

Stronger Together

MAINTAINING ADEQUATE SUPPLIES

Last month's snow storms and frigid temperatures provided all of us with a reality check. Clinics and a number of businesses were closed for days. Those who adhered to the recommendations of the Arkansas Department of Transportation (ARDOT) stayed in and off the roads. These weather changes were piled on top of the restrictions already in place because of COVID 19.

Fortunately, we rarely see dangerous weather like we saw in February. These storms not only affected individuals but spread across a large part of the United States. The cold, snowy weather stopped the mail, UPS and FedEx impacting the supply chain between manufacturers, distributors and you. With Spring, the risk can still be another late winter storm but is more likely to be tornados or flooding. With the variety of weather in Arkansas, wild weather changes can happen in a very short period of time. Any one of these countless scenarios could delay your supply shipment. Imagine a tornado hitting the warehouse that your distributor uses to prepare the order before it comes to you. It could just as easily be a fire or a flood affecting a manufacturing plant. Anything is possible but for ostomy patients there are very few alternatives to having the right supplies on hand. It is important to choose a supply company that will be your partner for your best

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health care. You need a company that consistently delivers on their customer service promises. Is it easy to place an order, does your order arrive when promised and is the order correct are all questions to ask. Finally, if there is a problem-and there will be- how does the company resolve problems. Some supply distribution companies will ask how many pouches you have on hand before they will ship your next order. With some companies, if you answer 3 or more, they will hold your order for a week. This is actually a regulatory requirement. It is intended to prevent anyone from stockpiling excessive supplies. Anyone who is living with an ostomy understands that one pouch may last for a full week OR a few hours. A change in stool consistency can reduce wear time. If the skin is irritated, pouch wear time will be reduced. In spite of your best effort, the skin might not be completely dry, resulting in a leak. Sometimes, a pouch with a manufacturing defect will fail immediately and every pouch in that box can have the same defect. You may inadvertently cut into the pouch when preparing the opening...anything is possible. What is nearly impossible is "making do" when you do not have an ostomy pouch. In decades of being a CWOCN, I have seen a variety of attempts to manage output without an ostomy pouch. Rolled up towels, feminine hygiene products, disposable briefs, baggies and duct tape all fail to meet the basic requirements of a true ostomy pouch. If you are with a company that fails to understand this, perhaps that is not the company to partner with.

So how do you assure that you have adequate supplies on hand in case there are any delays in the delivery of your next shipment? I suggest maintaining a buffer of at least 2 weeks of supplies on hand to carry you through any emergency situation. That would be my bare minimum to be comfortable, but everyone has their own comfort level.

With each shipment of supplies, I encourage you to check the expiration date on each item and write it in a dark marker on the end of each box. This is important because you might receive supplies in March that have an expiration date of Oct 2025 but in April your supplies came from another storage facility and the expiration date on those could be July of 2023. For supplies that you maintain at home, keep them in a cool, dry area. Bathrooms and garages where moisture and temperature can reach extremes are not ideal. Store the items that will expire first at the front so they will be used first. Keep in mind, there are some supplies that do not have an expiration date and only show a manufacturing date. The majority of ostomy items are good for at least 5 years. Barriers, protective sheets, and the barrier arcs to use on the outside of your pouch are all adhesive. Time, extreme temperature and moisture changes can damage the adhesive. For these items, expiration dates are important. Expiration dates are also important for liquids and solutions that may not maintain their stability beyond their expiration dates. Liquids can also evaporate changing the concentration of the key ingredients and water altering how they will work. However, common sense tells us that a pouch for a two piece "click" system that simply

snaps onto the two piece barrier would be as good at eight years as it is at 2 years after being manufactured.

If you buy supplies from any source other than a reputable distributor, you need to exercise caution. I am always surprised that some people will sell supplies on sites like Facebook Marketplace. The price may be very attractive but the buyer has no way of knowing how old items really are or how they have been stored. That bargain may not be a bargain at all.

In spite of the best laid plans, emergencies can happen. If you are ever faced with a situation and you do not have the supplies that you need, remember to use your local resources. Samples may be available from distributors and manufacturers but that would take time. Immediate help is available locally. Hope Cancer Resources and the NWA Ostomy Support Group maintain a well organized Care Closet. We owe a debt of thanks to Anne Hartney and Chris Hofferber for their volunteer efforts to keep the closet organized. The supplies in the Care Closet are all donated. If you have excess supplies or samples that you are not going to use, please consider donating these. Another resource is your WOC nurses. Highlands Oncology Group does not sell pouches but does have certain accessory items for sale and a limited supply of sample pouches the nurses may be able to share.

