

8703 Cypress Club Drive
Raleigh, NC 27615



The By-Pass

Triangle Area
Ostomy
Association

October 2011

NEXT MEETING: Tuesday, October 4, 2011 at 7:30 pm Rex Hospital

SPEAKER: Ostomy Surgery 101 - "What exactly did they reroute in there?"
Stephanie Yates, MSN, ANP, CWOCN

Triangle Ostomy Association Membership Application

Name _____ Today's Date: _____
Spouse's Name _____
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Phone Number: _____
Email: _____

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I have a Colostomy _____ Ileostomy _____ Urostomy (Ileal conduit) _____
Other _____ Year of Surgery _____

I am not an Ostomate, but would like to be a member and support the organization _____

I cannot afford the dues but would like to be a member _____ (Confidential)

We welcome for membership ostomates and other persons interested in the in this group and its activities and appreciate the help they can provide as members. To join, complete the above form and send it with a check or money order for \$20.00 made out to Raleigh Chapter of UOA and mail to **Mrs. Ruth Rhodes, 8703 Cypress Club Drive, Raleigh, NC 27615**. Dues cover membership in the local chapter, including a subscription to the local By-Pass publication and help support the mission of our organization.

President's Message:

I don't know about you all, but I am sure enjoying these cooler days and sprinkles of rain that we have had lately. Since I saw you all last, my girls are now 11 months old, Emma likes to walk a few steps unassisted, and Ella enjoys toddling behind. They both jibber jabber with each other so much and totally have conversations that I can't begin to comprehend. It is so neat to watch the girls grow up, but it is happening so fast.

For those who haven't heard, my husband Chad got his dreamjob with FedEx as a pilot instructor, so we are going to be relocating near Memphis, Tennessee. I spent the previous month in Tennessee house-hunting with the girls in tow. That was definitely hard work, searching for houses, stopping to feed the girls, getting them out to stretch, and look at more houses. And since Chad is highly allergic to cats, we were quite limited on our housing options. Chad and I are so excited for this adventure and are looking forward to raising our girls in Tennessee (my home state).

Due to our move, it is with great sadness that I must step down as President and newsletter editor of the Triangle Area Ostomy Association. During my absence over the last year, VP Jeff Burcham, has done a great job at making sure the meetings were moving forward and informative. I appreciate his help and all the other board members' assistance. I know that all of you will continue to help this group grow and focus on supporting long time and new members. It has been a pleasure serving as your President, former VP, and newsletter editor for these 7 years. The time sure has gone fast, and I am so thankful to have met you all.

The girls and I will be at the October 4th meeting, and I'd love to see you all and say my goodbyes. I've come to know many of you so well, and I will always hold a special place in my heart for you all. From Carolyn King's sweet smile to Dot Hoover's caramel cake and too many other memories to name, I will truly miss you all.

Jennifer Higdon, President



MISSION of the Triangle Area Ostomy Association:

The mission of our organization is to assist people who have or will have intestinal or urinary diversions: including a colostomy, ileostomy, urostomy, and continent diversions including j-pouches. We provide psychological support, educational services, family support, advocacy and promote our services to the public and professional communities.

MEETING INFO:

Meetings are held the first Tuesday of each month (except July and August) at 7:30 PM in the **Rex Surgical Center Waiting Room, 4420 Lake Boone Trail, Raleigh, NC.** Enter through the Rex Hospital Main Entrance, which is near the Parking Garage.

REMINDER:

In the event of inclement weather on the day of a scheduled meeting, please contact Rex Healthcare at 919-784-3100. **If Wake County schools are closed due to weather, then we will not meet.**

DISCLAIMER

Articles and information printed in this newsletter are not necessarily endorsed by the Triangle Ostomy Association and may not be applicable to everybody. Please consult your physician or WOC Nurse for medical advice that is best for you.

