

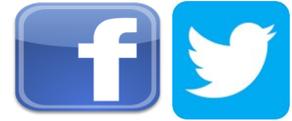


AFFILIATED SUPPORT GROUP

Affiliate Group #004

Clearwater Ostomy Support Group

www.clearwaterostomy.org
clearwaterostomy@gmail.com
SUPPORT LINE 727-490-9931



JULY 2024

Next Meeting

Saturday, September 21, 2024

Support Meeting 10:30 am

The Masonic Lodge
1145 Highland Ave NE
Largo, FL 33770

UPCOMING EVENTS

2024 MEETING SCHEDULE

Subject to changel

September 21

October 19

Future dates and locations are still to be determined and confirmed.

the President's Message

Hi Everyone,

I want to thank you all for being at our last meeting. We decided as a group to skip our meetings for July and August because of all the planned vacations. We do hope to see even more ostomates and friends at our September meeting.

Don't forget our new website is live at ClearwaterOstomy.org. You will find lots of helpful information there too!

Looking forward to seeing you there!

Blessings,

Marilyn



Our meetings are open to new ostomates, the experienced ostomates, the caregivers, the families, the healthcare workers, the support persons, the nursing students, the social workers and anyone who has a connection with ostomies and would like to join us. We welcome you all!

TIPS & TRICKS

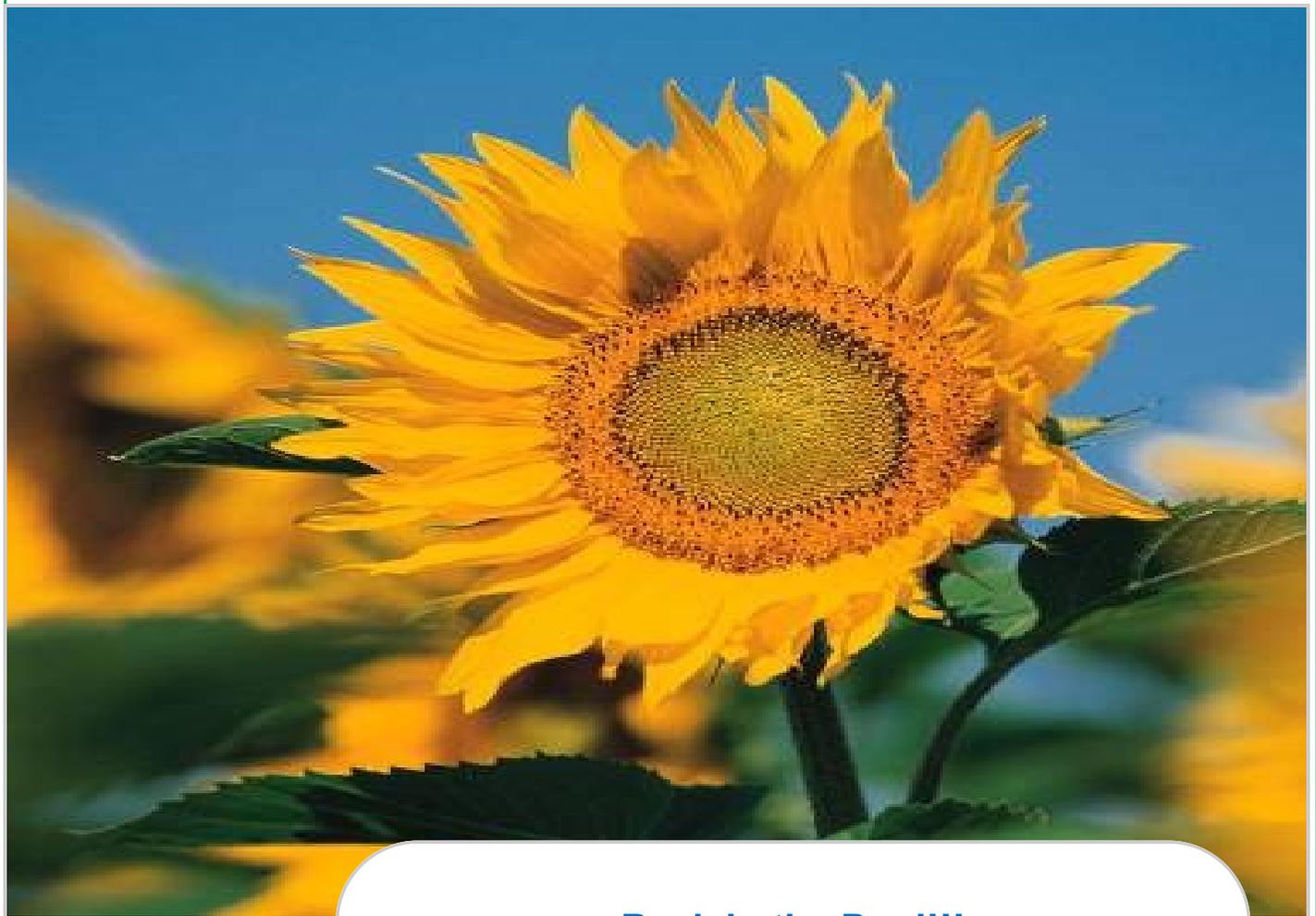
Ostomy Vacation Tips

- ◆ Packing: Take twice as many supplies as you think you may need in your carry-on case along with a change of clothing for emergencies.
- ◆ Separate liquids from tape, pouches and flanges.
- ◆ Include baggies or plastic bags you can tie for disposal of used pouches.
- ◆ Make a list of the supplies you use with stock numbers plus the name and number of your supplier
- ◆ Take a list of ostomy support groups where you plan to visit.
- ◆ Protect supplies from extreme heat and cold.
- ◆ Request an aisle seat close to the bathroom.
- ◆ To counter dehydration drink a glass of water or juice every hour.
- ◆ Ask the airline about an extra handbag allowance for medical supplies.
- ◆ An Arizona woman with an ostomy tells us that many people in their hot climate place a thick white towel over their lap while driving or sitting outside in a lawn chair. This helps keep some of the heat from the sun getting to the skin barrier, reduces leaks due to the skin barrier melting and extends the wear time of their pouching system.

WHEN TO CALL A DOCTOR OR WOC NURSE

1. If cramps last more than two or three hours.
2. If you get a deep cut in your stoma or bleeding at the juncture of the skin and stoma.
3. If you have excessive bleeding from the stoma opening or a moderate amount in the pouch after several times emptying.
4. If you have a strong odor lasting more than a week.
