

# Stronger Together

## Ostomy Awareness Day is October 3rd

One of our missions is to raise awareness, provide accurate knowledge, decrease misinformation and dispel fear surrounding ostomy surgery. The UOAA and most manufacturers promoted Ostomy Awareness Day on Oct 3. For those of you who did not see any of the promotions, let's be real; EVERY DAY should be ostomy awareness day. We all should have a commitment to live life to the fullest-with or without a stoma. If you would like a sticker to commemorate that ostomies are truly life -savers, contact Diana Gallagher, the UOAA or Coloplast



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**BASIC EDUCATION**

Lots to learn...

Lots to help

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**ADDED NURSES**

Taylor Garcia and Hannah Malcom are working on CWOEN

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and request a sticker. Wear your sticker proudly and answer questions if anyone approaches you about what an ostomy is. A lot of you remember your concerns at the beginning of your ostomy journey. Some of that fear was directly tied to misinformation and misperception. We had been able to help promote accurate information about ostomies but now it is more important than ever that everyone play a role while our local support group is on hiatus because of the COVID pandemic.

You can connect with others on social media to increase awareness. Take a look at #OstomiesAreLifesavers. Once you have your sticker, wear it proudly, snap a photo and tag us on appropriate Facebook accounts such as ours and Facebook@ColoplastUS. For more information, visit the UOAA website for other ideas on how to get involved at [www.ostomy.org](http://www.ostomy.org).

## IT IS THAT TIME OF YEAR AGAIN

If it were not for COVID cramping our style, August would have been focused around changes to Medicare supplements for the coming year. Tasha Settles would have presented on behalf of her company ICB 65. For those of us who have used Tasha's services in the past, you know the value that she has offered our members. She has been a requested speaker for over 5 years now and graces us each year with an update from Medicare. For those that are new to the group, Tasha's company offers help determining which Medicare supplement is best for you based on the medications that you require and any anticipated procedures you have planned for 2021. The service is free and a number of members in our group use Tasha's services every year to get their best deal on health insurance supplements. The plan that may work best for someone else may not be the plan that is best for you. Some medications are covered better with one plan than another and you can choose plans based on deductibles and copays. The BEST healthcare options are always personalized to your needs. If you would like to schedule a virtual appointment with Tasha to review your options for this coming year, please call 479-595-8813. Tasha will send forms to complete and then once they are returned, a virtual visit can be scheduled or if a computer conference is not your preference, a simple phone call will work to discuss options.



## EMERGENCIES HAPPEN - BE PREPARED

Just like you have learned to be prepared for an ostomy "emergency" with extra supplies, life can confront you with much more serious emergencies than a simple pouch leak. Whether it is a medical emergency, motor vehicle accident, trauma caused from working around your house, or some other crisis, there are times that you need help as soon as possible. If you truly have an emergency and need to be seen in a local emergency department, you may be safer with professional personnel to get you to the help that you need. Calling 911 will bring professionals (paramedics, emergency medical technicians and often the fire department right to your door along with emergency transportation to the hospital. For those who have been to an emergency department by private vehicle, you may remember a wait before you were able to see a doctor. If treatment is needed immediately, the EMS personnel can begin that care AND those who arrive by ambulance bypass the waiting room and are taken to a treatment area immediately.

Health care in general is expensive and emergency care is no different. However, you can purchase insurance to cover the pre-hospital emergency care and transportation that might be needed. For those of you who live in Washington County, you can join Central EMS as a member for an annual fee of \$85.00 if you have health insurance or \$100.00 if you have no health insurance. This will cover emergency and nonemergency care that is medically necessary. For more information, call 479-521-5801 or go to [www.centralems@centralems.org](mailto:www.centralems@centralems.org). If you live outside Washington County, most EMS organizations will have similar plans.

For serious emergencies, transportation to a specialized hospital may be needed. In these emergencies, time is critical. An air ambulance will use a helicopter or fixed wing plane to get you to the care that is needed. This is a separate service not covered by the ground transportation provided by your local EMS provider. Once again, insurance is available. For an annual fee of \$85.00, you can protect yourself from an expected bill that can be as exceed \$10,000. For more information, go to [www.airmedcarenetwork.com](http://www.airmedcarenetwork.com). These policies can save you

from a financial disaster that normal health insurance will not cover. Planning ahead and being prepared is always a good plan.