Colorectal Cancer Awareness

March is National Colorectal Cancer Awareness Month. This year, an estimated 149,600 people will be diagnosed with this highly preventable disease. They will join the 1.4 million colorectal cancer survivors living today. With education and early intervention, colorectal cancer is very treatable. It is preventable. We need to participate in open, honest conversations about this cancer and eliminate any barriers to screening and intervention. We all have a part to play in stopping this disease.

Colorectal cancer is the third most common cancer in the United States and ranks as the second leading cancer cause of death. An estimated 51,000 people will die of colorectal cancer this year. Screening and early detection can reduce that number dramatically.

Each of us has a responsibility to raise awareness and eliminate any stigma associated with this cancer. Think about what YOU can do. You might begin a conversation about your experience or the experience of someone you know. You can encourage friends and family to get a screening colonoscopy. If nothing more, you can join the effort to raise awareness by participating in [Dress in Blue Day](#) on March 5, sponsored by the Colorectal Cancer Alliance.

Colorectal cancer is cancer of the colon (large bowel) and/or the rectum. Most colorectal cancers begin as polyps, an abnormal growth inside the bowel or rectum. If polyps are removed before they can turn into a cancer, the disease can be avoided. A screening

colonoscopy will identify polyps that can often be removed during the procedure. Everyone should have a screening colonoscopy at the age of 50. This should be sooner if there are any signs and/or symptoms, increased risk, or a family history of colorectal cancer.



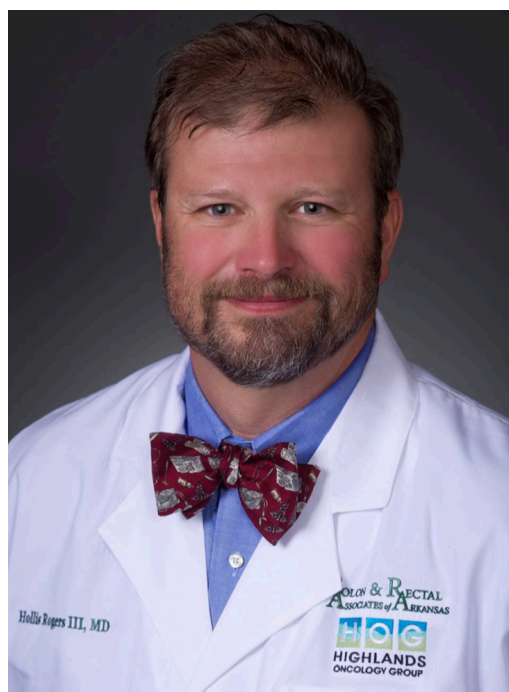
The signs and symptoms associated with colorectal cancer include the following:

- ▶ **A change in bowel habits with constant or intermittent diarrhea and/or constipation. Stool diameter may become narrow or ribbon shaped**
- ▶ **Visible blood or dark stools. Color will vary depending on where the bleeding occurs in the bowel. Closer to the anus, blood will be bright red. Bleeding higher in the bowel results in stool that is black or tarry.**
- ▶ **Abdominal pain with cramping, increased gas, a sensation of bloating or inability to completely empty your bowels. You could also have rectal pain or discomfort.**
- ▶ **Fatigue and weakness can be an early symptoms and should not be ignored. This is likely tied to bleeding and low red blood cell counts.**
- ▶ **Unexplained weight loss- especially with nausea or vomiting**

DON'T ignore any of these symptoms. DON'T convince yourself that they are insignificant. DON'T self-diagnose or believe the problem is simple hemorrhoids. DON'T ignore screening because you are afraid that the news will mean you need an ostomy. DO schedule an appointment with a specialist. Any surgeon or gastroenterologist could do the colonoscopy but colorectal surgeons are specialists in managing all diseases of the colon and rectum. They have the additional education and training to offer you the the best in Evidenced Based Practice.

There are a number of screening options available, including non-invasive options but, it is important to understand that a traditional colonoscopy allows your physician to find, identify and remove a polyp at the same time. Follow their recommendations for the best screening option for your individual situation.

Dr. Hollis Rogers III and Dr. Irlna Tantchou are both board certified colorectal surgeons. They have earned the highest recognition available in their specialties. Highlands Oncology Group is proud that they are both a part of the Highlands Team. The team treating colorectal cancer at Highlands Oncology includes surgeons, medical oncologists, radiation oncologists, certified wound ostomy nurses and other specialists as needed. These providers meet every other week to collaborate on challenging cases. This allows the Highland's patient to not only get the best from one specialist but the best from a team of specialists all working together for the best possible outcome for the patient they share. This is the type of regular conference that is done at the large specialty hospitals that everyone knows by reputation. Patients here in NWA have the same benefit of expert, comprehensive care right here at home. No expensive travel is required and you can recover where you are your most comfortable...in your home with your family and friends nearby.



