

Stronger Together

UOAA NEW RELEASES

The United Ostomy Association of America has just released the newly revised *New Ostomy Patient Guide*. For anyone who does not have a copy, this is a comprehensive guide for all ostomy patients. It provides patients with information on colostomies, ileostomies, urostomies, and continent ostomies as well as general information. It is a very valuable tool to have on hand both for the information and advertisements that encourage you to call for free samples.

For Spanish-speaking patients, this guide is now available in Spanish as a downloadable version on www.ostomy.org/new-ostomy-patient-guide. You will also find additional educational and advocacy resources in Spanish on www.ostomy.org/espanol.

Even more exciting is the newly developed nutritional guide, [Eating with an Ostomy- A Comprehensive Nutrition Guide for Those Living with an Ostomy](#) and the updated [Food](#)

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**NEW TOOLS JUST FOR
YOU**

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Reference Chart. This guide is written by Joanna Burgess and her committee. Joanna is not only a practicing CWOCN and like most CWOCNs, excellence in ostomy management is her passion. More importantly, she is living with bilateral ostomies! Joanna has had a urostomy since she was a young child secondary to a rare childhood cancer. Treatments for children with cancer were limited and all too often not successful. Although the cancer treatments allowed her to survive, there were long term consequences that over time, resulted in her needing a colostomy as an adult. Joanna's story is one of the most inspirational I have ever heard. She survived her cancer but lived a lot of her childhood in hospitals. Instead of childhood playmates, she had her nurses. She played with dolls and pretended that they were nurses caring for other dolls. She grew up and became a nurse. For years she practiced on a pediatric oncology unit and then made the decision to become a CWOCN. She has been outstanding in this role and is able to blend her expertise as a clinical specialist with that of an informed patient. Joanna believes in "giving back" and is often a speaker at national conferences and serves in a leadership for the UOAA. This Nutritional Guide is one of those gifts back to her nursing peers and the ostomy community. This is a well done tool with valuable, evidence-based knowledge about eating well following surgery. As most of you know, information about managing diet and hydration after an ostomy surgery is often confusing and conflicting. This guide will help simplify that confusion. Not only does it provide valuable information, it also provides you logs to track diet and hydration.



As excited as I am about the Nutritional Guide, I am ecstatic about the UOAA's newest tool, Ileostomy Blockage Card for patients facing a small bowel obstruction. For my entire career, small bowel obstruction with an ileostomy is the most frustrating and frightening complication I have ever been asked to help with. Patients are quick to recognize the problem because of abdominal pain and cramping with little or no output. CWOCNs teach patients interventions such as massage

to help move the blockage, a hot bath to relax the muscles, increased hot fluids (if there is no vomiting) to stimulate motility and exercises to stretch the abdominal muscles and hopefully help an obstruction move.

Sadly when this does not work, a visit to the local Emergency Department is the next step. All too often, the personnel in the ED are not as familiar with ileostomies as they could be and managing the obstruction is not always done according to evidenced based protocols. This two sided cards offer guidance for the patient on the front side and the Emergency Department Personnel on the back. If you have an ileostomy, you should have one of these cards with your emergency kit and it should be shared with the Emergency Department personnel. The card actually says, "Please share this with your Emergency Department Personnel."

I strongly recommend that you each call the UOAA national office at 1-800-826-0826 and obtain your own copies of these valuable resources. When you do so, please thank the office for all that they do to support you as a patient. If you are not currently a member, please consider joining. Members will receive their journal, The Phoenix, quarterly with critical information that every ostomy patient deserves. You can get a one- year subscription for \$29.95 along with FREE ostomy product samples periodically throughout the year.

NEW YEAR MEANS A NEW DEDUCTIBLE

Depending on your insurance carrier, you may be facing a new deductible with the coming year. Hopefully, if you are on Medicare, you have already met with an insurance specialist to identify which secondary insurance plan is best for you based on your individual circumstances and routine medications. (For more information on these FREE services, see the October 2020 newsletter)

A new deductible can mean that the order you place in January, will not be filled until you can pay for your deductible. This can put an additional financial strain on your budget at the beginning of the year. If you are due to place an order, consider timing your order to carry forward into the new year. For example, if you can place an order closer to the end of the year for 3 months, that order can easily carry you into March. As always, planning ahead will save money and stress.

Ostomy Tips and Tricks

With each newsletter, we hope to advance your knowledge about ostomies. The first edition of the NWA Ostomy Support Group's Newsletter in September focused on basic ostomy management. October focused on the myriad of ostomy products available. Knowing how and when to use each product is important in the long-term management of your ostomy. This month we are going to add a few tips and tricks to help you understand and manage routine complications.



Constipation and Small Bowel Obstruction

The holidays are upon us and although the majority of us are isolated at home, away from family and friends, holidays often mean a change in what we eat and how much we eat as well as

fluid intake. These changes can result in a change in bowel habits. Minor changes will normally not require any intervention.

Colostomy patients may develop constipation for too many holiday treats. Constipation will affect colostomy patients because it impacts the colon. Increasing fluids and adding fiber should help with prevention. If constipation does happen consider adding a dose or two of stool softeners and/or Miralax. It may take 1-3 days to completely resolve. Keep in mind that fiber will only work when taken in conjunction with adequate fluids. In a severe case, colostomy irrigation may help alleviate the problem.