GROUP OFFICERS AND CONTACT INFO:

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CALENDAR OF EVENTS:

- Oct 4 UOAA Meeting, Rex 7:30pm**
- Oct 17 CCFA Meeting, Rex 7:30pm**



CCFA SUPPORT GROUP

Date: Third Monday of every month
Time: 7:30 pm – 9:00 pm
Place: Rex Healthcare
Contact: Reuben Gradsky
reuben513@yahoo.com

MINUTES OF THE SEPTEMBER 6, 2011

MEETING OF THE TRIANGLE AREA OSTOMY ASSOCIATION

After enjoying refreshments provided by WOC nurses Jane Fellows and Leanne Richbourg, Vice President Jeff Burcham opened the meeting at 7:50 PM by welcoming 21+ members and guests to our first meeting of the new year. He thanked everyone for coming to the meeting in such inclement weather and asked if everyone had a good summer. A copy of a letter from President Jennifer Higdon was passed around explaining that she and her family were moving to Memphis, TN due to her husband's job with Fed Ex and that she would have to resign from our group. We will all miss Jennifer but wish her well in her new adventure. She and the twins plan to visit at either the October or November meeting.

Jeff then thanked Bonnie Sessums, Secretary, Ruth Rhodes, Treasurer, and Ed Withers, web site master, for their efforts during the year. Bonnie asked if anyone would be interested in becoming secretary of our group and also suggested everyone think about taking on the role of president. Ed said if anyone wanted something posted on our web site to let him know. He updates the site with the newsletter each month and would be happy to post anything else.

Jeff stated that he had been contacted by UNC Medical Center with the name of a patient who was having bladder cancer surgery. He said that Billy Adams, Sam Bundy, and Tom Hemma had talked to the patient and had been very helpful. Thanks to these guys for representing the TOAA.

A general discussion followed concerning getting the word out to new ostomy patients about our support group. Billy Adams suggested contacting "navigators" at each of the major hospitals in the area. Bill Mull asked about a visitor training session that had been discussed in the past. Stephanie stated we would be having one in mid-November and to watch the newsletters for more information. After the training sessions she suggested getting together a list of visitors with their contact information and giving it to "navigators" and area WOC nurses.

Congratulations to Joanna Burgess, WOC nurse at Wake Med Cary, for being named this year's ConvaTec "Come Back Award" winner for the Southeast region. Jane Fellows said she thought this was the first time a WOC nurse had won the award! Also, congratulations to Fred Toms for being inducted into the NC Bar Association's General Practice Hall of Fame. He will be featured in an article of the upcoming "Phoenix" magazine. We are very proud to have two stars in our group!

Dot Hoover showed us her new panties from "OstomySecrets" that her daughter had found for her online and passed around some brochures. Others in the group use these products and are very happy with them.

Jeff thanked Jane Fellows and Leanne Richbourg for the delicious refreshments and adjourned the meeting at 8:30 PM. The October meeting will be held at 7:15 PM on Tuesday, October 4. Tom and Kit Hemma will provide refreshments.

Respectfully submitted,

Bonnie Sessums



WOC NURSES

Wake Med

Leigh Ammons 919-350-5171
Melanie Johnson 919-350-5171

Wake Med, Cary

Joanna Burgess 919-350-5231

UNC Hospital

Michael Kalos 919-843-9234
Barbara Koruda 919-843-9234
Lara Leininger 919-843-9234

Durham Regional

Tom Hobbs 919-470-4000
Felicia Street 919-471-4561

Duke

Jane Fellows 919-681-7743
Michelle Rice 919-681-2436
Angela Richardson 919-681-2425
Leanne Richbourg 919-681-6694
Stephanie Yates (wound) 919-668-0124

Duke Health Raleigh Hospital

Krys Dixon 919-954-3446
Erika Dickerson

Maria Parham Hospital

Kathy Thomas 919-431-3700

Durham VA Medical Center

Mary Garrett 919-286-0411
Reba Giles 919-286-0411

Rex Hospital

Ann Woodruff 919-784-2048
Susan Beyer 919-784-2048

The Phoenix

The official publication of UOAA

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.



