

Stronger Together

Northwest Arkansas Ostomy Support Group's Newsletter

COVID 19 CONTINUES TO RAGE

In spite of the recommendations of the CDC, Federal and State governments, the battle against Covid 19 continues. It has touched too many families, taken too many lives, closed too many businesses, and in one way or another has affected each and every one of us. We no longer can enjoy dining out, getting together with friends and family, going to the movies or concerts, worshipping at church, or having our monthly meetings. Life in 2020 has been different and difficult for all of us. There are lessons to be learned and a commitment to make as we move forward into what will hopefully be a healthier 2021.

Covid IS highly contagious. It strikes both young and old without warning. Recovery may take a period of weeks but for others, the disease can last for months. For some, the virus may present with no symptoms at all but this is perhaps one of the scariest presentations. In this case, the virus can be unknowingly spread to countless others who may not be as lucky. For the vast majority of those affected, the course of the

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**CLINICAL CWOCN
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GALLAGHER**

**JENNIFER
JUERGENS**

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LEADERSHIP**

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disease is more serious. Recovery may take a few weeks to months- even with the mildest cases. Many can recover at home with mild to moderate discomfort with rest, increased fluids and medications to manage symptoms. For others, the virus is a serious health risk requiring hospitalization. For those with the most serious symptoms, the stay can be extended and, sadly, not everyone recovers.

For those who survive, the long term consequences are not known. For most, the symptoms of the virus result in inflammation and clotting disorders. In fact, there are more questions than certainties. We do know that there is now a more contagious variant of the virus. The first case of this new and more contagious strain was identified in Colorado in late December.

	It is not enough to be healthy, we each need to be smart and take every precaution we can. Bolstering your immune system is important. Some literature encourages adding
<hr/> COVID 19 Symptoms	Vitamin C, Zinc, 81 mg Aspirin and B12 daily for added protection. We do know that our immune
Fever	systems benefit from a balanced diet, routine
Cough	exercise, quality sleep and limited alcohol. In
Difficulty breathing	addition to doing what we can to boost our immune
Chills	systems, we need to use standard precautions with
Muscle pains	consistent and proper masking, handwashing,
Sore throat	disinfecting high contact surfaces and social
Loss of smell or taste	distancing. Proper masking means covering both
Nausea	your mouth and nose and washing your masks on a
Vomiting	daily basis. When you are eligible for the COVID
Diarrhea	vaccine, it is currently our best assurance of getting
Or no symptoms at all	our lives back to normal. Even after getting the
	vaccine and the required second vaccine, standard
	precautions need to stay in place. This is a battle
	and it will continue until we have at least 60-70% of
	the population vaccinated. This means that COVID
	will be limited from spreading because it will be
	stopped by individuals who have developed
	immunity essentially stopping the spread.
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Good leadership does not happen without good people stepping in and volunteering their talents. We are lucky to have great leadership locally and at the national level.



2021 Board of Directors Announcement

Dear Members and Affiliated Support Group Leaders,

On behalf of UOAA's Board and Staff, I'm pleased to announce our 2021 Board of Directors.

They include **James Murray**, President, **Cheryl Ory**, President Elect, **Diana Kasza**, Treasurer Elect, and our three Directors at Large, **Dr. Edward Loftspring**, **LTC(R) Justin Blum** and **Anthony Giordano**.

We've also recently welcomed two newly appointed Directors, **Brenda Elsagher**, Director of Affiliated Support Group Affairs and **Molly Atwater**, Director of Young Adult Outreach.

Thank you to all of our candidates this year for their passion and desire to help UOAA continue its mission to support the ostomy community now and well into the future.

Best regards,

A handwritten signature in cursive script that reads 'Susan Burns'.

