

Stronger Together

COVID-19 CONTINUES



When we last met in February, a lot of us failed to appreciate how important our support group was to individuals and our community. Each week, I have heard from old and new members who

need this group. In the times of COVID, it would be inappropriate to have group. HOPE CANCER is not even available to us for a meeting until after this crisis and even if it was available, there is no way that we could socially distance. So many of our group, are immunocompromised because of age or illness. Your leadership and clinical team miss our

OUR REALITY

Covid is still our reality and we are looking for innovative ways to serve

Page 1

BASIC EDUCATION

Lots to learn...

Lots to help

Page 3

ADDED NURSES

Taylor Garcia and Hannah Malcom are working on CWOCN

Page 8

PRESIDENT-
Ann Hartney

VICE PRESIDENT-
Greg Kittle

TREASURER-
Judy Siefert

SECRETARY-
Paul Sims

**CLINICAL CWOCN
EDUCATORS**

**DIANA
GALLAGHER**

**JENNIFER
JUERGENS**



group as well, but have the serious responsibility to care for our group as a whole. Now that we have endured over 5 months of our "new normal", we have to recognize that no-one can predict when we will be able to resume normal activities. In looking at ways to help fill the gaps in education and communication, this newsletter was one suggestion. We hope to use the newsletter to tie our group together, provide education to new ostomy patients, and if this is helpful, perhaps it can be continued even when we are back to our normal meetings.

Highlands Oncology Group is supporting Diana Gallagher's desire to produce this newsletter. In addition, they have hired our next generation of CWOCNs. Let's all let them know how much we appreciate their contributions to living your best life with an ostomy,

If anyone in our group has not accepted the reality of how serious this disease is, it is time to accept how serious this is. It is not a political issue...it is not going to magically disappear...and it is killing young and old every day. Some of those that have been lost were older or sicker individuals, but others were completely healthy before being stricken with COVID 19. Lives are forever changed. We encourage everyone to be vigilant with mask use, frequent hand washing and social distancing. Maintain a small "bubble" of family and friends who you are comfortable with and confident that they are taking their COVID precautions as seriously as you are..

WEBSITE AS A RESOURCE

The NWA Ostomy Support Group has both a Facebook Page and a website to help support new and struggling ostomy patients. The website, <https://nwanwaostomy.weebly.com>, offers you the latest updates from our group, frequently asked questions and videos.



BEST Ostomy Basic Education Management

Ostomy surgery- whether it is a temporary or permanent ostomy- presents you with a major change in your life. There is a lot to learn but you have resources and support to pave the path to your “new normal”. Be honest with your clinical care team about your challenges and how you are feeling. All feelings are within the spectrum of normal. Some will embrace their ostomy without difficulty but others may struggle as they adjust. Education and support are tools for success. Knowledge is power.

“When you are struggling, do not suffer alone...reach out and get help...life with an Ostomy can be good”

Be careful where you obtain knowledge from. Internet searches may offer accurate information while other sites and online support groups may offer opinion as opposed to proven strategies. Research regarding ostomies is abundant. You deserve information that is based on Evidence Based Practice (EBP), a seamless blend of expert opinion, research and YOUR desires.

Ostomies are necessary for a wide variety of conditions and done for people of all ages. An ostomy may be needed at birth or at any point in the life span. Some people have a single ostomy but others may need two ostomies. Ostomies are named for where in the body they are needed. The name will tell you what part of the body is involved and what output should be expected. The word ostomy means opening and the part of the word before ostomy tells you location and function. The most common types of ostomies are colostomies (an opening into the colon or large bowel), ileostomies (an opening into the end of the small bowel known as the ileum) and urostomies (an opening into the urinary system). Urostomies go by two names and their more descriptive name is an ileal conduit. Each ostomy takes on the function of the body part involved. Most colostomies will eventually produce formed stool while ileostomies will be liquid stool and urostomies will produce urine. Each ostomy has specific characteristics but for now we will focus on basics.

What you see on your abdomen is a stoma. The stoma is actually a piece of your bowel pulled to the outside of the body. It should be pink to red in color and moist. In the beginning, it will be secured by sutures that will dissolve over the first

4 weeks or if it is a loop ostomy, a rod may be placed. Rods are not used as often now because of research but if one is placed, it will be removed by your surgeon or specialty nurse. The stoma is red and most people associated red with something painful, but stomas do not have pain receptors. You may feel pressure as stool moves through the opening (Os) but should not feel pain. If there is pain, it is from the skin around the stoma. This skin, peristomal skin, should look pretty normal when it is healthy. Some people experience a slight change in color from the pressure and adhesives on the pouch but this is within the range of normal. You should NOT see rashes, blisters or skin that is wet and weepy. This is peristomal irritation and prompt intervention is important for resolution as quickly as possible. The standard for irritated tissue is the application of a light dusting of ostomy powder and a spray sealant. This technique is known as crusting. Up to 3 layers can be used but crusting will decrease wear times.