5. If you have severe skin irritation or deep ulcers.
6. If you have severe watery discharge lasting more than five or six hours.
7. If you have an unusual change in the size or appearance of your stoma.





Back in the Pool!!!

Swimming is an excellent exercise and activity you can enjoy with family and friends. So, why are so many of us afraid to get back into the water?

Here are some of our issues and solutions.

I'm afraid that my pouch will leak or come off while I'm in the pool.

This is by far everyone's number one concern. The thing to remember is that your pouching system is designed to be leak-free and water-proof, and your wafer adhesive actually gets stronger in water. As long as your seal is strong and intact, strap on your swim fins and jump in.

Check out these tips:

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1. Don't go swimming immediately after you have put on a new pouching system.
2. Make sure your pouch is empty.
3. Picture framing your wafer with water-proof tape isn't necessary, but may give you the extra confidence you need.
4. Avoid wearing pouches with filters in the pool. Water may get into the pouch through the filter. Filters may become ineffective after they are wet. I'm concerned that people will be able to see my pouching system under my swimsuit. Dark colored suits with a busy pattern will camouflage your pouch better than light colors like white or yellow, which can become almost transparent when wet.

Consider the following tips.

1. Women, choose a suit with a small, well-placed ruffle or skirt.
2. Men, choose a suit with a higher cut waist or longer legs. Add a lycra or spandex undergarment. (This can go for women as well).
3. Consider a tank top to cover any scars and /or a waist high stoma placement.
4. Colostomates who irrigate may wish to wear a smaller, non -drainable pouch.

I'm embarrassed about changing into/out of my swimsuit in the locker room and people noticing my ostomy pouch. If you are a little modest, try to find a spot that is out of the way or a time it is less crowded.

Some tips follow:

1. You may wish to change and towel off in a convenient bathroom stall.
2. Put on a dry, oversized shirt as a cover-up while you change.
3. A dry suit is easier to take off than a wet one. Relax by the side of the pool with a good book or a talkative friend before heading for the locker room.
4. Wear your swimsuit under a jogging suit/sweat pants and don't worry about changing it at all.

What about using the hot tub or Jacuzzi? Go ahead. Again, as long as your pouch seal is good and your pouch is empty you should have no problems with your ostomy.