## Ostomy Products

With each newsletter, I 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. This month, our focus will be another area that confuses most new ostomy patients. There are so many products that it can be confusing. What each product is for... is a product needed... and what is the BEST product for me are all common questions. It is hard for even experienced CWOCNs to know every product because new products and services are being launched on a monthly basis. This edition will focus on basic products but please understand that if there is a problem you are experiencing, there is a very good chance that there are products on the market that would meet your need.

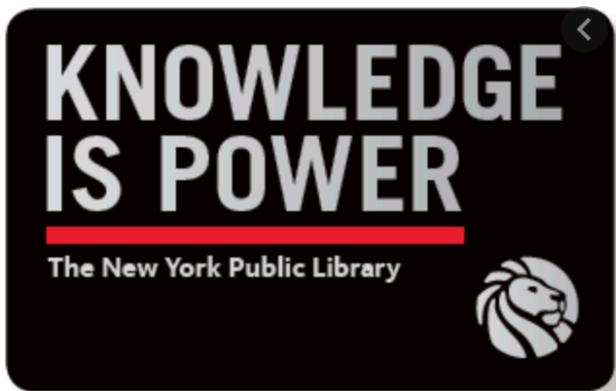
Adding products unnecessarily only increases

the cost of your care and may actually complicate pouching and skin care.

KEEPING IT SIMPLE IS THE BEST ADVICE AND ADD PRODUCTS ONLY AS NEEDED. We will use this issue to explore major product categories and explain how to use them.

### OSTOMY POUCHES-

Unless you have a continent ostomy, a pouch is a basic requirement for capturing and containing your ostomy output. Modern pouches are odor-proof and when applied properly, normally leak-proof. Pouches come in a WIDE variety of options. One big difference to consider is whether you prefer one or a two piece options. One piece options are normally more flexible, more comfortable, and more conformable over irregular surfaces. A two piece pouch can provide a firmer base when needed and the option of removing just the pouch between barrier changes. Fecal pouches are offered in both drainable or closed end options. Pouches for urine will always be drainable. The closure will make emptying easier and can connect to either a leg bag or a nighttime drainage bag. Some urostomy pouches



will have simple plug closures and others will have on and off valves as a double check measure.

Two piece pouches can be removed without replacing the barrier attached to your skin, but routine care for all drainable pouches still involves draining the pouch whenever the pouch is 1/3 full. Two piece pouch options are available in drainable and closed end. Closed end pouches (1 and 2 piece options) are only appropriate for individuals with colostomies who have an average of 2 formed stools/day. Most companies provide multiple sizes.

The part of a pouching system that adheres to your skin has a number of names. It is called a flange, a faceplate or a barrier. The shape of the adhesive on the back may be flat or convex. Convexity is helpful for stomas that are flat or recessed. It is available in mild, soft, moderate or deeper convexity. A newer option are pouches with a rounded barrier to conform to the rounded shape of a hernia. Different manufacturers have different formulations for the barrier adhesive and finding which one is right for you is a matter of trial and error.

Other variations between pouches include features. Options include cloth coverings vs transparent pouches, different lengths, clips vs velcro closure, optional tape borders and gas filters.

### **CAULKING OPTIONS-**

Caulking is an important option to help form a secure seal between the edge of the stoma and the cut edge of the pouch. Caulking is an important tool to establish and maintain that secure seal and increase wear time. Options for caulking include pectin based options and silicone options. The shape of solid caulking varies between thin and thick rings or caulking strips. Rings can be two sided with one variety offering zinc oxide that should be placed on the skin to heal irritation while the other half offers the traditional pectin based rings to help prevent any failure of the seal.

Traditional caulking has always been available in tubes and for decades was known as paste. Paste was an unfortunate name since it does not provide any additional adhesive and should be applied to the cut opening or used to fill any creases, divots or crevices. Tube caulking has traditionally required that you tightly

replace the cap or risk the caulking drying out. Once caulking dries, it is easier to just throw the tube away. Some of the newest options that are silicone do not dry out and can be easier on the skin. Older caulking in tubes had added alcohol to help keep the caulking pliable but alcohol can cause the caulking to burn if there was any skin irritation or erosion. Look for "no sting" options.

