

C-M-E Ostomy Chapter

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The Marsupial

DECEMBER 2024

Charleston • Mattoon • Effingham Area Ostomy Chapter

December Meeting

Our next meeting is our annual **CHRISTMAS PARTY!!**

5 pm • Thursday December 12, 2024

Airport Steakhouse Meeting Room

410 Airport Road Mattoon, IL 61938

We'll meet at 5 pm and have a nice meal at The Airport. Sarah Bush Lincoln will buy everyone a piece of pie again this year! The pie there is **AMAZING!** Bring wrapped homemade goodies or small \$5 gift for the gift exchange! Of course we will be playing Christmas Bingo again! It's always a great time and relaxing atmosphere. *Can't wait to see you all there!*

If you have a topic you would like added in the Newsletter please send me an email!

I'd be happy to address any questions.

Email Debbie Murray: dmurray@sblhs.org



Trouble Shooting for Ostomy Issues

Have they measured the stoma recently and are they cutting the opening no more than 1/8" larger than the stoma

Are they emptying pouch before 1/2 full?

Are they cleaning skin with warm water only?
Soaps may leave residue

Are they removing wafer gently?
• Recommend ostomy adhesive remover wipes/spray

Is there a crease/fold/scar near the stoma?
☑ Yes: use an ostomy ring by placing around opening cut out on back of wafer or directly onto skin around stoma

Is the skin dry when applying the wafer?

Is the skin open and weepy?
☑ Yes: perform crusting procedure during appliance change:
1) Sprinkle stoma powder and spread evenly with finger. dust off excess powder
2) Spray no sting barrier film over powder or dab with finger wet with water
3) Repeat above steps x2
4) Allow to dry and apply wafer

Wound Care Learning Network

Copy for this fact sheet was provided by Laura Suoboda, DNP, APNP, FNP-C, CWOCN-AP. Designed by Karlin Hartung

Ask a Nurse

The Phoenix Spring 2024

Pooping after ileostomy

I had surgery almost three months ago. My surgeon told me to expect mucous from my rectum, but what's coming out is brown and looks just like poop. I was also told that the mucous would be clear. Is this normal? Should I see my surgeon again?

~ K.C.

Dear K.C.

The distal bowel is rarely completely empty after surgery. Therefore, some of the residual intestinal contents (stool or mucous) will come out. In addition, some of the superficial intestinal lining sluffs (like skin cells) as the mucosa matures it will come out. This material will accumulate until it is large enough to be passed. I expect your distal discharge will diminish with time. The actual color is usually not significant. If you have concerns, you should address them with your surgeon. If he is concerned, he can examine your distal bowel with a small scope.

Food Intolerance

I had ostomy surgery four months ago. Everything I eat makes me sick to my stomach and I get stomach cramps. Is something wrong or is this normal?

~ C.M.

Dear C.M.

This is not normal but not uncommon in the early postoperative period. The drugs we use and the changes in your intestine can affect your taste buds and a period of nutritional deficiency (eating less around the time of surgery) can lower your nutritional status. If your body proteins are low, the intestine may not work well. Discuss this with your physician and have them check your weight, serum protein and nutritional levels.

Anal Discharge after Ostomy

I had ileostomy surgery for ulcerative colitis about two years ago. I had my colon and rectum removed, but I still have my anus. My problem is that I get regular discharge of mucus from the anus. If I sit for a long time, there can be a quarter-size wet spot on the back of my pants. Is it normal surgical procedure to leave the anus? Is it normal to have the mucus discharge? Is there any treatment to address the discharge?

~ J.R.

Dear J.R.

Leaving the anus (last two inches of the bowel) or rectum (the ten inches of bowel before the anus) is common in ulcerative colitis surgery for a number of reasons. First, it results in a smaller operation and one less location to heal. This may be important if you were very sick at the time of surgery (high dose steroids, malnourished or on biologicals, etc.).