Susan Burns
President

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You can not be too careful. In spite of being mindful of all precautions, both my husband and I tested positive right before Christmas. We embraced the standard precautions from the beginning. We have surgical masks in every vehicle and do not even go to a drive through without a mask on. We cancelled all of our travel plans to limit any additional risk. We celebrated Thanksgiving without children or grandchildren, timed the necessary trips to stores when the crowds were lightest, used ordering and curbside pickup, maintained social distancing when we had to be out, washed our hands frequently and kept hand sanitizer readily available when soap and water was not readily available. Even so, it was not enough. There is no way to definitively identify where we caught the virus. I was working constantly before developing symptoms and perhaps my exposure happened at work. There is no way of knowing if I caught the virus from a patient, or another staff member, or from somewhere else. My husband, Jim, had been equally careful but developed symptoms after a suspicious exposure at a barbershop where he was the only one wearing a mask. Again who knows... the virus is everywhere and you can't be too careful. Wear your mask, Wash your hands and maintain a 6 foot barrier whenever possible. This is not just about protecting yourself. It is to protect everyone and get our lives back to normal. It is time to put an end to COVID and reclaim all that is important to us.

HOPE CANCER RESOURCES

Hope Cancer Resources continues to support the ostomy community. For cancer patients, help is in the form of transportation, counseling, and financial help. For the ostomy patient, Hope Cancer is our home for our monthly meetings. Although our meetings have been on hiatus because of COVID since this past March, we will be back as soon as it is safe to do so. In the interim, our care closet is a benefit for those in need. If you have supplies that you no longer use or a surplus of supplies, please consider donating those items that you know that you will not use. The building is not currently open, but you can access the closet with a phone call to Hope Cancer (479-361-5031). Anne Hartney has been instrumental in keeping the closet organized and getting supplies to those in need. There is never an unlimited amount of supplies and we are determined to be good stewards of what has been donated. For

those in need of an item, we have most items available in limited amounts. For those without supplies, we can provide 2 weeks of pouches and accessories to tide an individual over while an order can be placed to secure supplies. This is also a help for individuals without insurance, the closet will not provide an unlimited amount of supplies but will help while applications for indigent supplies can be completed.

For those without resources to order ostomy supplies, most major suppliers will offer individuals 3 months worth of supplies in any 12 month period. You can not always pick exactly what you want, but supplies that will work for you will be available. With proper pouching and conservative use, that 3 month supply can be stretched to last even longer. Good planning can allow you to have another company ready to go with another 3 month supply.

Limited samples are also available by calling manufacturers directly.

COLOPLAST 1-800-525-8161.

HOLLISTER 1-888-808-7456

CONVATEC 1-800-422-8811

MARLEN 1-216-292-7060

NU HOPE 1-800-899-5017

B BRAUN 1-800-854-6851

Samples are also available (in limited supplies) from the majority of distributors or producers from accessory developers.

180 MEDICAL 1-405-318-2744

SAFE N SIMPLE 1-844-767-6334

COMFORT MEDICAL 1-844-338-6412

MCKESSON 1-855-571-2100

ARKANSAS OSTOMY- 501-868-7840

SHIELD HEALTHCARE 1-800-407-8982

EDGE PARK MEDICAL SUPPLY-1888-394-5375

BYRUM MEDICAL SUPPLY 1-877-902-9726

Resources

NWA Ostomy Support Group on Facebook

NWA Ostomy Support Group on the web -nwaostomy.weebly.com

United Ostomy Association of America -UOAA.org

Wound Ostomy Continence Nurses Society-WOCN.org ** find a nurse feature allows you to find a specialty nurse anywhere in the world

Wound Ostomy Continence Nursing Certification Board -WOCNCB.org **allows individuals to find a certified nurse and identify their scope of practice and how to contact them

World Council of Enterostomal Therapists -WCETN.org ** International Organization for nurses practicing in Wound Ostomy and/or continence nursing

Educational websites through manufacturers and distributors

In-person outpatient consultation with Diana Gallagher and/or Taylor Garcia by requesting a referral to Highlands Oncology Group- Surgical Department

Jennifer Juergens is available for inpatients at NW MEDICAL CENTER

***Be careful about "Dr. Google" information that is not sponsored by a reputable organization is not always accurate.

Hernias

Without question, hernias continue to be one of the most frequently seen complications (50% of patients develop a hernia over time). They also are the subject of the most commonly asked question. Whether you have had an



Ostomy
Q&A

ostomy for months or years, you are likely to develop a hernia. With education, you can minimize the chances of getting a hernia and learn about opportunities for early intervention.