Pouches are odor proof and leakproof when applied properly and changed in a timely manner. Everyone begins with a drainable pouch. The more liquid the output (sometimes called effluent), the fewer days that you should expect the pouch to last. Pouches are made to last a full seven days. However, urostomy and ileostomy patients frequently change twice a week. Colostomy patients, once stool firms up, may use a drainable pouch for the full week. The pouch should collect all output and keep it off the skin. If the seal around the stoma fails, then the skin can become irritated. You will know that the seal has failed, when you sense significant burning and itching around the stoma. When this happens, you need to change the pouch promptly. Even an hour of stool on the skin can cause skin loss.

In the beginning, a pouch change can seem overwhelming, but with practice, it will get easier. For the first few weeks, it is ok to have help from a friend or family member, but the goal is **independent** management. In time and with experience, your change should not take more than a few minutes. If you have any special considerations, please share this with your clinical team. Patients who are rheumatoid arthritis, have had an arm or hand amputated, have had a stroke, experience blindness or a change in vision or any other special needs can learn to change a pouch on their own. A certified Wound Ostomy Continence Nurse will be able to find a pouch that addresses your special needs and allows you to regain your independence.

1. Gather all the supplies that you anticipate using somewhere easy to change your pouch. A bathroom countertop with good lighting and a work surface and a mirror is ideal. You will need a bag for disposing your old pouch and soiled supplies, a few extra paper towels, a guide to measure the size of the stoma, a pouching system, and caulking. Added tools that may be helpful include a tampon for urostomy patients, a hairdryer to help get the skin dry as quickly as possible, and tape or additional adhesive if desired.
2. The first step is removing the existing pouch. You are going to do this slowly and gently using a push/pull technique using a paper towel damp with tap water or a special ostomy wipe intended for cleaning. This is different than a skin prep. **YOU SHOULD NOT USE BABY WIPES OR WIPES TO CLEAN YOUR PERINEUM OR SOAP OR WASHCLOTHS.** All of these can cause earlier pouch failure and skin irritation. With your damp cloth, work an upper edge loose and gently push down on the skin as you lift up on the pouch. Work from the top down to allow the pouch to catch anything that comes out while you are removing the pouch. Before discarding, look at the back of the pouch to see if there were any areas that drainage had escaped the caulking around the stoma.
3. Examine the skin around the stoma for any signs of irritation. If you have hair around the stoma, you will need to shave on a weekly basis. You can use a standard razor and ostomy powder for a dry shave.
4. Measure the stoma. Over the first 4-5 weeks, the stoma will shrink so measuring each week is critical to sizing the opening properly.
5. Cut the opening in the back of the pouch or barrier if using a 2 piece system. The opening should be the size of the stoma plus about 1/8 inch. Caulking or a specialized barrier will fill this small gap. Sometimes, you can get a precut opening once the stoma has stopped shrinking.
6. Apply caulking to the **edge** of the opening that you have cut or around the stoma. Both techniques are correct; it is a matter of choice. Caulking may come in a stick or a ring or in a tube. You can choose whichever option is easier for you. When the skin around the stoma is clean and dry, you can center your pouch or barrier if you are using a 2 piece system over the stoma.

There should be no skin showing around the stoma. NOT HAVING DRY SKIN IS ONE OF THE MOST COMMON REASONS FOR POUCH FAILURE. The hairdryer on cool or warm will help speed the drying process.

7. If you are using a 2 piece system, apply the pouch at this point. It is helpful to hold a warm hand firmly over the stoma and pouching system for a few minutes. You can also use the hairdryer on warm while holding your hand for added warmth.
8. Some people like to use additional adhesive around the edge of the ostomy pouch. Most companies, make strips or semi-circle arcs that serve this purpose or you can use a gentle waterproof tape. Other additional products include absorbent packets for liquid stool, lubrication to help make emptying stool easier and/or ostomy deodorant. You will also need filter covers to go over the gas filter in most fecal pouches. Gas filters are made with charcoal and only work until they get wet from a shower or from stool from inside the pouch. A 1" belt can be added to most pouches. As needs arise, there are countless other specialty products.
9. Between pouch changes, empty the pouch when it is no more than half full. Being too full can add weight and cause the pouch to pull loose. Ideally empty directly into the toilet.