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Tender Loving Care . Your Stoma Needs it Too!

via Northern Virginia, The Pouch, Edited by Bobbie Brewer, UOAA UPDATE 9/2011

Most ostomy patients would agree that there is no substitute for TLC. That is one of the reasons that the specialty of ostomy nursing exists. It ensures that nurses with a special sense of caring and with special education are taking care of the ostomy patient's needs. Once you are discharged, remember that your stoma needs TLC also. A few pointers might be helpful.

Generally speaking, it is good to set aside a time for giving priority to stoma care. It might be during your morning shower, after breakfast, or at bedtime. It's important to make it fit into your routine. Don't change your schedule for the stoma. Make it change for you. Having a regular time for pouch changing, etc. helps put some order into your schedule. It will also ensure that leakage or other problems can be kept to a minimum. If you know that your pouch always leaks on the fourth morning for instance, then begin changing it on the third night, if that time is convenient.

Don't be rough with your stoma. It's not unusual for it to bleed a little when washed. Just be careful not to be too brisk with the washcloth or whatever you use, as that might cause excessive irritation.

Eat a well-balanced diet; following special instructions from your physician, dietician, ostomy nurse, etc. Drink sufficient water and fluids unless you are medically restricted. Persons with ileostomies and colostomies should chew their food very well. Avoid eating too many hard to digest and gaseous foods at one meal.

Urostomy patients need to be sure to have sufficient fluids, unless told otherwise by the doctor, as fluids help prevent infections. Rinsing the pouch daily with a solution of 1/3 white vinegar and 2/3 water helps prevent crystals from building up on the stoma, and the wash will also keep the inside of the pouch acidic. Acid conditions prevent growth of bacteria.

Patients can usually shower with the pouch off or on unless instructed otherwise. Water will not hurt the stoma. Peristomal skin especially needs TLC. A properly fitting pouch, changed regularly, usually accomplishes this. Never tape the pouch if it is leaking. Change it!! If you have frequent leakage and have to change too often, call your ostomy nurse to make an appointment for re-evaluation. Perhaps another type of pouch would be better suited, or perhaps your stoma and peristomal skin need re-assessment. There might be some new products that will work for you. Don't hesitate to make an appointment.

Skin Rashes Around the Stoma

By Carla Mellon, RN, CWOCN, Edited by Bobbie Brewer, UOAA UPDATE 9/2011



There are several different types of rashes or skin breakdown that can occur around the stoma, under the pouch seal. Some of the more common types are:

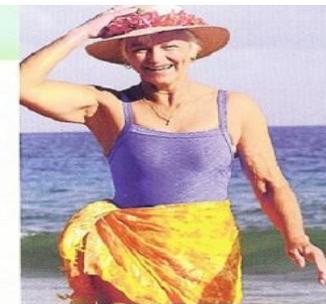
Urinary stomas can develop skin breakdown as a result of urine being in contact with the surrounding skin for an extended period of time. This will cause the skin to develop an overgrowth of tissue (hyperplasia) which may be referred to as “urine crystals”. The urine may even feel grainy in the pouch. This is very painful. Treatment begins with correcting the cause: these causes may be pouch opening size, wear-time, it maybe that convexity is necessary to prevent leaking under the pouch seal, or adding an ostomy belt. Vinegar soaks 2-3 times per day are also recommended in severe case to breakup the crystals.

