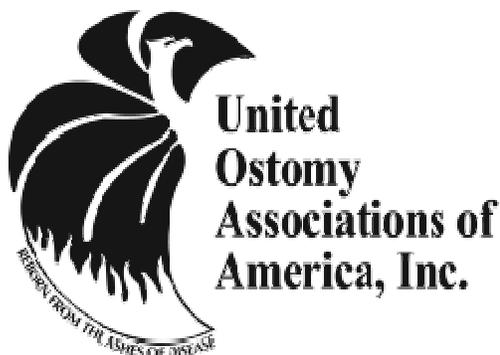


The New Outlook

United Ostomy Association of Chicago



October 2013

Our next meeting is on
Wednesday, October 16 at 7:30 PM

Lutheran General Hospital

Special Functions Room, 10th floor
1775 Dempster St., Park Ridge, IL

No Board Meeting

Last Month's Meeting (Our 434th)

We had a great meeting despite the thunderstorms and construction around LGH. Our special guest speaker for the evening was the well-known ostomy nurse Diane Zeek from Northwest Community Hospital, along with her pal, Otto the ostomy dummy. Strike that, the ostomy mannequin. As a bonus, we had a delicious dinner brought in from Panda Express along with desserts provided by our members. Nobody left hungry.

At our meetings, we talk about the body in abstract terms, i.e., without visual aids. Today with Otto's help, Diane actually showed us where everything is located with respect to everything else. We now have answers to the question, "Why did the surgeon perform my surgery in this fashion?" Diane explained quite clearly the reasons for various surgical options depending upon a patient's circumstances. Diane informed us that surgeons feel their job is finished after the surgery is completed. The ostomy nurse is the medical professional who takes care of the patient afterward.

Great News! Jerry Schinberg was at our meeting with his lovely wife Sally after his successful operation for pancreatic cancer, a Whipple procedure. He is doing well; Jerry is always smiling and inspiring all of us with his "can do" attitude to live life to the fullest.

Be sure to join us in October when we present Ben Rudzin, personal trainer, as our featured speaker. It will be not only educational but great fun.

If you have a talent that you would like to share by participating in one of our many diverse committees, please tell an officer. Our committees are listed in our bylaws, which may be viewed at www.uoachicago.org by linking to "OAGC."

Do not forget to send us a change of address when you move. Simply e-mail your new address to uoachicago@comcast.net. Note: Every winter we receive numerous newsletters returned to us marked by the Post Office as "Temporarily Away." We will now delete these from our mailing list, so tell the Post Office your new address so they can forward it.

We are considering changing our newsletter to an entirely electronic publication in 2015. This will save about \$10,000.00 a year in printing and postage—our group may just run out of money by then. Our e-mail list is private and never shared or sold. We have requests from companies for our members to participate in ostomy focus groups. You may be paid quite well or volunteer. Tell us if you want to be included.

Lutheran General Hospital garage parking is now free for our members. This means you may park inside the garage, take a few steps to the elevators, and come to the 10th floor, where we have our meetings. It is so easy to come. Oh, one more important piece of news. For the fourth year in a row, **Northwest Community Hospital is having a Vendor Fair and Stoma Clinic.** It will be held on November 2, a Saturday morning starting at 9:00 AM. There is no cost to attend. All our readers are invited. We hope to see you there.

United Ostomy Association of Chicago

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Alyce Barnicle 708-245-2920
LaGrange Hospital

Nancy Chaiken 773-878-8200
Swedish Covenant Hospital

Terry Coha 773-880-8198
Children's Memorial Hospital

Jan Colwell & Maria De Ocampo 773-702-9371 & 2851
University of Chicago

Lorraine Compton 773-282-7000
Our Lady of Resurrection Hospital

Jennifer Dore 847-570-2417
Evanston Hospital

Beth Garrison 312-942-5031
Robert Maurer

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847-933-6091
Rush Presbyterian--St. Luke's Hospital

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Skokie Hospital--North Shore University Health System

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Northwest Community Hospital

Nancy Olsen & Mary Rohan 312-996-0569
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Catherine Smith 847-316-6106
Advocate Christ Medical Center

Sandy Solbery-Fahmy 847-493-4800
Saint Francis Hospital

Nancy Spillo
Presence Health Care

National UOAA Virtual Networks

- *Pull Thru Network* (Parents of children with bowel and urinary dysfunctions): Bonnie McElroy 205-978-2930
- *UOAA Teen Network*: Jude Ebbinghaus 860-445-8224
- *GLO* (Gay & Lesbian Ostomates): Fred Shulak 773-286-4005
- *Young Ostomate & Diversion Allia. of Amer.*: Eric En 714-904-4870
- *Thirty Plus*: Kathy DiPonio 586-219-1876
- *Continent Diversion Network*: Lynne Kramer 215-637-2409

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Meeting Dates at Lutheran General Hospital

October 16—Ben Rudzin, personal trainer extraordinaire

November 2—Vendor Fair and Stoma Clinic at Northwest Community Hospital starting at 9:00 AM

December 11—Our 2013 Gala Holiday Party
2014

January 15

February 19—No Meeting Scheduled

Southwest Suburban Chicago

The Southwest Suburban Chicago Ostomy Support Group is an entirely volunteer ostomy association dedicated to the mutual aid, education and moral support of people with ostomies and their families. Meetings are held at 7:30 PM on the third Monday of each month throughout the year, except July, August, December and January.