## **POWDER-**

Ostomy powder is used to treat and dry raw, wet skin. A light dusting of powder sealed with a spray skin prep can be applied to any areas where the skin is damaged or missing. Up to three layers can be done taking care to dry well between each layer. Modern powder is made of a pectin- one of the ingredients in barriers but you may still find the older karaya powder in some settings.

Another great use for powder is as a base before shaving any hair around a stoma. The powder makes the razor glide more smoothly and helps reduce irritation from infected or inflamed hair follicles.

Powder can also be the best tool to remove wet caulking- especially tube caulking that can tightly adhere to the skin. Without powder, the caulking just moves around and becomes very frustrating as you try to work quickly to get a clean dry surface to adhere a new pouch to. Powder worked into the wet caulking will help dry the caulking making removal a simple task. You may need to apply powder multiple times depending on how much wet caulking that you are dealing with.

## **SKIN PREPS-**

Skin preps are available in small pads, wands, and sprays. It is commonly used to seal powder but the pads are not the best choice since they will pull the powder you applied to help dry and heal an irritation away from the skin. The spray is much more effective when you need a skin prep for crusting.

Skin preps can be used without powder. Some skin preps tend to lend some extra tack to the skin making barriers and tape adhere more tightly. The pads work well for this application. Compare different brands for wear time which can vary widely from 1 day to 5 days. Not everyone needs a skin prep, but it is another accessory that may help with pouch adherence and skin management..

These 4 products (pouch, caulking, powder and skin prep) will address the majority of pouching needs but a plethora of other products are available and may help when used appropriately. General advice is to only add products when there is a problem. More products does not not necessarily guarantee longer wear time or increased comfort.

### **FOUNDATION SQUARES-**

A number of companies offer a thin hydrocolloid that can be applied to the skin before the ostomy barrier is applied. These are helpful over areas that you are trying to heal or irregular surfaces. Sizes vary from the traditional 4 inch squares to 6 and 8 inch options. Some brands offer 4 way stretch.

### **ADDITIONAL ADHESIVE OPTIONS-**

Most pouches have adequate adhesive but if more is needed, there are options that come in sprays and options that can be painted on with a wand. It is important to read and follow the directions carefully for the best outcomes.

### **ADHESIVE REMOVERS & RELEASERS-**

Although a paper towel and warm water or ostomy cleansing wipes can effectively remove most tightly adherent products and remove stubborn adhesive. Occasionally, you may want to try a remover or releaser for pouches that are tightly adhered or in areas that are especially delicate. These products work differently and come in both sprays and pads. If you do not have one of these options, you can always jump in a hot shower to work off stubbornly stuck appliances.

### **TAPES AND ADHESIVE STRIPS**

Some pouches come with a tape border. Usually additional adhesive is not needed, but additional tape or additional adhesive borders may add a sense of security. They can also help manage a MINOR leak for just an hour or so but no longer. Medical tapes vary widely both in construction and costs. Some are waterproof making them ideal for swimming, water sports, luxurious baths or hot tubs. Tapes may be cloth based, silicone based, backed with zinc oxide and many more options. Widths vary from narrow strips beginning with the 1/2 inch wide

options to wider widths. The most common sizes to frame an ostomy pouch are the one and two inch options. Tape is available on rolls and in strips. The strip options are ideal for your "carry kit".

Adhesive strips are usually shaped to conform to the circular shape of most pouches. Some companies offer strips that conform completely around the pouch when 2 strips are used; other companies require 3 pieces to conform to the outer dimensions of the pouch. They can be applied all the way around a pouch or just over a problem area. The "arcs" are available in both narrow and wider widths and one option has an extended surface that sits beneath a 1 inch ostomy belt.

### **BELTS-**

Some ostomy pouches come with the option of a belt. The belt hooks into belt tabs on either side of a pouch. The width is usually 1-2 inches depending on manufacturer. Belts need to be applied and tightened to be snug but not uncomfortable. They can be very helpful to apply additional pressure on either side of the pouch and may also help instill a sense of security for new ostomy patients. Some belts have one attachment point on each side and others have two separate attachment points. Insurance does cover these belts on a monthly basis.

Another option is the NuComfort belt which is slightly wider. It comes with a variety of hard rings that is sized to allow most common pouch sizes to pull through the opening. It attaches on both sides with velcro that can be tightened by pulling each end through vertical slits. One advantage is that the hard ring helps hold the pouch on securely while the belt can be tightened evenly.

