



The Austi-Mate Journal

Ostomy Association of Austin Monthly Publication
P. O. Box 143383 Austin, Texas 78714

www.austinostomy.org

Gethsemane Lutheran Church
200 West Anderson Lane, Austin, Texas 78752

Next meetings: Thursday, September 7, 2017 @ 7:00 pm
Thursday, October 5, 2017 @ 7.00 pm

President, Newsletter, Website

Amy Sloan Nichols, Ph.D.
512-869-6638

Treasurer

Carol Laubach, RN
512-339-6388

Digital Communications

John Duncanson
512-837-0358

Administrative Assistant

Bonnie Hartford
512-966-6040

Certificated Wound Ostomy Nurses

Karen Hollis, CWON
512-324-1053

Carol Marshall-Hanson, CWON
512-324-1053

Board Members

Kellie Zullig, RN
Mary Meshbane

Medical Advisor

April Fox, M.D.

Ostomy Assoc. of Austin

512-339-6388

ostomyaustin@gmail.com

This bi- monthly newsletter is
available on our OAA website

Printed Courtesy:
The American Cancer Society

Vision: The Ostomy Association of Austin is a volunteer based Non-Profit Health Support group dedicated to providing mutual aid and education, information and advocacy for persons and their families who have had or will have ostomy surgery.

Ostomy surgery is a lifesaving surgery that enables a person to enjoy a full range of activities, including traveling, sports, family life and work. [You Matter](#) ~ Come join us!

.....
We hope you' had a nice summer!

There will soon be a tinge of autumn in the air as summer 2017 winds down. Because we are Texans, we still have some of those glorious warm days ahead ~ enjoy them!

We held a Board Retreat in July and discussed several topics including our vision, mission, roles & responsibilities, budget, and ideas to increase our revenue. We are a volunteer support group and this past year, our expenses have increased considerably. We send Newsletters to a number of people who do not pay dues and this includes many who receive it by email and attend our meetings. We will be discussing this situation and others relating to our budget at our September meeting.

**Have You Paid Your
Dues?**

We had a full house at our August meeting. Great evening of camaraderie, questions, laughter, & support!

September 7th Mtg @ 7:00

Board Retreat updates and Question & Answer Session.

Refreshments: J.T. Boone, Bill and Laura Ludwig, Marina Chavez
Dan Boswell

October 5th Mtg @ 7:00

Refreshments: Jim Chandler, Board Members





Tips and Tricks—Ostomy Tips from Ostomates...

Reviewed by Our Local WOCNs, 2012 Courtesy of the Metro Maryland Ostomy Association's Thrive



Stoma Care:

- If your car seat belt rides over the stoma, use a small cushion/ pillow between you and the belt, or try placing a clothespin at the top of the belt in order to wear the seat belt more loosely without losing the safety of the belt.
- Sometimes the stoma moves in and out - this is called peristalsis and is the natural movement of the intestine.
- Almost impossible for a stoma to get infected. The natural coating of mucus keeps bacteria from sticking.
- Don't be afraid to take a shower without your pouch. Soap cannot hurt the stoma. Rinse your skin well. Hold a cold compress over the peristomal skin for a few seconds (closes the pores), then apply your appliance.

Skin Care:

- Common causes of skin irritation are: leakage from effluent onto the skin, allergic reactions to the adhesive material in a wafer or tape, or improper hygiene.
- Cleanse, rinse, and pat skin dry between pouch changes
- Avoid oily or fatty soaps (e.g., Dove) that can leave a film interfering with proper adhesion of the skin barrier. Also, Ivory soap is too dry for the skin.
- If correctly applied, a wafer will usually prevent leakage. See your WOC nurse if leakage occurs. If your skin is uneven due to scarring or indentations, use paste, barrier rings, or strip paste to fill in the depressions to make a smooth pouching surface
- If the skin under the wafer becomes red, open, or blistered—remove the wafer, clean the skin and apply skin barrier powder followed by a non-alcohol skin sealant until the redness/open areas clear up.
- A pinpoint red rash under the wafer is usually a yeast infection (quite common) and must be treated with antifungal powder. Call your MD for a prescription.
- Use a hair dryer on cool setting to dry a rash/open skin— never use a heat lamp which might burn the stoma and the surrounding skin.
- Avoid skin creams and ointments under your wafer as this will interfere with the adhesion.
- When removing the wafer, do not peel it away from your skin. Push the skin away from the adhesive.
- For itching under the wafer or tape, mix 1 part white vinegar and 3 parts water; apply gauze sponges, soak the skin for 5-10 minutes or use the solution in a spray bottle. Dry the skin well before applying the wafer.