COVID 19 is still a force changing all of our lives. Stay safe, stay smart, stay in, socially distance, wear your mask, wash your hands, AND get your immunization as soon as you are able. It is the ticket for our lives to return to normal.

Crabby Road

Crabby Road



Celebrating St Patrick's Day with an Ostomy

Everyone loves St Patrick's Day- at least those of us with Irish names like to believe that. Ireland is one of my favorite destinations. We have family there and love the warmth of the people, and the beauty of the countryside. My husband has dual citizenship and is working to learn Irish. I love St. Patrick's Day and want everyone to have a great time celebrating.

Holidays are tied to traditional foods and drinks. If you have an ostomy, this can pose some questions regarding what you can eat and drink. With an established colostomy, you can eat anything that you want but there is a

price to pay with certain foods. A classic St Patrick's day dish, corned beef and cabbage may result in more gas than you would like. A better choice might be Shepherd's Pie or a rich beef stew with Guinness. Cabbage can be more difficult to digest and needs to be completely cooked and cut into smaller pieces for those with an ileostomy. As with any food, portions need to be appropriately sized and properly chewed. Another staple is Irish Soda Bread. It is fine to eat with the Guinness stew but again, a limited portion is advised. It will thicken output.

The BIG question is always, "Can I drink alcohol with an ostomy?" Life is about moderation. Having an ostomy is about living life to the fullest but the more you know, the better prepared you are. Even a true Irishman should temper their intake. Normal alcohol consumption is 2 drinks for a woman and 3 for a man. They should be spaced out over the span of hours. It goes without saying that there should be NO DRIVING when drinking and NO DRINKING WITH A NUMBER OF MEDICATIONS LIKE NARCOTICS. In addition if you have any medical condition or addiction, alcohol should be avoided.

Having the facts and being prepared are key to an enjoyable evening with friends. If you plan on imbibing with a drink or two with friends, it is advisable not to drink on an empty stomach. Certain starchy foods will help "soak up" some of the alcohol and should be eaten BEFORE drinking. Snacking on breads or pretzels can be helpful while you are

drinking. Another trick is to look at additions to help balance out electrolytes. Bananas or strawberries added to a blender drink like daiquiris or margaritas will add a bit of balance to what you are drinking but again, moderation is the key.

Choosing what to drink is important. Regardless of whether yours is a colostomy, ileostomy or urostomy, you need to realize that ALL alcohol acts like a diuretic. A good rule of thumb is to drink 8 oz of water with every drink you consume. If you have an ileostomy, you have to be especially careful to maintain hydration. You might pack electrolyte tablets for that evening out and add one to the glass of water you are going to drink between each drink. Drinking certain beverages may cause your pouches to fill very quickly. Plan on emptying that urostomy pouch more frequently- even if you have a leg bag. Ileostomy patients may want to include that gelling sachet (Parsorb, Diamonds, Pearls, Ileosorb) into their pouch each time the bag is emptied. Everyone with an ostomy should ALWAYS have their kit for an emergency change with them at all times but especially for that night out.

What you drink does make a difference. If your preference is green beer to toast St Patrick, keep in mind that beer, even Guinness, is made with hops and will lead to increased gas.

Lá Fhéile Pádraig sona duit!
Happy St Patrick's Day to you!



Ostomy Tips and Tricks Learned from Experience

1. If you use traditional (non-silicone) tube caulking, you should understand that failure to securely close the cap will result in the caulking drying out. Just like with home repair caulking, you may as well throw the tube away. David Bachmann, one of our original group members, shared that if you place a drop of water in the cap and then place the tube over the cap and reseal this will not be a problem.