For information regarding this special ostomy group serving Chicago's greater southwest side, please call Edna Wooding, WOC nurse and association president, at 708-423-5641. All meetings are at **Little Company of Mary Hospital**, Evergreen Park, Mary Potter Pavilion, L Level, 2850 W. 95th St.

Northwest Community Hospital

The Northwest Community Hospital Ostomy Support Group meets at 800 W. Central Road, Arlington Heights. They wish to extend an invitation to all of our readers to visit them. The WOC nurses at the hospital lead the group. For more information, please contact Diane Zeek, RN, at 847-618-3215, dzeek@nch.org.

They meet from 1:00 PM until 2:00 PM in the Busse Center, B1 level, Rooms LC7-8 of the Learning Center. This building may be accessed from the garage at the west end of the Busse Center. It is easiest to enter from Central Road.

Meeting Dates for 2013

October 10

November 2—Annual Vendor Fair and Stoma Clinic starting at 9:00 AM until 1:00 PM: Follow the signs to the fair upon entering the hospital.

December 12

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Sherman Hospital Ostomy Group

There is a new ostomy support group in Elgin having meetings at Sherman Hospital. They now meet on the second Wednesday of every month. The contact person is

Heather LaCoco, BSN, Case Manager
Surgical Care Sherman Health
224-783-2458

Heather.Lacoco@ShermanHospital.org

My UOAA Convention Experience

Thoughts by our members

We thought that you might like to know some of the ideas we brought back with us from the UOAA biannual convention in Jacksonville, FL, this past August. These are our interpretations of events and may not represent the viewpoints of everyone who attended.

We discovered that there is a major medical complex in the East that is once again recommending that people with uncontrolled ulcerative colitis have an end ileostomy instead of a continent procedure to cure the disease. This new recommendation is based on over 30 years of data on alternative procedures. The data show they have high complication rates, result in multiple surgeries, require continued prescription drug use and only offer a mediocre quality of life. In addition, too many patients had their J-pouch or BCIR reversed to an end ileostomy because the internal pouch deteriorated. By every measure, ulcerative colitis patients with an end ileostomy enjoy a better quality of life. It was a good try, though. Nevertheless, we have members who had alternative procedures that failed but who would not trade that time. One woman had a BCIR for 10 years before it failed. Yet, she said that she was so happy with it when it worked that she would do it again. She now has an end ileostomy.

There was less talk at the convention about body image after surgery than in the past. The pouching issues that were so dominant in earlier discussions were very much absent. People were allowed to ask pointed questions during the sessions. There were no rap sessions, and the hospitality room, where people can meet informally, was out of the way and the hours it was open were cut short. The convention usually attracts about 700 people; this one attracted 475.

Some Interesting Thoughts

Forwarded By Joe Rundle, Fox Valley Ostomy Assn.

- There comes a time when we should stop expecting other people to make a big deal about our birthday. That time is age 11.
- Your friends love and accept you just as you are.
- Smile, it really feels good—no matter what the day brings us.
- Men are like fine wine. They start out as grapes and it is up to women to stomp them until they become acceptable to have dinner with.
- What is a free gift? Are not all gifts free?
- If four out of five people suffer from diarrhea does that mean that one out of five enjoys it?
- An ounce of pluck is worth a ton of luck.
- The late-blooming virtues can be the very best.
- It is easier to be critical than correct.
- The secret of success is hard work.

The convention featured a free stoma clinic, which is always a key benefit to attending a convention. The ostomy nurses donate their time to look at our stomas, inspect our peristomal skin and address any pouching issues. It is recommended that we visit an ostomy nurse every so often to review our pouching method, as well as the physical condition of our stomas.

UOAA should have been more forthcoming with the actual costs to attend. It was very expensive to eat there. A couple of eggs, toast and coffee were over \$25.00. One-way cab fare from the airport was almost \$50.00. Our group sponsored coffee and cake for one day at the Hospitality Room and felt our investment was poorly implemented. We feel that UOAA should have asked people who were better negotiators to work with Hyatt for the services we received. We hope the new directors at UOAA do better at the 2015 convention in St. Louis.

Almost half of the people in attendance were there for the first time. We engaged many of them and listened to their personal stories. Some people go through so much and their stories are so full of personal and emotional challenges that we come back with a new perspective on ostomy surgery. Nancy, our secretary, who faced the ultimate challenge more than once, was told how lucky she was to have come out of her health challenges so well. Nancy says she is not lucky because a lucky person would never have health problems, but she stated it more accurately when she said that she is fortunate.