Ileostomy stomas usually develop skin breakdown as a result of stool being in contact with the surrounding skin. This can happen fast. Early symptoms include burning and itching under the pouch adhesive. Again treatment begins with elimination of the cause. Steps to eliminate leakage and/or stool undermining or pooling under the adhesive must be taken. Barrier rings, strip paste, convexity, belts, etc., are just a few of the additions to the pouching system that may be needed in order to secure a good seal. The skin also will need to be treated with a barrier powder (stomahesive, premium, karaya) and sealed with a sealant (No-Sting) to provide a dry pouching surface for the adhesive since the skin is likely weeping. This situation also predisposes the patient to a yeast or monilia rash, characterized by a fine bumpy red rash usually along the edges of the redness. This must be treated with an antifungal powder. The antifungal powder can be used with the barrier powder or alone. It too must be covered with a sealant (No-Sting). Manila/yeast rashes may also be present without any other pouching or skin care issue. This is typical in the summer with heat and when patients have been on antibiotics.

Colostomy stomas are also subject to monilia/yeast rashes as well as skin breakdown associated with stool being in contact with the skin. See treatment above under ileostomy stomas.

All stomas are subject to allergic reactions associated with the adhesives on the pouching system or any product (cleanser, skin-prep) that you are using on your skin. Even if you have been wearing the same pouch, or using this product for years. You can *develop* allergies to any product. The only solution is to change pouching systems/products and find one that you are not allergic to. I often use *Kenalog spray* (prescription) to decrease the inflammatory process and provide pain relief until the offensive agent can be identified and eliminated.

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I have had a colostomy for more than 3 years and excess air is uncomfortable. Burping or draining can be hazardous; there is always danger of soiling. I travel a great deal, air travel with a pouch is particularly testing. The Osto-EZ-Vent™ eliminated the restroom struggle all in a hygienic and safe manner. In short, your product has changed my everyday life for better.”

Thanks and regards,
Arun P. S. / Doha, Qatar



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- 1. Drinking tomato juice will help eliminate odor and is a tool to slow dehydration and keep electrolytes in balance.**
- 2. Some Antiperspirants can be used underneath an ostomy barrier. Many antiperspirants dry after application and leave little residue that would affect the adherence of a pouch.**
- 3. The stoma should have the same color all over. If you have a log of color changes, have your stoma examined by your medical professional.**

Stress and Intestinal Gas

Edited by Bobbie Brewer, UOAA UPDATE 9/2011



Stress is the cause of one of the most common gastrointestinal complaints. Flatulence occurs in people during stressful situations. When people are under stress, breathing is deeper and one sighs more, encouraging a greater than normal intake of air. Dr. Richter, a gastroenterologist at Massachusetts General Hospital, states that the average person belches about 14 times a day (*GI Series Newsletter*, Vol. 1, No. 4). The person with a flatulence problem does not belch more often. However, they may experience the sensation of needing to belch and get little relief from doing so. Here are some ways to relieve gas.

1. Avoid heavy, fatty meals, especially during stressful situations.
2. Reduce the quantity of food consumed at one sitting. Eat small low-fat meals about every three hours.
3. Avoid drinking beverages out of cans or bottles. Avoid drinking through a straw.
4. Avoid foods and beverages you personally cannot tolerate.
5. Avoid any practice that causes intake of air, such as chewing gum, smoking and blended foods that contain a lot of air.
6. Drink at least 8 glasses of water a day.
7. With the advice of your doctor and/or WOC Nurse (ostomy nurse), experiment with foods in your diet to achieve adequate bowel regularity.
8. Avoid eating too many fiber foods in one meal. Gradually add fiber foods in your diet to prevent excessive intestinal gas.
9. Avoid skipping meals, an empty bowel encourages small and gassy stool. Poor digestion can often exaggerate the symptoms associated with flatulence. Digestion enzymes aid in food assimilation and chemical digestion. Enzyme supplements should always be taken immediately before or after eating. Food coats the stomach and helps prevent gastric juices and acids from destroying the enzyme action.

