lasting days or several weeks after a procedure. So if you’re feeling pretty low, you’re just like a lot of new patients after surgery. Go ahead and let yourself have a good cry when you want. Better to let things out than bottle them up inside. But what if the bad feelings aren’t going away? You need to take a look at what might be making your sadness worse.

First -- is the ostomy itself causing problems? Is the appliance not fitting you, are you getting leaks, is there an odor you dislike? If you answered ‘yes’ to any of these, get yourself to the nearest ET at once. You don’t have to put up with poorly functioning appliances -- make sure you are applying things correctly and have the nurse review this with you. Ask for different samples of different brands and be specific about your needs and problems. Ask for manufacturer’s toll-free numbers and call for free samples. Get the names of suppliers in town, the ones who understand ostomates’ needs and who keep abreast of new products and trends.

Are you hiding at home? The simple act of getting dressed and going outside for a walk, even if it’s just up the street gets you out of a gloomy house and away from gloomy thoughts. You need to be as active as your old body will let you. Get some fresh air every day, look at some scenery. Walk the dog if you have one! He doesn’t know you have an ostomy and wouldn’t care anyway. If you can walk you can go places and if you can go places you can do different things. Don’t lie around the house in your pajamas.

Continued

Are you spending too much time alone? Many seniors live alone, and their families may live far away. If you are one of these it's even more important that you have something to do and people to do it with while you're coping with an ostomy. Call up your friends and get together with them. Get yourself to the nearest seniors' center and sign up for something -- a writing class, music, bird-watching, whatever grabs your fancy that gets you out and gets your mind off that ostomy. (by the way, chances are you could meet someone ELSE who has an ostomy at a senior center!) Volunteer -- helping other people makes you feel good and you meet new people. And you may meet those who are worse off than you. Find your local United Ostomy Association Chapter and attend a meeting. Many UOA chapters offer volunteer counsellors, people with ostomies like YOU who understand your feelings and worries. Call them up.

What if the depression will not lift no matter how hard you try? If you can honestly say you've tried to keep busy, tried to interact with others and take care of your body and you STILL have hopeless feelings, if you are still constantly sad without much change after six months you may need to see your doctor and explain the situation. Ask him or her if they can refer you to a counsellor or therapist -- cancer treatment centers often have such professionals on staff. Sometimes just talking things out with such a person can help set you back on track.

What kinds of medications are you taking? Again, you should review and discuss with your doctor what prescriptions you have, which may have changed and some combinations may have become harmful to your health. Should you take anti-depressant medication? Sometimes anti-depressants can help, but they take time to have an effect. Just don't let your doc shove a bottle of pills at you and hurry you out the door. That isn't addressing the problem, only masking it. It's important that you know ALL ostomy patients experience sadness, depression, and anger in the beginning. Some sort themselves out on their own. Some need a little more help -- don't be too proud to ask. **You don't have to do this alone.** -

OMG, I'M BLEEDING

Via Tulsa Ostomy Association newsletter

Don't be alarmed if your stoma bleeds a little bit when you're cleaning it. As long as the bleeding stops after a minute or two, this is actually a good sign. Your doctor wants your stoma to be healthy and have a good blood supply.

What you really need to keep an eye on is the peristomal skin....that's the skin directly around your stoma. Just make sure it looks like the rest of the skin on your stomach.

Tips for avoiding UTIs

Via Green Bay Area Ostomy Support Group

To help prevent UTIs, follow these guidelines:

- Drink at least 6 to 8 glasses of water each day. Drinking plenty of fluids is a key way to keep UTIs at bay.
- Avoid consuming large amounts of caffeine and alcohol. These can dehydrate you and make you more susceptible to UTIs.
- If you use a night drainage system, make sure to thoroughly clean the leg bag or container. Empty your pouch when it is one-third to half full

UTI symptoms to look out for

If you notice any of these symptoms, contact your healthcare professional or your stoma care nurse right away:

- Dark, cloudy urine - Loss of appetite
- Strong-smelling urine - Nausea
- Back pain (where your kidneys are located) - Vomiting
- Fever

Stoma Guards: Do I need one?

Stoma guards are devices to help protect your stoma from injury. Injury to your stoma can come from physical activity such as skiing, snowboarding, ice hockey, soccer or many other activities, alternatively some may experience challenges with the seatbelt in the car or even feel that their pants belt may be putting a lot of pressure on the stoma. Stoma guards can help however they are challenging to get. They come in many different shapes and sizes. When researching the different stoma guards available online it became quite apparent that they all have differences. Most are a hard plastic or metal with an elastic belt to secure in place, some have a dome shape to help the output flow into the pouch.