Word Play

- **When fish are in schools, they sometimes take debate.**
- **When the smog lifts in Los Angeles, U.C.L.A.**
- **The professor discovered that his theory of earthquakes was on shaky ground.**
- **A bicycle can't stand alone; it is two tired.**
- **He had a photographic memory which was never developed.**



Urostomy Complications

Via Ostomy Association of Austin Newsletter, 2013



Urostomates have a high incidence of complications, some occurring after 10-12 years. Most complications are gradual. Probably the most common complication is caused by an ill-fitting pouch.

Urine that accumulates on the skin around the base of the stoma may become reddish-brown with raised, thick, leather like areas. It is important to have a faceplate or pouch opening that fits to within an eighth of an inch of the stoma to prevent this and other long term complications. If the reddish-brown growth is extremely bad, it may be treated with soaks of white vinegar three times a day for three or four days. Vitamin C, taken according to directions on the bottle, may also be helpful to acidify the urine. Alkaline urine on the skin is irritating. If these measures are not successful, a revision of the stoma is an alternative.

Encrustations or sand-like deposits on or around the stoma are another complication. When these deposits are noticed, start to increase your intake of cranberry juice. Vitamin C is also good and your physician may order Mandelamine to increase urine acidity even more. Orange juice is not recommended because of the high alkaline ash residue. One part vinegar to 2 parts water sloshed over the stoma helps if done once or twice a day. This encrustation can clog up the stoma and eventually cause a closure of the stoma.

Recurrent urinary tract infections are prevalent in most urostomates. Most of you know the symptoms: fever, a strong urine odor, decreased output, amber colored urine with a large amount of white sediment. You may need more fluids. You should be drinking at least 64 ounces (two Liters) of water each day. This will reduce infections and prevent kidney stones. Cleanliness is also important.



Anger and Health

Ostomy Association of Austin, 2013

Anger is a dangerous emotion. It is not only unpleasant for those around you, it is a potential threat to your health. Studies have shown that anger produces effects on the heart more severe and long lasting than any other feeling, even fear. Positive emotions that can counteract or prevent the possible damage caused by anger include a positive sense of commitment to what you are doing, control over your environment and a sense of challenge when faced with life's changes.

Antibiotic Side Effects

from UOAA Update, Dec 2011, edited by B. Brewer



Many times ostomates who must take powerful antibiotics suddenly find they have itching and burning under their pouches and have poor pouch adhesion. A side effect of antibiotic therapy can be a yeast infection on the skin around the stoma. You may hear health professionals call this monilia. At first it may appear as tiny white pimples, but in a few days it is a red rash. This is caused by the antibiotic killing some normal bacteria in the body as well as the bacteria causing infection or illness. At the same time you may also notice sores in your mouth, diarrhea, and a similar rash on the perineal area.

Contact your doctor for a prescription of mycostatin or nystatin powder. Put the powder directly on the irritated area. Apply a coat of silicone skin barrier such as Skin Prep or Bard Protective Skin Barrier, etc. Let this dry! Apply your pouching system as usual. Eating foods such as yogurt or drinking buttermilk helps to replace some of the normal bacteria in the gastrointestinal tract.



Reduce Your Risk of Developing a Parastomal Hernia

Via Online Convatec Site www.convatec.com

Did you know?

An estimated 20-30% of people will develop a parastomal hernia following ostomy surgery, with 25% of those requiring further surgery. The following may reduce your risk of developing a parastomal hernia:

Manage your weight

Being overweight is one of the biggest causes of parastomal hernia, as additional weight causes pressure to push on the abdominal wall.

Strengthen your abdominal muscles

People with weak abdominal muscles are more likely to develop a hernia. Always check with your physician before beginning a new exercise regime.