- 2. If you have not been completely satisfied with your lubricating deodorant for controlling odor, you may have been using an additional deodorant product like M9. Instead of squeezing in the lubrication and then the deodorant, you can combine them. This allows you to simply add both with one step as opposed to two. I use the top 1 inch out of a large bottle of lubricant and then add the deodorant and replace the cap. The deodorant is intended to work with just a few DROPS so you don't need a lot. The combination works great. It is often the little changes that make a big difference.**
- 3. Gelling sachets are helpful for ileostomy patients to help thicken liquid stool. An ileostomy should always have liquid stool; that is normal output from the small bowel. The liquid does add to the uncomfortable sensation of "sloshing" as you walk about but more importantly can lead to earlier leaks and a higher risk of skin irritation from caulking failures. Adding a sachet to the bottom opening when you apply a new pouch and every time you empty your pouch will convert the liquid stool to a thick gel. This will increase your pouch wear time and improve comfort. Stool consistency does vary with diet and hydration. If stool is not liquid- there is no need for the sachet.**
- 4. Unless you are new to the group, you know about the marshmallow trick to help slow the output from an ileostomy. If you are new, it really does work. Eat 2-3 large marshmallows as you prepare for your pouch change. Eat them as you are collecting your supplies and preparing for a pouch change. I suggest eating the marshmallows 5-10 minutes before removing the pouch and then you should have a quieter stoma as you work for the next 15-20 minutes... no guarantees for a perfectly dry experience but definitely a lot better. Of course, not eating or drinking for 1-2 hours before any change is also important for an easier pouch change for ileostomies that are typically very active.**
- 5. Another tip to prevent skin irritation or the development of granulomas around the base of the stoma is a secure seal. In the beginning, most are very consistent with measuring their stoma and cutting the opening to the appropriate size, but over time, it is not uncommon for people to stop measuring. If the opening for your stoma is cut too large, it needs to be adjusted. The opening should match the stoma size or no larger than 1/8 of an inch larger. If there are any irregularities in shape, it may be helpful to use a "double caulking" with both solid and then tube caulking to assure a secure seal.**
- 6. Urostomies (ileal conduits) are perhaps the most challenging because they constantly drip urine. To get a secure seal, you have to have clean, dry skin. It is difficult with a dripping stoma so the trick for this is a tampon. Hold the tampon directly over the opening (os) in the stoma and allow the tampon to wick the urine up into the tampon as you clean, dry and get your prepared pouch ready. Tampons without applicators are**

best and if one end of the tampon is saturated, it can be quickly flipped over to use the other end. Once the skin is clean and dry and your pouch is prepared and ready, quickly lift the tampon and position your pouch over the stoma.

Peristomal Skin Complications

In January we addressed hernias and in February stoma prolapse. Both of these are late complications. There are a number of early complications that can occur immediately after surgery.



Mucocutaneous Separation- Immediately after surgery, the stoma is supported by sutures that secure the mucosal tissue to the skin. Like most medical terms, the name is fairly descriptive. "Muco" for mucosal and "cutaneous" means skin. Mucocutaneous separation is a separation between the mucosa (the lining of the bowel) and the skin. This commonly occurs when one or more of the sutures pulls free. Sutures can pull free secondary to any tension on the area caused by pulling or lifting or an underlying medical condition that has left the skin weaker than normal. The result is a wound along the base of the stoma. It is a problem because wound drainage will cause the pouch to fail prematurely adding to further skin damage. If the gap is minor with no significant depth or pocketing, simple ostomy power with barrier spray (the crusting technique) along with good caulking and pouching should heal the defect. If the separation is deeper or has any pockets (undermining), WOC nurses can assist you with wound care using advanced dressings done in conjunction with pouch changes. This should heal in a matter of weeks.



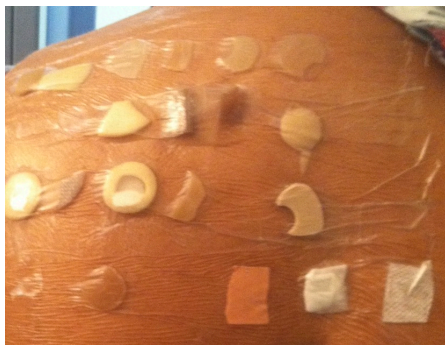
Irritant Dermatitis- Irritant Dermatitis is the most common complication and one that almost every ostomy patient will encounter at some point. It is named for what it is- dermatitis caused by irritation. When urine or stool sits on the skin for an extended period of time, enzymes in stool and urine can actually penetrate causing an interruption in the skin's integrity. The damage will appear as a rash, a red area or even an area when the skin

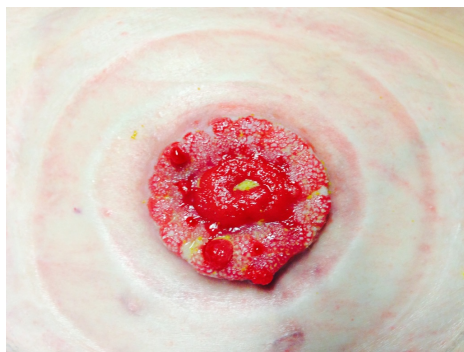


is eroded and missing. This can be very painful. Minor irritant dermatitis can be managed with simple crusting and the addition of better caulking or barrier sheet. More severe irritant dermatitis may require help from your WOC nurses and more advanced therapies. Any irritation that results in swelling or moisture reduces pouch wear time. While treating this condition, more frequent pouch changes may be needed. The first photo shows the classic leak with stool sitting on the skin causing irritation. The bottom picture is still irritant dermatitis. In this case, the opening was cut far too large allowing stool to sit on and damage the skin. The caulking at the cut edge clearly stopped the stool - the skin beyond the caulking is perfectly normal.