General Tips:

- ♦ Take it slow the first time out. Save those strenuous swims and dives until later.
- ♦ Always leave a little air in pouch, to permit stoma drainage to fall down into the pouch.
- ♦ When sun bathing, take a magazine or book to the pool. Lay it open over your pouch to protect your pouching system (wafer) from the heat of the sun. • Test your pouching system...fill the bathtub with water and soak for a few minutes.



Factors Which Influence Ostomy Function

Quite often patients experience a sudden reversal in normal ostomy function due to medications or treatments they are undergoing. The following information might be helpful to keep in mind.

Antibiotics -

These often cause diarrhea, even in patients without an ostomy. Ostomates are no exception and, if the problem becomes severe, notify your physician immediately. In the meantime, keep Gatorade or a like drink on hand to maintain adequate electrolyte balance.

Pain Medications -

These are often constipating; extra irrigations or laxatives or stool softeners might be required by colostomates to combat the side effects. Perhaps the dosage can be reduced to eliminate the situation. If not, consider one of the above alternatives.

Chemotherapy -

Many cancer patients have follow-up chemotherapy after surgery or as an alternate to surgery. This often produces nausea and/or vomiting. Gatorade is again good to keep on hand for electrolyte balance.

Radiation Therapy -

This often produces the same effects as chemotherapy. Treat accordingly.

Travel -

Travel can cause constipation in some patients and diarrhea in others. Be aware that these are possibilities.

An altered diet when travelling accounts for some of this, plus the excitement of new surroundings. Allow sufficient time for irrigations and take along an antidiarrhea medication. Check with your doctor if you are not familiar with what works for you to control diarrhea.

Antacids -

Those with magnesium can cause diarrhea. You may want to ask your doctor to suggest an antacid with aluminum rather than magnesium. Drink plenty of fluids. Tea is always a good source of potassium (so are oranges, bananas and potatoes). Coca Cola also contains some potassium. Bouillon cubes are a good source of sodium. Gatorade is used by athletes for electrolyte replacement. It is better served over ice.

Remember some of the signs of electrolyte imbalances are irritability, nausea and drowsiness. Be prepared and prevent this problem when possible. Keep well hydrated with adequate fluids of all types - water included.



HANDY HINTS from HERE and THERE
a DECADE AGO & STILL RELEVANT!

COLOSTOMY

- ◆ Prune juice or grape juice in the morning or at night followed by a warm liquid such as tea or warm water may help relieve constipation.
- ◆ If you have not drunk much water during the day, it would be wise to drink an extra glass or two of to make sure your tissues will not absorb so much that you may be left with little or no return.
- ◆ If you do not irrigate, you may find that drainable two-piece appliances (as worn by ileostomates) may be more economical than throw-away pouches. The two-piece appliance has a face-plate that will last for longer period, 7 - 10 day. The pouches, if cleaned and dried, will last even longer. The appliances will stay in place, without changing, for several days. Before making a permanent change, you should make sure it is cost-effective and stoma friendly.
- ◆ Antihistamines in allergy medications can slow down bowel motility. If you become constipated while on antihistamines, consult your physician who might suggest an alternate medication.
- ◆ If you find that your stoma gurgles a lot, try eating the solid food first at mealtime and then drinking your beverage. But do not avoid fluids altogether.
- ◆ Treat constipation just as people without colostomies do. Adequate fluid intake, a diet including bulk or residue-

producing foods, and physical exercise are all necessary for the production of "normal" bowel movements. If a laxative is needed and prescribed by a physician, you should wear an odor-proof drainable pouch with an adequate skin barrier for the time the laxative is having effect. After completing the course of medical treatment, you should be able to resume your usual ostomy care.

- ◆ If you have a problem with your belt catching on the top of your, try this idea. When applying a wafer, rather than placing it with the top edge parallel with your belt, rotate the wafer 45 degrees so the corner points up and down, like a diamond. That way the belt goes across the top corner of the wafer and holds the wafer in place.

ILEOSTOMY

- ◆ Never assume anything. If you become hospitalized, explaining that you have an ostomy is not enough. Say loudly and clearly that you do not have an anus or anal opening, that you cannot have laxatives or preop enemas, and that cannot permit rectal thermometers or rectal procedures. Make sure the doctor has it written on his orders (Editor's note: This is also for colostomies who do not have an anus or anal opening).
- ◆ Drink plenty of fluids in order to avoid dehydration.
- ◆ Chew every mouthful of food carefully to avoid blockages. Beware of how you eat.