Wear a light support garment

To help boost your confidence while maintaining an active lifestyle. **Ostomysecrets**[®] offers a line of apparel and undergarments that help conceal and support your ostomy pouch.

Stay active

To maintain general physical well-being.

Maintain strong muscles

That help you lift and move more safely, therefore protecting your abdomen. Start with your arms.

Be careful when lifting

When you lift or carry anything, do it safely and with good technique.

Adapt exercises and daily activities. To make sure they're appropriate. Consult your healthcare professional before beginning any new exercise regimen or daily activity.

Stop smoking!

Nutritional Advice and Diet Tips

Via www.convatec.com



Eating well is a big part of living life on your own terms. The good news: having a stoma should not stand in the way of enjoying good food.

There are no set dietary rules for people living with stomas. It may just take a bit of time to find out what works for you.

With the "OK" from your healthcare team, you can eat what you like, when you like. Here are some general guidelines

Eat regularly

- Drink plenty of fluids
- To avoid blockages, chew your food well
- Ask your ostomy nurse or a dietician if you need to take vitamins
- After surgery, try new foods one at a time, in small quantities. If there is a problem (such as gas), you can make simple adjustments that work for you.
- Most importantly, enjoy your food!

Questions and Answers

Ostomy Association of Austin 2013



How often are stomal revisions required?

The need for reconstruction of a colostomy occurs infrequently, probably less than 5%. The need for reconstruction of ileostomies, on the other hand, occurs much more frequently -probably between 10% and 15%- This is due to a number of reasons:

First of all, average age of ileostomates is much younger than that of colostomates, so they must live with their ostomies for a much longer period of time during which factors can arise necessitating stomal revision (e.g. massive weight gain, trauma, unrelated disease and the like.)

Secondly, many of the diseases for which ileostomies are done tend to recur and can sabotage a beautifully made functional stoma. Our old nemesis, Crohn's Disease, is the greatest offender in this regard.

Finally, ileostomies are simply more "finicky" than colostomies, due to the looser and caustic character of the stool at that point in the intestinal tract. Thus they will cause problems unless things are proper.

What is a revision?

The term applies to a surgical correction of the stoma. This may be a small procedure done in out-patient surgery, or it may be a procedure requiring hospitalization. Four common reasons for revisions are: a tight stoma; a prolapse, when the stoma becomes very long and large; a retraction, when the stoma becomes so short that it is below skin level; or in the case of a hernia so near the ostomy that it interferes with management. But please bear in mind that these conditions may be present without causing much trouble, in which case a revision is not needed.

Is it safe for colostomates to take codeine?

Codeine affects muscle contractions and has unwanted effects. It should be taken only on a doctor's advice. Also, colostomates who take antihistamines during the sneezing season may find that these drugs have a tendency to slow down intestinal action and the irrigation process becomes slower. Some report relief from the drug reaction by increasing the fluid intake the day they irrigate, or by eating laxative food.

Should I wash fruits and vegetables with soap and water?

Cold water, yes; soap or detergent, no.



Scrubbing with water (also perhaps a brush) will remove nearly all dirt as well as bacteria and some pesticide residues, if any are present on the surface of fruits and vegetables. There's no evidence that soap is better than plain water at cleaning produce. In addition, soap can leave its own residues, which can cause nausea or diarrhea. Soft items such as mushrooms or strawberries are most likely to retain a soapy aftertaste. Some liquid cleansers claim to be "organic" and most claim (or imply) that they have a special ability to remove pesticides. No evidence has been found to support this. These cleansers are a good way to send money down the drain.

Article Borders:

Yellow - All Ostomy types

Red - Colostomy-related;

Green - Ileostomy-related

Blue - Urostomy related

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Name _____

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Check one: I do ___ I do not ___ give permission for my name to be included in our newsletter or membership directory.

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Membership benefits include:

- Monthly support / informational meetings
- Social events
- The Austi-Mate Bi-Monthly Newsletters



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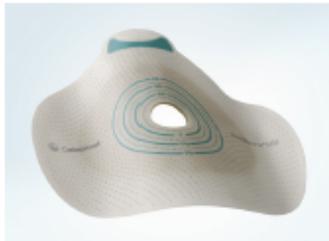
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