If you are considering a stoma guard I would suggest looking at these websites to see which one may suite your need. On the other hand you can call Convatec for a free one, you will need to provide your information to the company to receive one. Sometimes a stoma nurse will recommend using one if you wear a hernia belt with no opening and your stool pancakes, the guard with a dome shape can help prevent this.

Examples of some are:

1. Ostomy armor - <https://www.ostomyarmor.com/>
2. The stoma shield - <https://www.stomagear.com/>
3. Stomaplex - <https://www.stomaplex.com/>
4. Stoma Guard - <https://www.stealthbelt.com/stoma-guard/>
5. Ostomy resolutions stoma guard - <https://www.ostomyresolutions.com/>
6. Convatec stoma guard - free – 1 800 465 6302

"Ostomy Speak"

Via Orlando OAGO

Adapting to life with an ostomy can be a challenge. But what's with these new words! Appliance? Pancaking? Barbie Butt? Some terms come from medical terminology, but others are "insider" words (slang expressions) used by ostomates who "live" them first hand.

Blockage / Bowel Obstruction A blockage occurs when something blocks the regular flow of output through your stoma. There are several causes (adhesions, hernias, etc.) but a frequent cause (especially for ileostomates) is improperly "chewed" food or foods that don't easily digest. Blockages can be both painful and, in some situations, dangerous. Symptoms include cramping, reduced output, pain, and nausea. Sometimes blockages can be self-remedied: warm baths, drinking plenty of water/tea or drinking a cola (acts like a drain cleaner), massaging around the stoma, avoiding solid food. Other times, a hospital visit is required. Always err on the side of caution! Do not be timid about contacting your WCN or physician.

Effluent Originally, the word "effluent" was used to describe raw sewage flowing out to the sea. Things haven't changed all that much. Basically "effluent" is the medical (or delicate) way of saying stool or "poop." It can also refer to other flowing bodily fluids such as urine.

Peristalsis According to Mosby's Medical Dictionary, peristalsis is "The coordinated, rhythmic serial contraction of smooth muscle that forces food through the digestive tract, bile through the bile duct, and urine through the ureters." In other words, peristalsis is a wonderful way of moving "poop" through the intestines by a series of involuntary muscle contractions. These contractions take place on their own, but occasionally don't work as planned. They can slow down, stop, or even reverse direction!

EATING WITH AN OSTOMY

"Eating With An Ostomy" is a very comprehensive guide for those living with an ostomy. (Go to ostomy.org, Eating With An Ostomy.) You will find a very reliable resource for your health. You can print whatever pages you want. This is an example of a valuable resource the UOAA offers. Our local support group continues to contribute to the well-being of the UOAA.

Ask a WOC nurse Lauren Wolfe RN, BSN, CWOCN

Via VanCouver Highlife

Less is more - are you using too many products? Pouches, barrier rings, adhesive removers, adhesive sprays, ostomy powder, skin prep...I could keep listing products that could be used to manage your stoma. The big question is; do you need to be using all these products? When it comes to your skin and stoma you will find that most NSWOC/WOCN (stoma nurses) nurses have the philosophy that less is more. What this means is that you only need to use products that ensure you don't experience a leak and your skin remains healthy. Using many different accessories can cause confusion when you experience a problem and sometimes may even cause problems. Problems can be skin reactions, your pouching system not adhering causing leaks or decreased wear time. Even the simple fact that you maybe complicating your change using too many added products. A change that could be 5-10 minutes is taking more 30 minutes. On another note accessory products can be expensive and if they are not helpful to you then best not to use them.

So when do we use accessory products? Adhesive removers are designed to help remove the pouching system without causing trauma, skin tears to your skin. They also help to remove any sticky residue that may be left on your skin after removal of your pouching system. I find that the spray works well to remove the pouching system and the wipes help to remove any left over barrier from the skin.

Skin Preps: In the past everyone was advised to use skin preps to help keep your skin healthy and ensure the ostomy wafer/backplate/flange adheres to your skin. In recent years with the advancement of technology the barrier composition allows for the barrier to adhere directly to your skin without using skin prep. In fact using skin prep can decrease how well the barrier adheres to your skin. Skin prep is commonly used when treating denuded/raw skin as many in North America follow the crusting format until the skin is healed.

Ostomy Powder: Similar to skin prep ostomy powder was used for many years as part of the application process for ostomy barriers. In fact the ingredients in Ostomy powder are similar to the wafer/flange. The goal being to absorb moisture. Unless your extremely sweaty I would suggest forgoing the powder and seeing how your ostomy flange adheres to your skin, you may be quite surprised. Barrier rings: These serve a very important function, they can help to fill in creases or dips and valleys in your abdominal contours or for some they can add to the wear time allowing for less frequent changes. However sometimes as your stoma settles down post surgery it may be worth discussing with your NSWOC/WOCN whether you need to use a barrier ring or not. In my experience I often use them if you have an ileostomy but for colostomy and urostomy I may try to see if we can remove them.