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- ◆ New ileostomates should wear a transparent appliance so they can check on the stoma until everything has healed properly.
- ◆ Avoid eating a number of difficult-to-digest foods at the same time.
- ◆ You may experience hunger more often than other people. When you get hungry, you should drink fruit juice or eat soda crackers, followed by a meal as soon as possible.
- ◆ Never skip meals in order to lose weight. An ileostomy keeps working whether you have eaten or not.
- ◆ If you have had several feet of the terminal ileum removed, you should have your vitamin B12 level checked to avoid a deficiency. Symptoms of deficiency are numbness in the feet, difficulty walking in the dark (or even just walking), and anemia. B12 injections, not tablets, are required. B12 can only be absorbed in the terminal ileum. Ask your surgeon how much ileum was removed during your ostomy surgery - you need to know the number.
- ◆ Gelcaps, capsules, or time-release pellets may not dissolve fast enough to be absorbed by those who have little or no colon. Remind your doctor of this when you need prescriptions.
- ◆ It is normal for your ileostomy to be active 30 minutes after you have eaten.
- ◆ If you are ill and are having diarrhea, eat salted pretzels and drink a sports drink such as Gatorade. Pretzels are unlikely to cause vomiting and the salt helps maintain a good liquid balance. The sport drink helps maintain electrolytes.

UROSTOMY

- ◆ Night drainage is a must. Otherwise you run the risk of urine backing up into the kidneys, which can cause irritation or infection. This is especially important for urostomies with only one kidney.
- ◆ Mucous in the urine is normal. The ideal conduit is made of mucous secreting intestinal tissue. It does not stop doing its job even though it is transporting urine.
- ◆ Empty the pouch before it passes the half-full level. If the bag becomes too full, there is a chance of urine backup, which poses the risk of kidney infection.
- ◆ For women, if a girdle is too tight and causes urine to break out of the appliance, a maternity girdle or the panty part of support hose may have just enough extra space to solve the problem.
- ◆ If you are out of Uri-Kleen, soaking your urinary pouch in straight white vinegar for 30 minutes will kill all common bacteria found in urine.
- ◆ If you lose the small rubber washer on the drainage plug, it can be replaced with one of the small rubber hinges that are used to tighten eye glasses.
- ◆ If the washer on the urinary valve stretches, let it dry thoroughly. It may shrink back to smaller size.

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- ◆ If it is necessary to have a urinalysis (a sterile catch specimen), remind the nurse to take the specimen directly from the stoma, not from the appliance. • Drinking cranberry juice has been found helpful in deodorizing urine. • Leave a little urine in the appliance before attaching it to the drainage tube and container you use at night. By draining this small amount of urine into the night container, you will break the vacuum often present in the tube and thus allow the urine to flow freely.
- ◆ If you have trouble keeping your urine acid, eat more of the following foods, considered to be “acid forming - cornmeal, oysters, rice, cranberries, plums, and prunes. Most of the other fruits and vegetables belong to the “base forming” group.

Problems That Can Happen With A Stoma

Most stoma problems happen during the first year after surgery.

Stoma Retractions: Retraction happens when the height of the stoma goes down to the skin level or below the skin level. Retraction may happen soon after surgery because the colon does not become active soon enough. Retraction may also happen because of weight gain. The pouching system must be changed to match the change in stoma shape.

Peristomal hernia: Peristomal hernias occur when part of the bowel (colon) bulges into the area around the stoma. Hernias are most obvious during times when there is pressure on the abdomen. For example, the hernia may be more obvious when sitting, coughing, or straining. Hernias may make it difficult to create a proper pouch seal or to irrigate. The hernia may be managed with a hernia belt. Changes may also need to be made to the pouching system to create a proper seal. Surgery may also be done in some people.

Prolapse: A prolapse means the bowel becomes longer and protrudes out of the stoma and above the abdomen surface. The stoma prolapse may be caused by increased abdominal pressure. Surgery may be done to fix the prolapse in some people.



Stenosis: A stenosis is a narrowing or tightening of the stoma at or below the skin level. The stenosis may be mild or severe. A mild stenosis can cause noise as

stool and gas is passed. Severe stenosis can cause obstruction (blockage) of stool. If the stenosis is mild, a caregiver may enlarge the stoma by stretching it with his finger, If the stenosis is severe, surgery is usually needed.

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Loads of information can be found at the United Ostomy Association of America website.



UOAA's Main Website -
www.ostomy.org

UOAA Discussion Board -
www.uoaa.org/forum

Facebook: [Facebook.com/UOAA](https://www.facebook.com/UOAA)

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