Second, once you take out the anus, you can't put it back. Many patients are not ready to make the decision for a permanent stoma when they are sick and facing surgery. Finally, leaving the anus or rectum allows one to reconstruct the bowel to make an internal pouch when you are healthier. If portions of the anus or rectum are left, the mucosal lining continues to secrete mucous. In normal anatomy, this comes out with the stool. In the absence of stool, some of the mucous is absorbed but most has to come out. In addition, as described in the previous questions, disuse of diversion proctitis may develop which can lead to increased mucous production.

Small enemas, topical fatty acids or steroids may help reduce the inflammation. You can also place half of a cotton ball or a small piece of toilet paper between your cheeks to absorb the moisture. If the drainage is too bothersome and you desire a permanent ostomy, removal of your anus or rectum will resolve this problem. The operation may be small or large depending on how much bowel was left.



How does an ostomate go to the bathroom?



People with ostomies have to urinate or defecate from their stomas into a disposable pouch that rests on the outside of their bodies. The "bags" look similar to this

Technology has come so far, though, that ostomy appliances are rarely noticeable to other people.

Depending on what type of pouch system an ostomate uses, the pouches are either drained into a toilet, rinsed, then reused for one or two days, or they are disposed of once filled.

Some ostomates have control of their output, others do not.

Key ostomy terms:

A-Z

os-to-mate

noun \äs-tə-mät\

An individual who has undergone an ostomy

sto-ma

noun \stō-mə\

An artificial opening, especially in the abdominal wall, made in surgical procedures

from Merriam-Webster

Some key ostomy numbers:



American surgeons create an estimated 120,000 new stomas each and every year.

From the American Society of Colon & Rectal Surgeons

What type of limitations does an ostomate have?



Not many. The majority of ostomates live happy, productive, active lives like anyone else. Most of the time, you wouldn't even know a person was an ostomate, unless they told you so.

They do have a few minor restrictions on diet and specific types of strenuous or high-impact activity, but, other than that ...

the sky is the limit.

Ostomates run marathons. Ostomates swim. Ostomates climb mountains. Ostomates have sex. Ostomates travel. Ostomates SCUBA dive. Ostomates have kids. Ostomates act. Ostomates model fashionable clothes. **Ostomates do just about anything you can imagine.**



This infographic was created, with love and respect, by **Finnegan Medical Supply**. It was inspired by our ostomy patients. We are in awe of them and the countless others around the world who are **living their best lives** — with dignity, passion, and courage.

#GetYourBellyOut

The Ultimate Ostomy Explainer

Answering your friends' frequently-asked questions, so you don't have to!



1 What is an ostomy?

An ostomy is an opening in the abdomen — created through surgery — that connects an organ to the outside of the body. Its purpose is to divert body waste away from malfunctioning or non-functioning parts of the digestive or urinary system.

2

Are there different types?



A **colostomy** connects the colon to the outside of the body, diverting stool from diseased or damaged sections of the digestive tract.



An **ileostomy** connects the small intestine to the outside of the body. As part of this surgery, the colon and rectum are often removed.



A **urostomy** diverts urine from a diseased or damaged section of the urinary tract. With this surgery, the bladder is sometimes removed.

The 3 most common types of ostomy are ▲

Some ostomies are temporary.
Some ostomies are permanent.

3 What types of illnesses or injuries lead to ostomy surgery?

Common reasons for colostomy

- Diverticulitis
- Crohn's disease
- Cancer of the bowels
- Obstruction of the bowels
- Trauma & injury
- Bowel incontinence

Common Reasons for ileostomy

- Crohn's disease
- Ulcerative colitis
- Familial adenomatous polyposis
- Total colonic Hirschsprung's disease
- Colorectal cancer

Common Reasons for urostomy

- Bladder cancer
- Spinal cord injuries
- Malfunction of the bladder
- Birth defects
- Spina Bifida