Continued

Ostomy Belts: ostomy belts provide added support for the pouching system at 3 and 9 o'clock i.e. on the sides. It is not uncommon for people who have a challenging stoma to need to use an ostomy belt to add more support to prevent a leak. For some it is also peace of mind that the appliance will stay on or perhaps it helps with the weight of the pouch if it's a little too full when a bathroom is not nearby.

Barrier extenders/ Adhesive tape barriers: This accessory product is new to the market and has a place for some individuals. I tend to recommend it for people who are using a smaller flange and need to increase the surface area if they are perhaps a larger person. Other uses are it produces peace of mind when showering or swimming as it adds an area of water resistance to the edge of the flange. For some people it's just a comfort helping to prevent a leak, however from a NSWOC perspective these DO NOT prevent a leak they camouflage a leak as a leak starts immediately around the stoma. By the time it reaches these barrier extenders your pouch has been leaking for while causing potential skin damage. In conclusion if you are unsure if you need to be using all the accessory's see you NSWOC/WOCN and discuss what you need and what I consider to be a nice to have.

Less is best, our skin is sensitive and we do not need to use more product than needed.

Intimacy with an Ostomy

via ConvaTec me+ and New Jersey

For Women

If you use the pill, you may need to change your method of birth control, particularly if you have an ileostomy. Oral contraceptives are often not absorbed with a shorter small intestine. Talk to your doctor or ostomy nurse about the best method of birth control for you. After surgery many women experience vaginal dryness. Try a lubricant or ask your doctor about other options to treat vaginal dryness.

For Men

Some men may experience erectile dysfunction symptoms the first time they are intimate following surgery. Don't worry or panic! This can often occur—it may be related to the surgery itself or to worries/concerns over being intimate postsurgery. If you experience continued problems maintaining an erection, call your healthcare provider. Most likely, there is a solution. A word of warning to men that had their ostomy as a result on an inflammatory bowel disease ... for the first time in possibly a long time you are healthy, and that applies to your testicles also. As a result your sperm count may be increased. Under no circumstances is a stoma to be used as a sexual object!

THE FLU AND WHAT TO DO

SOURCE: Evansville Ostomy News

The flu brings with it headaches, upset stomach, diarrhea, muscle aches and pains! The advice to drink plenty of fluids and rest in bed remains sound medical advice for your general attack of the virus. But if your case of the flu includes diarrhea, the following may be helpful. 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 "leave it alone." Start irrigation again after a few days when your colon has had a chance to return to normal. In colostomy patients, drugs or certain foods can cause constipation, prevented during a cold by drinking plenty of liquids. For those with an ileostomy, diarrhea is a greater hazard. Along with the excess 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, bouillon and gingerale. Third, obtain sodium from saltine crackers or salted pretzels. Fourth, drink a lot of fluids, including water. Cranberry juice and orange juice also contain potassium, while bouillon and tomato juice are good sources of sodium. Increased water intake in the ileostomy patient results in increased urine output rather than increased water discharge through the appliance. Vomiting also brings the threat of dehydration. If it is severe and continuing, your doctor should be notified. You should know also that diarrhea may be symptomatic of partial obstruction or acute gastroenteritis. Since the treatment of these two entities is entirely different, a proper diagnosis should be sought immediately. It is very important to determine whether the diarrhea is caused by obstruction or gastroenteritis. If you do not know, check it out with your doctor. Do not guess – always call your physician unless you are 100% certain what you are doing. For those with a urostomy, be sure to keep electrolytes in balance. Follow the general instruction for colostomies and ileostomies. No ostomate should take medication for pain or a laxative without the physician's order. Do not use an antibiotic for cough or flu unless ordered by the doctor. When returning to a normal diet, use fiber-free foods at first, then gradually increase to a regular, normal diet. Prompt attention to symptoms of distress of colds and flu could bring a happier and healthier winter.

THE LEGENDARY PHOENIX As the symbol of the constant renewal of spiritual values, of the flames of love and compassion, of the seasonal spring of life, may the Phoenix serve as a glowing, vibrant sign for each of us. *Thanks Tucson for this reminder!*

HIGH OUTPUT POUCHES By Gino Lara, NSWOC;

Nightingale Medical Supplies Ltd Via VanCouver Highlife

If you are a recent ostomate, particularly with an ileostomy, you may not yet be familiar with a high output pouch. This is because most likely you were introduced to a drainable pouch with a folding “tail”-end and a velcro mechanism for closure. Most drainable fecal pouches function this way.