Too Much of a Good Thing

(taken in part from an article by Sharon Williams, RNET)

Edited by Bobbie Brewer, UOAA UPDATE 9/2011

Many accessory items have been developed to take care of specific needs. Ostomates should determine which items are best for their ostomy management... remember there can be too much of a good thing. Here are a few hints to remember to help achieve a successful ostomy management system.

Keep it simple. Do not use extra adhesive or other skin-care products, etc., unless absolutely necessary. Sometimes, extra products actually interfere with pouch adhesion or create skin problems. Plain water is still the best cleaning agent for skin around the stoma.

Do not continue to use therapeutic products after the problem has been solved.

As an example: Kenalog spray and Mycostatin powder should not be used routinely when changing the pouching system. These products are prescribed for particular skin problems. Kenalog is usually recommended for its anti-inflammatory effects and symptomatic relief of the discomfort associated with skin irritation. However, continued and prolonged use of Kenalog after the problem is resolved may lead to thinning of the outer layer of skin, thus making it more susceptible to irritations. Mycostatin powder is useful for yeast infection. However, using Mycostatin after the infection clears serves no purpose.

Seek Advice. See your physician or WOC Nurse (ostomy nurse) if you find yourself a victim of this syndrome. They can provide assistance in selecting the most appropriate and economical ostomy management system for your needs.

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Abdominal Noises

Edited by Bobbie Brewer, UOAA UPDATE 9/2011

Rumbles and grumbles, growls and howls are such noises that come from the abdomen. Since it happens to everyone, you would think we could just laugh it off or ignore it, but instead, we are embarrassed and as ostomates, we wonder if something is wrong. However, it is usually sound and fury signifying nothing important.

Any of the following may be the cause:

- You are hungry. Peristalsis goes on whether there is anything to move or not.
- You are nervous, so peristalsis is increased.
- You have been drinking coffee, tea, cola or beer, all of which stimulates peristalsis. Since these are often consumed on an empty stomach, they produce gurgles as peristalsis redoubles its movement.
- You may have been reading about lowering cholesterol by eating a high fiber diet and added these foods. Digesting fiber produces gas, so rumbles increase.
- You may be eating too many carbohydrates. The intestines do not digest starches and sugars as easily as proteins and fats. Some of the culprits are often lactose (a sugar in milk); Sorbitol (a sugar-free sweetener; Stachyose and Raffinose (sugar in dried beans).
- You may be swallowing air, eating too fast, or talking while you eat. Swallowing air creates grumbles and growls as it is moved along the digestive tract.

Prevention: Eat a light snack between meals if you are hungry, eat smaller, more frequent meals and eat slowly and don't gulp.

Urinary Tract Stones

Edited by Bobbie Brewer, UOAA UPDATE 9/2011

Urinary tract stones, particularly kidney stones, have been known for many, many years. The disease manifests primarily in adulthood, although its occurrence in children is not unknown. Three times as many males suffer from the malady as females. The pain associated with the disease, the result of passing of the stones, is recognized to be the most severe known.

Heredity is one factor that contributes to the disease. If one member of a family has stones, most likely another family member will also develop stones. Age is also a contributing factor, with males in the fifth decade of life being at the highest risk.

Summer time is the peak season for kidney stones because outdoor activity leads to perspiration which, in turn, may result in dehydration. Replacement of lost fluids with such liquids as ice tea or soft drinks does not adequately correct the dehydration or the tendency to form kidney stones. The ingestion (drinking) of ample amounts of water is most important to help prevent kidney stones.

Urostomates are at high risk of developing infections of the urinary tract and of kidney stones. Ileostomates are also at risk of developing kidney stones because they have difficulty with absorbing liquids and are thus subject to dehydration and consequently stones.

The currently preferred treatment for the majority of patients suffering from urinary tract stones employs shock waves, which break up the stones rapidly and with a minimum of discomfort. Usually one day in the hospital is all that is required. In the future, we may see advances in medicine which will prevent the formation of urinary tract stones. Our best defense remains drinking an adequate amount of fluids, and the best being water.