

Charleston Area Ostomy Association

February 2015

The purpose of the Charleston Area Ostomy Association is to aid in the rehabilitation of, through visits, educational material, moral support, and mutual understanding. *Charleston Area Ostomy Association is proud to be an affiliate member of the United Ostomy Association of America (UOAA). Visit them at www.ostomy.org or call 1(800)826-0826.*

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Next Meeting

Sunday
February 1, 2015
2:00pm

Meeting Location:

Hansford Senior Center
St. Albans WV



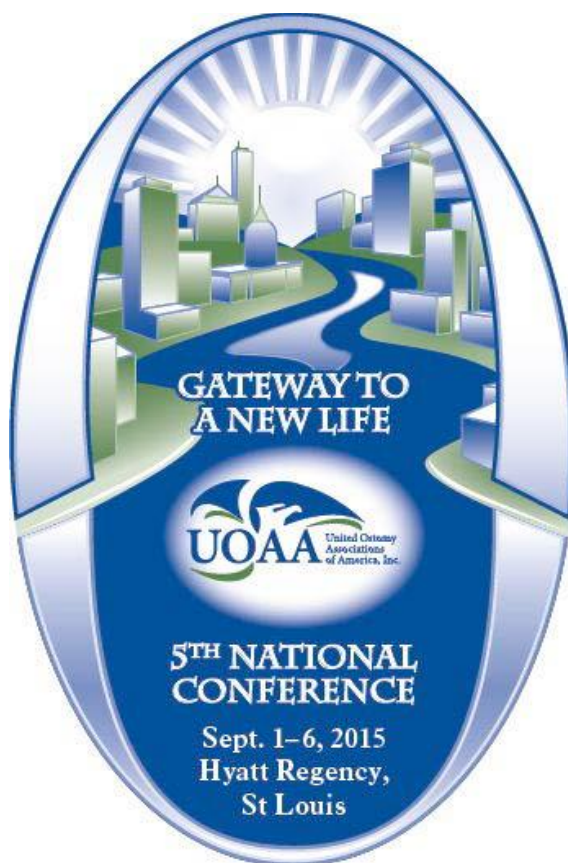
TO ALL WHO RECEIVE OUR

NEWSLETTER Please understand some articles are repeated for the benefit of the content. Articles and information printed in this newsletter are not necessarily endorsed by this chapter and may not be applicable to everyone.

**Please consult your Physician or certified Ostomy/ ET Nurse for the medical advice best suited for you!*

Pouching Problems or Questions about your ostomy care?

For assistance from a certified Ostomy nurse call
(304) 388-9415



It is time to pay your annual membership fee of \$20. If you have not renewed your membership please mail your payment to Rosanne Brooks, Treasurer. If you have a financial hardship but would like to remain a member in good standing contact a board member to avoid interruption of your newsletter.

Three Essential Ostomy Accessories

INTEGRITY Skin Barrier Rings



Extraordinary Comfort & Security

- **Durable** - Product does not melt down from excessive moisture
- Stretchable & fills in skin gaps
- **Affordable** - Costs less than market leading brands

2" Ring Product No. SNS68002

peri-STOMA and Adhesive Remover Wipes™



- **No Alcohol in Formula - No Sting**
- Large Wipe, 5"x7" - Easy to Handle
- No Oils or Aloe in Formula
- No Rinse Required - Saves Time

Product No. SNS00525

SKIN BARRIER No-Sting Wipes



- **No Alcohol in Formula - No Sting**
- Large Wipe, 5"x7" - Easy to Handle
- Economically Sensible
- Protects Skin

Product No. SNS00807

safe'n'simple™
www.SnSmedicalwipes.com

**FREE SAMPLES CALL:
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All items covered by Medicare & most insurance plans.

Insurance plan coverage may vary and may not apply to all individuals.

Driving Directions to the Hansford Senior Center

- From **(Huntington / Hurricane)** MacCorkle Ave (US Rt. 60) turn **RIGHT** at the traffic lights at the Nitro/St. Albans Bridge, turn **LEFT** on 6th Ave. at the lights and follow to Hansford Senior Center.
- Hansford Senior Center from **Charleston / South Charleston**, exit from MacCorkle Ave. (US Rt. 60), turn **LEFT** onto Kanawha Terrace, pass St. Albans High School & turn **RIGHT** on Spring Street to the Hansford Center.
- From Nitro you can take the Nitro/St. Albans Bridge going straight through the underpass, turn **LEFT** on 6th Ave. at the lights and follow to Hansford Senior Center.

The Phoenix
The official publication of UOAA

Keeping Your Pouch Odor Proof

by Victor Alterescu, RNET; via Philadelphia (PA)

The Journal;

and North Central OK *Ostomy Outlook*

Rinsing a pouch out each time it is emptied is primarily a waste of time. For one thing, it takes longer to empty the pouch and you need more materials around you. You also leave more odor in the room since the pouch is kept open longer. The water, especially if it is warm, may open the pores of the pouch material and encourage odor permeation.