### **HERNIA SUPPORT BELTS-**

Another belt option are hernia support belts. Hernias are a late stage complication with ostomies and occur in 50% of all cases. There is very little research on hernia support belts preventing a hernia from forming. The recommendation is to avoid lifting more than 10 pounds for months after surgery until you can rebuild core abdominal muscles. Several major brands are available as well as less expensive options. It is important to follow the advice of your clinical team as to which belt is best for you. As good as a belt might be, it only works if you consistently wear it.

Belts need to be applied when you are lying down each morning and then tightened with the pouch coming through the opening in the pouch. Some brands have an adjustable opening for the pouch and others are customized for the size of your pouch. A hernia belt only needs to cover 75% of the hernia.

## **LUBRICANTS-**

Colostomies with formed stool can be a challenge when stool fails to fall into the pouch. Sticky, thick stool that collects over the stoma and fails to fall into the bottom of the pouch commonly causes a pouch to leak. This is commonly called pancaking. Increasing fluid intake will help thin the stool and correct this problem. It is also helpful to add a lubricant to help slick up the inside of the pouch and help stool slide to the bottom of the pouch. It is important to not only add the lubricant to the bottom of the pouch but also to roll the bottom of the pouch up toward the stoma to adequately coat the inside of the pouch. Several companies offer lubrication in multiple sizes from individual packets ideal for travel and your go bag to larger bottles to keep in the bathroom. Most lubricants have some deodorizer added, but additional deodorizers can be added to the pouch along with the lubricants. Ileostomy patients may find that a lubricant helps with emptying and keeping the pouch cleaner.

## **DEODORIZERS-**

Odor is a concern with most ostomies but especially colostomies. Ileostomies have some odor but there is very little gas produced in the small bowel and ileostomy effluent often has a more chemical smell than colostomies. Urostomies can have some odor but to a lesser degree and is most often associated with leaks or soiled clothing. Deodorizers can be added to a colostomy or ileostomy pouch. Other odor eliminator products include sprays and drops that can be added to the toilet to minimize odor when pouches are being emptied. Look for odor eliminators and not simply air fresheners.

## **GELLING PRODUCTS-**

Ileostomies are especially challenging because of liquid stool. Liquid stool is more likely to cause a failure of the caulking and results in a broken seal and pouch leak. Especially at night or when an individual reclines, stool can pool over the stoma making a leak more likely. Adding a gelling product to the pouch when it is

applied and then each time it is emptied will convert liquid stool to a thicker stool. This helps manage the problem of liquid stool. Another benefit of gelling products is that it does help eliminate the sensation of liquid stool “sloshing” from one side of the pouch to the other as you walk or exercise. Gelling products come in sachets, powders and capsules. One brand has added charcoal to help minimize odor.

## **IRRIGATION KITS-**

Colostomy patients have a number of advantages over those with ileostomies or urostomies because of simple anatomy. With colostomies the bowel is mostly intact, digestion and hydration are normal and most people empty their bowels once or twice a day. Some colostomy patients who have formed stool can manage their ostomy with a closed end pouch. This option can be easily changed after a normal stool. Another advantage is that colostomy patients have the option of irrigating.

Irrigation used to be more popular and common than it is today. A number of younger ostomy specialists may not even be prepared to teach ostomy irrigation. Colostomy irrigation is one viable way of controlling how and when the bowel empties. Irrigation does take a commitment to not only to train the bowel but also to maintain evacuation on a regular basis. It frequently takes 4-6 weeks to “train” the bowel but once the bowel is trained, most patients can go all day without any output. Training the bowel is done by flushing the colon with plain tap water at approximately the same time every day. It is essentially an enema that is put directly into the stoma using special equipment. Your irrigation kit is covered by insurance and will include a bag to hold the skin temperature water. The bag is connected to soft tubing that ends in a soft cone. There is a thumb control to help adjust the speed of water going into your stoma. Your kit will also include irrigation sleeves. These sleeves are essentially a long pouch to collect the stool and water that empties from your stoma. The ostomy sleeves are available in one or two piece options. Your clinical team will teach you how much water to use and help you decide whether irrigation should be done daily which is most common or every other day. The idea is to match your irrigation schedule to your normal bowel habits. Most patients will choose to do this first thing in the morning or right before bedtime. Irrigation is not appropriate right after surgery and may no

longer work effectively if a hernia develops. An irrigation sleeve may also be helpful when doing a bowel prep before a colonoscopy.