Certain individuals, however, may require the use of a slightly larger pouch with a spout and cap mechanism for closure. Known as a “high-output pouch”, this type of pouch can be beneficial when stool volume is high and the consistency is liquid. High output pouches are available in one or two-piece options, and a variety of sizes. Some also enable the user to connect to a secondary bag for additional drainage capacity. The increased capacity of a larger pouch might result in less emptying per day, and the spout closure may be easier to operate; making high output pouches an attractive option.

However, when deciding to use this style of pouch there are some important considerations to be made. Foremost, why is your stool volume high and/or liquid? Initially, ileostomy stool volume may be high, and then decreases over time. Persistent high volume may be due to underlying conditions such as short-bowel, inflammatory bowel disease, or diet and medication side effects.

The second consideration is whether you are addressing the underlying modifiable factors related to high output. Dietary modifications can be in the form of consuming more food that thickens your stool such as bananas, bread, pasta, or peanut butter. Medications such as Imodium (Loperamide) can aid by decreasing stool volume produced in a day. Discussion with your Nurse Specialized in Wound, Ostomy and Continence (NSWOC), dietitian, or physician can be useful for long-term management strategies.

Lastly, consider the appropriateness of high-output pouch characteristics in relation to your bowel pattern. As mentioned previously, over time ileostomy output generally decreases in volume, but will also thicken as well. Once the stool is no longer of pure liquid consistency, you may find it difficult to empty stool through the narrow spout opening. Forceful expression of thicker stool contents through the spout may cause leakage and failure of the appliance where the spout is attached to the pouch material.

Once your stool volume and consistency are optimized, it may be time to switch to a conventional drainable pouch. For more information regarding the different pouch options available, and whether a high-output pouch is appropriate for your use, consult your NSWOC.

Ballooning. A common occurrence.

Kelsey Scarborough, OstomyLife Co-Moderator, Shield Health Care

Via Pittsburgh Triangle

I work a very busy job. I am constantly running to get things done and because of this, I do not always have time to empty my pouch. The less I am able to empty my bag, the more likely I am to have my filter become clogged and experience ballooning.

For those who have not heard the term ballooning before, it is used to refer to an ostomy bag that is puffed up (like a blown-up balloon) due to gas from the digestive tract exiting through the stoma into a person’s ostomy bag. This is inconvenient and it happens to all ostomates, and, as mentioned above, filters do not always prevent it. Here are some ways to reduce ballooning, as well as some ways to handle ballooning since it cannot always be avoided.

Diet:

To reduce the occurrence of ballooning, one can take steps to reduce gas production. Paying attention to your diet can help reduce your gas production and thus, ballooning. Foods that tend to cause more gas than others include beans, some fruits (apples and pears), some veggies (asparagus, broccoli, cauliflower, and carrots), dairy, grains, nuts, and carbonated beverages. While some foods are known to cause gas, people may be affected differently by different foods. Foods that make one person gassy may not cause gas in another. Thus, Eric of **Vegan Ostomy** suggests keeping a food diary in order to track which foods may individually make you gassy.

Eating Slow:

In addition to *what* you eat, being mindful of *how* you eat is important. Eating slowly is very important if you have an ostomy. When we eat slower, two important things happen: we allow our bodies time to tell us we are full before we are overstuffed, and we swallow less air. It takes our bodies some time to communicate to the brain that we are full. If we eat too quickly, we risk overheating before we have had the chance to feel full. Furthermore, when you eat quickly you swallow air. Air that is swallowed goes into your digestive tract and can cause bloating until it comes out your stoma as extra gas. Thus, eating slowly will reduce ballooning by reducing overeating, and reducing the swallowing of air.

Habits:

Other habits that cause air to enter out digestive tract and become gas are drinking through a straw, chewing gum, smoking, and drinking carbonated beverages. All of these occurrences cause air to be swallowed and become gas. Above are some ways to reduce gas, but gas cannot be eliminated as it is part of digestion. So what about the gas that cannot be avoided that causes ballooning?