Also, rinsing can affect the seal of your adhesive.

Rinsing a pouch after each emptying serves only an aesthetic purpose; the interior of the pouch may be clean but it does not serve a functional purpose. Frankly, it does not matter whether the interior of your pouch is clean any more than it matters if the interior of your colon is clean.

The pouch is replacing an organ of storage, the colon and/or rectum.

The most important portion of the pouch that should be cleansed very thoroughly is the tip of the drainable pouch.

Rinsing the interior can only increase permeation but cleaning the exterior neck

will avoid any odor that may be present as a result of having fecal residue on the end of the pouch. Therefore, I often recommend that a person carry an alcohol wipe (individually wrapped in foil) to clean the tip of the pouch. The pouch is emptied, the toilet flushed immediately, and the lower portion of the exterior pouch cleansed with toilet tissue and alcohol.

STOMA MANAGEMENT

UOAA Update January 2015

Management of a Flush or Retracted Stoma: The ideal stoma is one that protrudes above the skin, but this is not always possible and a flush (skin level) or retracted (below skin level) stoma may result. The surgeon may be unable to mobilize the bowel and mesentery (membrane that attaches organs to abdominal wall) adequately or to strip the mesentery enough without causing necrosis or death to the stoma. Some causes of stoma retraction after surgery may be weight gain, infection, malnutrition, steroids or scar tissue formation.

Stomas that are flush or retracted can lead to undermining of the pouch by effluent (drainage). This continued exposure can lead to irritated and denuded skin, as well as frequent pouch

changes. These problems can be very stressful and expensive.

The inability to maintain a pouch seal for an acceptable length of time is the most common indication for a product with convexity.

Convexity Requirements:

- Shallow - for minor skin irritations and occasional leakage
- Medium - stoma in deep folds; severe undermining and frequent leakage
- Deep - used when medium convexity is not sufficient, stoma is retracted or in deep folds, or leakage is very frequent and skin denuded.

Ways to Achieve Convexity:

- Convex Inserts: Can be applied to a two-piece system by snapping an insert into the ring of the flange. Outer diameter must match the flange size. This can be cost effective as this insert can be cleaned and reused.
- Pouches Designed with Convexity: These are available in both one and two-piece systems. They can be shallow, medium, or deep. They come as either precut, cut or cut to fit.
- Addition of Skin Barrier Gaskets: These are used around the stoma and

can be cut or purchased precut. You can use one layer or several layers.

- Barrier Ring/Strip Paste: These are products that can be pressed into shape around the stoma to protect the seal.

Other Ways to Increase Wear Time and Prevent Leakage:

- Ostomy Belt: Many ostomates find this product to be helpful. The opening should clear your stoma by one-eighth inch only to give the skin maximum protection.
- Ostomy Paste: Use this for "caulking" around the stoma. Always read and follow manufacturer's direction for product use.

URINE SALT CRYSTAL DEPOSITS

By Linda Sanders, CWOCN
UOAA Update January 2015

Urine salt crystal buildup around urinary stomas is one of the most difficult skin care problems for people with urostomies. Urine secretes a certain amount of salt, but whether the urine is acid or alkaline determines the amount secreted. An alkaline-based urine secretes more salt than an acid-based urine; thus, more salt-crystal build-up with alkaline urine.

How can you tell if you have urine crystals? First, they can be seen as a growth, white or light brown in color, around the base of the stoma. The stoma and the area, which the growth involves, are very likely to be tender and sore. Sometimes the stoma will be completely covered by the crystals and can no longer be seen.

What are some of the underlying factors which cause urine crystals, other than alkaline urine? In many cases, two factors are usually dominant. The stoma opening in the skin barrier in all cases was too large, and these patients were wearing a pouching system designed primarily for a fecal ostomy. These two aspects may not always stand true, but in those cases I have seen, these two factors were present. Other aspects include those patients who do not use a night drainage system, thus allowing urine to remain in the pouch while they slept. This practice continually bathes the stoma with urine at night. Moreover, personal hygiene - not only on the skin area around the stoma but the cleaning and proper care of the pouching system - was performed poorly.

What to do in case of a urine-crystal buildup problem:

- Determine the circumference of your stoma and cut your skin barrier to the correct size; i.e., not so big as to allow your Peristomal skin to show, and not

so small as to more than just "brush" the stoma.