Contact Dermatitis- Contact dermatitis is a contact allergy to a product used to manage your ostomy. It is unusual and often mistaken for other conditions. True contact dermatitis will appear as a red and even blistered area that is an exact mirror image of the product that was touching the skin. This could be a caulking product, or the barrier, additional adhesive, or a topical wipe. If you look at the top photo, you can see a square shape with relatively clean lines. Treatment involves avoiding any contact with the product. Poison Ivy is an example of a contact dermatitis. When an allergy occurs, it can be painful and cause significant itching. Severe cases may require a topical or systemic steroid to resolve it quickly. If there is a question about whether or not this is truly an allergic reaction or a question of which products might be causing the problem, skin testing can be done by your WOC nurse. This is shown in the bottom photo. It is possible that you could have used a specific brand for years with no problem and then suddenly have an issue. When that happens, you can not use the product and need to find a different brand that works for you. Allergies can change over time.





Granulomas- Benign skin growths develop from friction from a poor fitting ostomy appliance rubbing against the stoma itself. They can also be caused by constant skin irritation from stool or urine staying in contact with the skin. In the top photo, the opening was cut too large allowing stool to continually sit on the skin around the stoma. The granulomas grew up around the stoma encircling it like a wreath. The stoma is the bright pink oval in the center of the photo. In the bottom photo the round growths at the edge of the stoma are granulomas from an appliance that did not fit properly and a lack of adequate caulking. Granulomas can bleed freely which can be scary if you are not expecting it. They are commonly treated by WOC nurses with silver nitrate. The silver nitrate is cautery that will stop bleeding and over repeated applications reduce the size of the growth. This is critical in getting a pouching system to fit properly. During treatment, correction of the underlying problems with fit and an adequate caulking seal is critical for correction.

RESOURCES

NWA Ostomy Support Group on Facebook

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

Hope Cancer Resources 479-361-5031

United Ostomy Association of America -UOAA.org. **Go online or call to request their clinician-reviewed and written educational tools. Also consider attendance at one of the biennial UOAA Conferences for the education, networking and the exhibit hall. It is an incredible and worthwhile investment. Conferences are held at attractive destinations across the country every other year. Joining UOAA will provide you with a copy of their magazine 4x/year. It is filled with valuable articles and insight.

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. Web based resources are available and a perspective on living with an ostomy across the world.

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" or information that is not sponsored by a reputable organization. It is not always accurate.**

MANUFACTURERS

Manufacturers are companies based in the US or abroad who manufacture products for distribution in the United States. There are a number of excellent manufacturers with amazing products who do not have their products available in the US. MANUFACTURERS DESIGN AND PRODUCE PRODUCTS BUT DO NOT SELL 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

DISTRIBUTORS

Distributors are companies that buy and stock product, work with your insurance company and clinician and provide those products directly to you. Distributors do require a prescription. This may come from your surgeon or PCP but often it is generated by your CWOCN for a physician to sign. With physician permission, a CWOCN can initiate the first order for shipment without the signed prescription. You can change products but each change requires a new prescription. If you are not satisfied with a distributor for any reason, you can always make a change. Different companies offer different benefits such as education, counseling, overnight shipping, free shipping, financial assistance, billing your insurance, sampling, etc.

180 MEDICAL 1-877-688-2729

ABC MEDICAL 1-866-897-8588

ARKANSAS OSTOMY- 501-868-7840

BYRUM MEDICAL SUPPLY 1-877-902-9726

COMFORT MEDICAL 1-844-338-6412

EDGE PARK MEDICAL SUPPLY-1888-394-5375

LIBERATOR MEDICAL 1-855-399-5086

LIBERTY MEDICAL

MCKESSON 1-855-571-2100 Now Adapt Health

SAFE N SIMPLE 1-844-767-6334

SHIELD HEALTHCARE 1-800-407-8982

Plus countless other companies and a few small pharmacies