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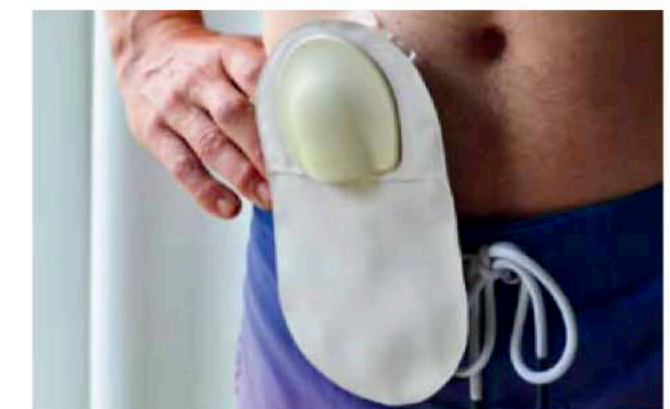
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Traveling with an Ostomy

The Phoenix Magazine (Summer 2024)

Seasoned traveler and urostomate shares his tips and tricks

By Robert Winfree, PhD

My life as a urostomate began almost 5 years ago with the surprise diagnosis of bladder cancer just a few days before I'd been scheduled for two weeks of canoe camping in the Alaska wilderness. My urologist was also scheduled for travel, so they cleared me to continue. It was a trip of the lifetime, but I couldn't help wondering how my life would change when I returned home to chemotherapy and surgery. Today, all I can say is, "It's all been a trip, but life has never been better." Really...but let me explain.

Two Scary Alternatives

Many conditions can result in our gaining an ostomy at any age, but ostomy surgery is, at best, a choice between 2 scary alternatives. Yes, complications happen and I've probably had more than my fair share, but the quality of an ostomate's life depends a lot on what we learn and what we do with that. My life changed, but I was determined to keep traveling with my family, so I studied, experimented, and learned a lot about how to travel comfortably with a urostomy. Let's see what this worked for me.

It's really important for us to know that, after any type of ostomy surgery, we'll always be at increased risk of hernia. I earned my small-hernia badge while I was still recovering from surgery- I sneezed and popped a few stitches.

Convatec me+ has a great recovery guide with exercises that I still use to strengthen my core musculature. It's also a good idea to protect our peristomal area with a firm waistband or ostomy belt when traveling and lifting luggage. I can even wear my elastic waistband from EverydayOstomy in the pool and shower.

Extended Flights and Trips

During a flight I'll want to drink plenty of water, walk around and use the toilet frequently to keep my kidneys flushed and to avoid deep vein thrombosis. I try to book an aisle seat on every flight, but sometimes we can't get up whenever we want. I've used just about every leg, thigh and catheter drainage bag available to allow me to sit for long periods. Large capacity bags are good, but a 1-liter leg bag weighs over 2 pounds- it can easily slip down the leg and even disconnect.

My first solution was to wear a gauze leg-bag sleeve over knee-high compression socks. Folding the top inch of my compression sock over the sleeve secures everything in place. Bag sleeves have a side pocket and a hole at the bottom for the valve to poke through. To drain a leg bag, I place my shoe on the toilet rim (over a piece of toilet paper) and then open the valve. (In a pinch, there are single-use disposable urinal bags that hold a gelling agent to congeal up to a pint of any fluid.)

Leg bags work okay with long pants, but not when wearing shorts. Thigh bags never seemed to stay in place for me, but Cathwear makes pocketed undershorts for drainage bags that worked well for me in the tropics. I was able to place a 600 mL leg bag into either of the two elastic pockets and wear regular knee-length hiking shorts over that.

I try to stand up frequently whenever I'm wearing a drain bag, because tubes can easily fold, kink, stop draining, and even disconnect when I sit down (it's happened to me). A simpler solution that avoids running tubes below my pants is to connect to a regular night drainage bag in a shoulder-carried Privy Bag by Chameleon Ostomy. I shorten my 'day bag' tube for simpler drainage and discreetly connect the tube under my shirt. I also cover the hose with a zippered neoprene cable connector that I run behind my suspenders and clip to my pouch cover with a plastic sheet clamp that comes with my drainage bags.