Special Considerations

OSTOMY OUTPUT- A urostomy should produce urine every few minutes around the clock. For the first several weeks, the urine will drain from the opening and through stents that are placed during surgery. The urine should be pale yellow, clear not cloudy with strands of mucus visible in the pouch. Ileostomy stool will normally be liquid but it should not be simply colored water. It should have some substance but pour easily. Ileostomies will produce stool frequently (every 10-30 minutes) is not unusual. Colostomies will have liquid stool for the first few weeks and as stool normalizes, a pattern should emerge with output daily to every other day. The average number of stools with Americans is 3 times a day to once every 3 days. IF OUTPUT IS LESS THAN NORMAL, CONSULT YOUR CLINICAL TEAM FOR THEIR RECOMMENDATIONS.

HYDRATION- Everyone should adequately hydrate for optimal health. However, it is especially important for new ileostomy patients. They no longer have the benefit of the large bowel to reabsorb water from the stool. Because of this, it is critical that they adequately hydrate. Dehydration is one of the most common complications experienced by a new ileostomy patient. In severe cases, readmission to the hospital may be necessary. It is recommended to drink 2 - 2.5 liters of uncaffeinated fluid. One of the best measures of hydration status is to monitor the color of your urine. Urine is ideally a pale yellow; darker urine indicates dehydration. Thirst is another good indicator. If you feel thirsty, you are already edging toward dehydration. A good first step would be to drink an electrolyte or sports drink like a low sugar Gatorade or Poweraid mixed half and half with water. You can add a tsp of salt to the solution. Other hydration options may be available in nutrition shops.

DIET- Good nutrition is important for everyone and impacts optimal healing. After any surgery, diet is gradually advanced as tolerated. What you eat will impact what can be seen in your ostomy pouch. After surgery, it is recommended that you eat frequent small meals. If you do not have a good appetite, supplements may be needed. Certain foods will cause you to have more gas which early on can increase abdominal pain in the first week or two. Other causes of increased gas include gum chewing, using a straw, talking while eating and any activity that causes you to swallow air. There are resources that severely limit food options but the reality is that ostomy patients can eat pretty much anything that they would like providing that they chew their well, eat a normal serving size and cut food into smaller pieces.

Food is also a great way to help normalize the consistency of stool. Fruits, juice, and high sugar items should help cause stool to be thinner. For stool that is too thick, there are foods that will thicken stool. Common choices include applesauce, bananas, rice, pasta, cheese, potatoes and anything that tends to absorb water.

Ileostomy patients may benefit from eating several large marshmallows 5-10 minutes before changing an Ostomy pouch.

GROWING TEAM OF CLINICIANS AT HOG

The reality that more practicing CWOCN specialty nurses are needed in NWA. Currently, Jennifer Juergens, BSN, CWOCN, CFCN provides inpatient care through Northwest Medical System but is not able to see outpatients. Diana Gallagher, MS, BSN, CWOCN, CFCN heads the WOC clinic at Highlands Oncology Group. At this time, Washington Regional and Mercy do not have certified nurses but WRMC does have a team working toward certification.

We have encouraged all facilities to seek, train, hire and support the addition of CWOCNs for years. We are thrilled that Highlands Oncology Group not only supports an outpatient WOC clinic, but now has hired a second nurse to meet the demand. Taylor Garcia, BSN, CWOCN candidate has worked with Diana for the past 3 months and is now enrolled in the WOC program at Rutgers University working toward full certification. Her classes began in late August. In addition, a third nurse, Hannah Malcolm, is working toward her CWOCN certification through the Emory Nursing Education Program. Hannah is currently working as an infusion nurse but will be joining the support group once we can resume meetings.

YOUR OSTOMY TEAM

Having the best team will help assure having the BEST outcomes. In addition to your primary care physician and surgeon, it is advisable to partner with a certified wound, ostomy, continence nurse (CWOCN). These specially trained nurses will ideally provide education and stoma site recommendations BEFORE surgery and help you obtain ostomy samples from several ostomy manufacturers so that they are waiting for you at home once you are discharged. They will then continue to follow you post operatively adding to your understanding on how to manage your ostomy and provide continual support. If you are a surgical patient at Highlands, your visits are covered for the first 90 days after surgery with no additional charges. Currently, the only outpatient ostomy clinic with CWOCN nurses is at Highlands Oncology at the Futrall location, 3352 N. Futrall, Fayetteville, AR. If you are a HOG patient, a simple in-system referral will secure your first appointment. If you are an outpatient referral, your physician or surgeon can fax a referral to the attention of Diana Gallagher or Taylor Garcia at Highlands (479-319-4147). Additional team members may include an oncology specialists, gastroenterologists and dieticians.