By definition, a hernia is a loop of bowel protruding through the abdominal fascia. Technically, simply having a stoma meets this definition. However, most people recognize a hernia as a firm, rounded bulge around a stoma. The bulge may be very small causing a simple change in abdominal contours. The biggest concerns with a small hernia are preventing it from getting larger, managing acceptable pouching intervals, and avoiding issues hiding the bulge and the pouch under normal clothing.



Small and moderately sized hernias can create a rounded bulge around the stoma. In some circumstances, the increased size can create the skin to stretch resulting in a larger stoma size. This can be seen with flatter edges and budding only in the center.

Larger hernias make hiding the hernia impossible. Large hernias can cause abdominal and even back pain. Hernias can also contribute to a stoma prolapse with increased stoma length and width. This can be very disturbing the first time it happens but it is manageable with simple techniques. Next month, we will focus on how to manage stoma prolapse in the Ostomy Q &A section.

Hernia management is **BEST** done with prevention. Avoid lifting more than 10 pounds for the first 3 months. Keep in mind that 10 pounds is not very heavy. A gallon of milk weighs around 8 pounds. Going into surgery with strong abdominal muscles is also helpful in preventing hernias but I have to honestly say that I seldom if ever mark anyone with **SIX PACK ABs** for an ostomy! However, we can all work to improve core abdominal muscles. For the first 3 months, walking, biking and swimming are normally safe exercises to improve core muscles.

Lifting is not the only cause of hernias. Anything that increases the pressure in the abdomen can cause a hernia. Be mindful of extreme sneezing or coughing

in the early preop period. If you need to cough or sneeze, you can try using your arms or a small pillow to support and “splint” your abdominal muscles.

If, in spite of your best efforts, a hernia does develop, you will want to be seen by a specialty nurse. As long as the stoma remains pink and moist and most importantly, functions normally, a hernia is NOT an emergency. Surgery is not the first strategy for management. Conservative measures including a hernia support belt will be the first strategy. If surgery is recommended, your surgeon should be very experienced in hernia repair. Before attempting surgical correction, they may insist that you lose enough weight to help assure the best outcome. Surgery is not always successful and the hernia can come back. Repeated surgeries will likely also fail unless comorbidities are addressed.

During your visit with a specialty nurse, they will assess your hernia. They will have you lie on her back and massage around the hernia to determine if it returns to its normal position. This is referred to the hernia being reducible. Even if a hernia can be reduced, it is unlikely to stay in place when you are standing again and the pressure increases. It is important to know if a hernia can be reduced to determine if a hernia support belt is advisable and if so what kind of belt might be best for you.

There are several companies that have specialized hernia support belts available. Different belts will have different features to meet the needs of individual patients and a variety of hernia sizes and presentations. Common features include a belt wide enough to cover at least 70% of the hernia with an opening for the pouch to fit through. The pouch should fit through the opening with adequate space to support the hernia and hold it in a reduced position if possible but a large enough opening to allow the pouch to lie flat. Measurements for the abdominal girth and necessary width are critical.

Regardless of brand, belts should be applied first thing in the morning or after lying on your back for at least 5 minutes. The belt should be pulled tightly around the abdomen and the pouch fitted through the opening.

Pouches may come in multiple colors and fabric alternatives. The original companies have developed a large number of opening sizes and shapes to accommodate most pouch options. Newer options will have adjustable openings. Other features may include silicone beads to hold the pouch in place and prevent rolling. Additional features like thumb rings can help get the belt snugly in place.

Hernia belts may or not be covered by your insurance. Cost ranges from \$45. and up depending on features. Less expensive options can be found online but not all of these are quality products, so buyer beware.