Small bowel obstruction will affect the ileostomy patient because there is no longer a functioning colon. This is much more serious than simple constipation. Indications will be painful, abdominal cramping with no stool passing from the stoma. It can be caused by eating too much of one of more high fiber foods, not chewing adequately or not drinking adequate amounts of fluids. Early interventions can be drinking hot caffeinated beverages providing that you do not

have any vomiting, abdominal mass, a hot bath, stretching exercises and/or the use of a heating pad. If this does not work, a visit to the Emergency Department may be needed. Please see the page 3 on how to obtain the ileostomy blockage card explaining how to manage this at home and in the emergency department.

Hernias

Hernias are all too common after ostomy surgery. Peristomal hernias affect 1 out of every 2 individuals. Lifting is the most common cause along with coughing, sneezing or anything that increases the intra-abdominal pressure. At this time of year, it is important to be mindful when hauling all of those heavy boxes of decorations from the attic or storage area. For the first 3 months following surgery, the recommendation is no lifting of more than 10 pounds for the first 3 months. You can then gradually increase the amount that you can lift as long as it is not excessive.

Hernia belts help support abdominal muscles and are thought to decrease the development of hernias as well and manage a hernia when it does develop. It is best to be measured by a CWOCN since width, length and opening size all have to be taken into consideration.

Prolapsed Stomas

It is not uncommon for a stoma to move slightly secondary to motility. When a stoma increases dramatically in length and overall size, that is known as a prolapse. It can be quite dramatic but is seldom an emergency. As long as the stoma is pink and moist, there is no need to seek emergency care. The problem is that because of the increased size, pouching can be difficult or even impossible. Most prolapses will reduce when you simply lie on your back and massage the stoma and surrounding skin around the stoma. If this does not work, you might add an ice pack while massaging gently. You - or more likely your CWOCN or physician can actually gently knead the stoma back in place. When this does not work, the final trick follows the philosophy of Mary Poppins and a "spoonful of sugar". To do this,

take a disposable cup large enough to fit over the stoma and cut out the bottom of the cup. Tape the top of the cup to your skin to create a seal. While lying on your back, pour enough granulated white table sugar into the top of the cup to cover the stoma. Relax and wait patiently. The stoma should reduce to its normal size over the next hour or so. Sugar actually pulls the water out of the tissue helping reduce the swelling. Clean the skin and reapply a new pouch. You may want to cut the pouch a bit larger and use additional caulking to allow room for expansion when the prolapse happens again. It is most likely going to happen. You can help hold the stoma in place with a moderate binder or an elastic wrap like an ACE wrap over the stoma to help hold it in place.

Marshmallows

Most ileostomy patients understand the value of a handful of marshmallows eaten right before beginning an ostomy pouch change. The marshmallows can slow the motility of the bowel allowing you to get clean and dry skin ready for a new pouch. This is for ileostomy patients and not urostomy or colostomy patients. With all ostomies, it is important to time all planned changes when possible. Ideally nothing to eat or drink for about 2 hours before a change will help assure that the output will be less active during a change.

Ostomy Powder

Not only is ostomy powder critical for any raw areas of skin around a stoma when sealed with a skin prep spray, it has a number of other uses. One trick is to use powder to help shave hair around the stoma when needed. You can shave in the shower if you shower without your pouch once a week or with an electric razor or beard trimmer, but for a disposable razor, the powder makes easy work of a hairy stomach.

Gelling sachets

Ileostomy patients who have not been introduced to gelling sachets, this is a great trick. There are a number of brands on the market. These little “pillows of power” quickly work to turn liquid stool into a semisolid. This helps prevent leaks that are more likely with liquids and prevents that uncomfortable “sloshing” as you move about. Simply drop one sachet into the bottom of a new pouch and then another one each time you empty.

Resources

Knowing what resources are available to you is critical to your success. For individuals who have lost insurance coverage and needs help with getting ostomy supplies, you may be eligible for assistance from the major manufacturers. These programs normally offer 3 months of supplies in a 12 month period. If you are careful and stretch your supplies, this can last a full year.

Hope Cancer Resources is available to help with 2 weeks of supplies for someone who is in need or a single item if it is needed until your next order. They also have limited financial support, virtual counseling and transportation assistance.

Highlands Oncology (HOG) has CWOCN appts available with a proper referral. These appointments have to be prioritized based on the simple reality that only one CWOCN is currently available. Established patients who have previously been seen and current patients are priority patients along with surgical referrals for those facing and recovering from ostomy surgery. Referrals from medical oncologists are second tier and finally outside referrals. It can take 3-4 weeks for outside referrals but every effort is made to see patients as quickly as possible.

UOAA and manufacturing and distribution websites and resources are reputable sites for accurate information

NEW ADDITIONS TO THE FAMILY

Dr Willie Pickhardt has joined the family at Highlands Oncology. Dr. Pickhardt provides comprehensive urology services for men and women. Prevention and early intervention are critical in managing your optimal health and this is just as true for urology as any other specialty area.

As an introduction to Dr. Pickhardt and his team, HOG is offering FREE PROSTATE EXAMINATIONS. The prostate can enlarge as a man ages and can affect his ability to urinate and their general quality of life. Prostate cancer is another concern. Routine screening of the prostate an important part of comprehensive health care for men



Mark "Willy" Pickhardt, M.D.

FREE PROSTATE CANCER SCREENING

By Appointment

479-313-6824 (English and Spanish)

or register online

www.highlandsoncologygroup.com

Screenings will be provided by Mark "Willy" Pickhardt, M.D.

Dr. Pickhardt is extensively trained in minimally invasive robotic and laparoscopic surgery, open surgery, and endourology and specializes in Urologic oncology.

One man in six will be diagnosed with prostate cancer during his lifetime. Screening tests can often detect prostate cancer early, when treatment is more likely to be successful.

Screenings will be at 3352 N Futrall Drive Fayetteville, AR 72703