- Change your pouching system at least twice a week. It is surprising how many people only change their skin barrier when it starts to leak. The goal is to change it before it leaks.
- Every time you change your skin barrier, bathe your stoma with a vinegar and water solution. Use one-part vinegar to three-parts water. Bathe the stoma for several minutes with a cloth. This solution may be used between changes by inserting some of this vinegar solution in the bottom of your pouch - a syringe may be used for this - and let the solution bathe the stoma.
- To keep control of the situation, change the alkaline urine to acid urine. The easiest and most successful way is by taking Vitamin C orally. The dosage will depend on your age, but the normal adult dosage is 250 mg four times a day. Be sure to consult your physician before taking oral medications.

If you follow these procedures, you should have no further concerns regarding a urine-crystal buildup. However, if you do begin to see them again, take action immediately before trouble starts.

**Charleston Area Ostomy Association
Membership Application**

**Yes, I would like a member
to call me.**

Name: _____

Phone: () _____ - _____

Mailing
address: _____

Birthday _____ M/F

Anniversary _____

Email _____

Mail membership application and annual membership fee of \$20.00 to:

Charleston Area Ostomy Association
C/O Rosann Brooks
145 Leslie Drive
Scott Depot, WV 25560

❖ **Colostomy**

❖ **Ileostomy**

❖ **Urinary diversion**

❖ **Other**

Any information given is optional and confidential. Demographics are helpful in arranging a visitor.

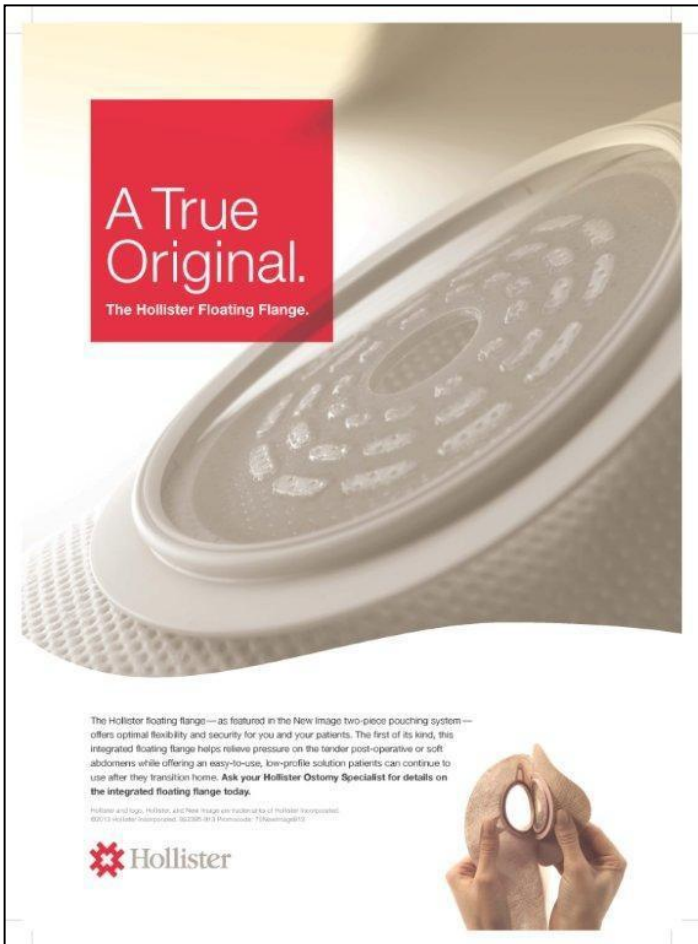
Ostomy Products Allowed by Medicare

via the Broward Beacon Sept. 2010

Pouches	Closed	Drainable	Urinary	Drainage Bottle	1 every 3 months
Per Month	60	60	20	Irrigation Cone/Bag	1 every 3 months
Wafers	4x4	6x6	8x8	Irrigation Sleeve	4 per month
Per Month	20	20	20	Lubricant	4oz per month
Absorbent Packets	90 per month			Ostomy Belt	1 per month
Adhesive Discs	10 per month			Ostomy Deodorant	No set allowable amount
Adhesive Remover (liquid)	8oz every 3 months			(liquid or tablet)	
Appliance Cleaner	16oz per month			Skin Barrier Wipes	3 boxes of 50 every 6 mo.
Convex Inserts	10 per month			Stoma Cap	31 per month
Drainage Bag	1 per month			Stomahesive Paste	4oz per month

Charleston Area Ostomy Assoc.
C/O Rosann Brooks
145 Leslie Drive
Scott Depot, WV 25560

RETURN SERVICE REQUESTED



A True Original.
The Hollister Floating Flange.

The Hollister floating flange—as featured in the New Image two-piece pouching system—offers optimal flexibility and security for you and your patients. The first of its kind, this integrated floating flange helps relieve pressure on the tender post-operative or soft abdomens while offering an easy-to-use, low-profile solution patients can continue to use after they transition home. Ask your Hollister Ostomy Specialist for details on the integrated floating flange today.

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