### **CONCEALMENT GARMENTS-**

Choosing undergarments to help conceal your ostomy pouch is a concern for most ostomy patients. There are a number of companies who make garments that fit over the abdomen to hide the pouch helping minimize any visible bulges. They come in a variety of colors and widths. Some have a built in pocket to help hold a pouch. Pregnancy bands are another good option. Another strategy are sleeveless tee shirts or camisoles with moderate compression. These will help make a pouch almost invisible even under dress shirts and blouses.

A number of companies provide plain and rather sexy abdominal binders, underwear, and swim suits to help conceal ostomy pouches.

### **SCISSORS-**

Ostomy scissors make pouching a lot simpler and prevent inadvertently piercing a new pouch. Most companies will provide scissors with their initial samples. Ideally scissors will have dull tips and a slight curvature to make cutting circular shapes easy.

### **OTHER SPECIALTY PRODUCTS-**

I am amazed every year when I am able to attend a convention focused on ostomies. There are constantly new products coming to the market that address unique problems. Over the years, I have seen plastic rings to push down on the pouch and barrier down around a stoma. These can help assure a good seal at the edge of the stoma. Other products included a round, gel ice pack to help put over your pouch in situations that may result in sweating leading to pouch failure. There are heavy black ziplock bags to put soiled supplies in for total discretion and another system that pushes stool out of a pouch and collects it into a disposable pouch. Another product was developed by an engineer and his father to address a problem they were having when they wanted to put their ostomy pouches in their pants and their waist band was stopping the stool from falling into the bottom of the pouch. They developed a device that fits over your pouch and inside your

pants to create a broad enough gap that allows stool to fall easily into the bottom of the pouch.

To maintain a waterproof seal around your waist and your ostomy, the DryPro can protect a pouch from all moisture and will hold up to extreme water sports.

Products are available to address a wide variety of problems and challenges. If you can identify a problem you are having, chances are that there is already a solution available to address your problem. If there is not currently a product, perhaps inventing one is where your future lies.

### Building YOUR "On the Go Kit"

Everyone with an ostomy should be prepared to manage a pouch change regardless of where they might be. Leaks should be unusual but they can happen. Having everything you need for a change on the go will help you manage when a leak does happen, adds to your confidence, and keeps you doing all the things that are important to you.

Your "On the Go Kit" needs to include everything needed for a change. That should include a pouch. Ideally this pouch can be pre-cut so you don't need your scissors. You will also need your preferred caulking options and any accessories that you routinely use. Keep in mind that a lot of products come in single use sizes. This includes ostomy cleansing wipes, lubricating deodorant, and even skin preps and powder. Two or three folded paper towels are always reassuring to help dry the skin and protect your clothing. If you pack your supplies in a plastic bag with a zip top type closure it can be used to discard your soiled supplies.

Your kit - like your ostomy pouches - needs to be protected from temperature extremes. Do NOT store it in your car. Hot or cold weather can affect the adhesive increasing the chance that your emergency change could turn into another emergency. You do not need to overpack this kit. Think of one change only.

It is a good idea to have a separate kit if you are facing a hospital stay. All hospitals should have basic ostomy products for you but they may not be the brands that you like best. Taking 3 pouch changes with you for any admission is a good idea.

## NEW ADDITIONS TO THE FAMILY

Dr Willie Pickhardt has joined the family at Highlands Oncology. Dr. Pickhardt provides comprehensive urology services. Prevention and early intervention are critical in managing your optimal health. The prostate can enlarge as a man ages and can affect general quality of life. Prostate cancer is another concern. Routine screening of the prostate is 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](http://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

Taylor Garcia, CWOCN candidate-in-training, joined Diana Gallagher as a full partner earlier this year. Highlands Oncology Group is generously supporting her as she pursues completing her post graduate education to earn the highly coveted certification in wound, ostomy, and continence nursing.

Taylor will be out of the office until Christmas. She and her husband, Matt, welcomed Calahan Joseph into their family on September 26. Cal weighed in at 8 pounds and 4.5 ounces and was 21.5 inches long. The family is doing great.

During maternity leave, Taylor will continue her online classes with Rutgers University's Wound Ostomy Continence Nursing Education Program. When she returns to work, she will be one-third through her classes.