Continued

Filters:

Using a bag with a filter will reduce ballooning majorly. These filters not only eliminate the gas in the bag automatically, but also scentlessly. That is, the gas is removed without a smell, so no one around you knows it is happening. These filters, however, can become clogged. This can happen because of high output, pancaking, or getting the filter wet. With high output, the filter is likely to become clogged and that cannot really be avoided. For pancaking

and getting the filter wet, however, there are some ways to protect your filter. As discussed in my pancaking article, a filter can work too well and cause a vacuum in your pouch, leading to pancaking which can clog your filter. This can be avoided by placing a filter-sticker or some medical tape over your filter to prevent it from creating a vacuum and removing the sticker or tape as needed to let gas out. This is the same way you can protect your filter from getting wet. Placing a sticker or medical tape over it when bathing or swimming will prevent the filter from being compromised by getting wet. While baths and swimming may ruin your filter if not protected, a shower is not likely to harm the filter, but protecting it may be a good idea just for good measure.

Burping your bag:

Another way to deal with bag ballooning is to burp your bag to let the gas out. This does allow the gas smell to escape the bag and is best done in the bathroom. It may also be helpful to use a pouch deodorizer/ lubricator if you tend to burp your bag a lot and/or biologic odor-reducing spray. For a one-piece pouching system, the gas must be burped out of the end of the pouch where you empty it. For a two piece pouching system, the air can be let out of the bag through the end as discussed above, or it can be burped out of the wafer/pouch connection.

Bag vents:

If you are uncomfortable burping your bag, you can purchase bag vents. These do not prevent the smell like a filter does so again it is helpful to use a pouch deodorizer/lubricator in your bag with these and/or biologic odor reducing spray. These are like a small valve with a “door” that you open and close to let gas out.

You can purchase a vent such as the Osto-EZ-Vent.

YOUTH RALLY 2020

As you know, we are always looking for youths, 11-17, to send. This year will be in San Diego, CA, July20-25th. **St. Louis Chapter UOAA pays first year scholarships (Tuition and airfare minus \$100 Registration Deposit).** If you know of an interested youth, have them contact Mary Beth for more info at 636-916-3201, email marybethakers13@gmail.com, or log onto www.youthrally.org.

FRIENDS OF OSTOMATES WORLDWIDE (FOW-USA)

By Ann Favreau, Vice President FOW-USA: UOAA

Update Since 1968, the Friends of Ostomates Worldwide-USA (FOW-USA) has collected new supplies from U.S. individuals and groups and sent them overseas where needed. The modern ostomy supplies we take for granted in the U.S. and other developed countries may be unavailable or too costly in many areas around the world. People resort to plastic bags, rags, and duct tape, resulting in poor skin, odor, no jobs, no school. A recent recipient of supplies said that he "often used linen wrappings in collecting stool but now he is so happy that he can now afford to put on proper appliances that are smart, neat and designed for that." He used to spend much of his time seated at home and not in a position to travel and socialize with other fellow elders in his community due to lack or unavailability of ostomy appliances. But now, due to the provision of free ostomy supplies, he is able to move and associate with others. You can make a difference through your donations of supplies and financial support. Please contact them at: FOW-USA, 4018 Bishop Lane, Louisville, KY 40218. Phone: 502-909-6669, Website: www.fowusa.org

FOW-USA gets emails:

Via The Pouch

◆ From **Wilson Nyakoko, Zimbabwe** — *“Thank you very much for my urostomy bags, it was like a birthday present. I owe you my life because without you and FOW-USA, I would have died many years ago.”* May God bless FOWUSA, with love and appreciation from Zimbabwe.

◆ From **Amrit Gurung, FOW-NEPAL**, Kathmandu, Nepal — *“I would like to express our sincere gratitude for all your supports. I would like to inform you that we were successful to receive the stuff sent from there without any obstruction...As you are already aware that our organization has been service in the field of cancer & ostomates & we all the volunteers are stoma survivor. Again we are grateful to you. Best regards*

◆ From **Adeel Anjum, Stoma Care Nurse Pakistan** with Al Raffay Foundation — *“Hi, how are you. I hope you’ll be fine. I received a shipment of ostomy supplies from you. It was a pleasure for me when I load the package on my small truck. If we cannot give anything to anyone but we can share happiness towards them it would be enough. If we would like to bear a burden of someone’s pain then the purpose of coming to our world is completed. I am thankful to you and your organization that made me able to help those comfortless people. And our organization is taking [benefits] from you. It was a pleasure for me when I load the package on my small truck.”*

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: ____/____/____

Please check all applicable information

Type of ostomy: Colostomy Ileostomy Urostomy
 Continent Ileo Continent Uros
 Other (Specify): _____

Meetings: Send meeting notices Don't send meeting notices

Help: 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: Rick Haley
907 Pevly Pointe Dr. Apt. 106
Pevly MO 63070

(ANY CONTRIBUTIONS OVER \$12.00 ARE TAX-DEDUCTIBLE AS WE ARE A NON-PROFIT ORGANIZATION)