The Chameleon Ostomy Privy Bag comes in two sizes. My personal preference is to use the smaller size with a 2-liter night bag for work and travel and the larger size (which conveniently holds even 4-liter night bags) at night, but either one works fine for both purposes. At bedtime, I lift my night bag slightly to hang it from a coat hanger slipped below my top mattress. Chameleon Ostomy's watertight Privy Bag liner prevented a leak when I forgot about closing the bag valve until I went to drain it later. I don't want to risk soiling anyone's mattress, so I also lay a large, flocked vinyl



A Place for Everything

My first trip as an ostomate was supposed to be only one week, but a family emergency delayed my return for another two weeks. I was literally down to my last pouch change when I received an overnight package from home with more supplies. Since then, I've made sure to pack twice as much as I expect to need in one carry-on bag and then add a full month of critical supplies in a second carry-on. In the USA, air passengers can normally carry on a second bag of medical supplies with out charge (at the gate agents's discretion), so I never risk necessary checking in my medical supplies. I carry my supplies in the Explorer Ostomy Travel Bag from Chameleon Ostomy. It looks like a computer case, but has been expertly designed by an engineer who is an ostomate himself. I can fit a full month of supplies inside along with a tightly rolled change of clothes, a pack of bath-size cleaning wipes and a plastic trash bag (for wet clothes). I also carry extras of all necessary medications, including emergency antibiotics prescribed for travel by my doctor.

Complete and compact

When packing, I'll put all my supplies for a single pouch change into a one-quart zippered freezer bag that fits (folded) in a jacket or pants pocket. Each kit contains a barrier and pouch, adhesive extenders, barrier wipes, adhesive remover wipes, an extra-large cleaner wipe, a flattened toilet paper tube, folded paper towels (for a clean changing surface) and a small dog waste disposal bag. I usually use Smith & Nephew skin prep and Remover wipes at home, but Torbot Skin-Tac adhesive barrier wipes and Torbot Tac-Away remover wipes provide extra-strong leak protection when traveling. Wipes are compact and contain the same solvents as same-brand sprays but they are much easier to carry through security. I keep ten complete

mattress protector under my body before settling in. I've marked my name on the pad so I won't lose one when housekeeping staff change bedding, but disposable puppy pads will work too. Pads work on car seats too.

change kits in my Explorer Ostomy Travel Bag, along with an equal number of StomaGenie caputure cartridges to keep my skin clean and dry while changing. (In a pinch, I can stuff the flattened toilet paper tube full of tissues and use it to contain waste during a change.)

Sleeping Solution

I normally clean my day and night drainage bags with vinegar, but that's hard to carry while traveling. Instead, I dissolve a Polident denture cleaner tablet in a small glass of warm water and pour that mix into the tube with a small funnel or a squirt bottle. Polident tabs are foil-packed so they trip metal detectors. I carry a pack in my medical supply bag that will go through the X-ray scanner.

Signs of the Times

I usually wear my UOAA card on a sunflower lanyard that is increasingly recognized as a sign of an invisible disability. It helps with early boarding and facilitates my carrying extra bags past the gate agent.

Before walking into a security scanner, I'll point to my stoma and any tubes underneath my clothes and say "I have a medical device from here to there." If they ask what, I'll just say, "Ostomy." It speeds things up if I'm pre-certified for the TSA PreCheck line and if I've drained the urine from my pouch and bag before going through security. I usually run my clean and dry Privy Bag through the x-ray machine separately and wait to connect myself after security. Some security people are still unfamiliar with the work 'ostomy.' Several have asked to look in my Privy Bag. A few passed a wand over me. Some wanted visual proof that the hose really does connect to a pouch on my belly. Oh well...they have an important job and I fully cooperate. There's never been reason for fluster as it all goes surprisingly fast.

Okay, we've gotten to our destination, close to home or halfway across the world. I make sure to take plenty of smiling selfies of myself, friends and family, especially in scenic locations. We'll treasure the pictures later. We're ostomates. Life is good.