If you have an irregularly shaped stoma, you can use one of the new moldable skin barriers. Instead of trying to cut your skin barrier to the exact shape of your stoma, you can now easily just stretch the skin barrier. The stretched skin barrier can then be put on your tummy. The skin barrier will then slowly recede and actually mold around your stoma. In addition, once it molds around your stoma, the skin barrier will turtleneck around it for a secure, leak-proof, comfortable fit. People with perfectly round stomas have little need for a moldable skin barrier. Both ConvaTec and Hollister, Inc., offer moldable skin barriers with their extended-wear products. These are a must-try for everyone with an irregularly shaped stoma. Free samples may be requested by contacting these companies.

Eating! Many meetings featured presentations by dietitians, pharmacists, doctors and nurses about the correct foods we should consume to obtain optimal

health. There is no consensus. The professionals presenting were all highly regarded in their communities and offered us the best advice they had. Nevertheless, the best way for us to stay healthy is to exercise every day and eat a healthy well-balanced diet, according to one's age, personal health and physical condition. There is no one diet, exercise routine or health regimen that is best for every one of us. In fact, it turns out that we are so different from one another that we need to determine ourselves—with the advice of our health management team—how we should exercise, what weight is most comfortable, and what diet is best for our bodies. For example, many people are sensitive to the glutes found in wheat products. These people would be prudent to limit their intake of glutes. However, some of us have body chemistries that love wheat products. A balanced diet incorporating wheat products is fine for us. We should warn our readers that claims of miracle cures for vitamins and minerals may be true for a select few and are inevitably based on anecdotal evidence, not large studies. Regardless, it was consistently repeated that people with fecal ostomies are best served when they chew, chew, chew their food. This is an adjustment we all must make after ostomy surgery. Americans pretty much swallow their food whole.

Your Greater Chicago Ostomy Association is exploring the possibility of hosting a regional conference somewhere in the greater Chicago area in 2014. We see a great need for people with ostomies to come together to share the state of the art on ostomy issues. We have definite ideas about how we can present a one-day program for the benefit of individuals with ostomies. Everyone who wants to come to Chicago to participate will be invited. If you have some talents and would like to be a part of this endeavor, tell any board member. We would love to have more people with a can-do attitude involved in planning and implementing.

The convention also featured sessions designed to help our local ostomy associations put on better meetings. Of course, in Chicago, we have been the leader across the country in finding a successful formula for hosting our monthly general meetings. UOAA also wanted our input on how they may better serve us. In addition, they recommended that other ostomy associations apply the many successful strategies we have implemented here in Chicago. We have been so successful in part because we embrace your creativity. However, we need you to

implement good ideas. Nobody wants to hear someone give orders on how we should be doing things; we need people with suggestions to run with them, to take a leadership role in our ostomy association. If your thoughts are good enough to recommend, then they are good enough for you to join our group of volunteers and implement them. For instance, here in Chicago, we could really use a good person to manage our publicity. We need someone who is talented at reaching the ostomy community about our activities. We would also like a friendly person to welcome our guests at the monthly general meetings as well as someone who can talk to the new people with ostomies.

We were fortunate that six members from our Chicago ostomy association attended the national convention. We do not express enough our sincere gratitude for those who donate their personal time in selfless service to the ostomy community. The current president of UOAA, David Rudzin, as well as past UOA president Marilyn Mau, is an active member of our group.

The Chicago area firm Medline has a new product line of skin care products for the ostomy community. They are making a miconazole nitrate 2% micro-granulated powder for the type of fungal ringworm infections we develop under our skin barriers. No prescription is needed and miconazole nitrate 2% is more effective than the nystatin powder available by prescription. They also have skin products for under the skin barrier that help repair damaged peristomal skin. Marathon Liquid Skin Protectant is a cyanoacrylate-based monomer that forms a strong protective layer over skin. As the cyanoacrylate polymerizes, it bonds to the skin surface and supports the natural integrity of the skin. It resists external moisture, yet it allows the skin to breathe. This product is currently available only through Medline. It is a state-of-the-art product that works very well, although it is pricey.

The issue of the future price and availability of ostomy supplies as the Affordability Health Care Act becomes fully implemented was discussed. We heard conflicting opinions. It is expected that the high-quality ostomy equipment we know and use will still be available. However, how it is paid for is a separate issue. The Advocacy spokesperson for UOAA was telling attendees that all ostomy supplies will be distributed without cost under the new system. This may be quite naïve. Nobody knows what effect the law will have on the actual healthcare

of any one individual. It is now just all theories. Today, suppliers are absorbing the additional costs associated with the increased bureaucratic requirements to receive payment for supplies purchased by assignment. The suppliers are learning very quickly how to meet the new requirements and at the same time provide extraordinary service to their clients. Medical professionals that we talked with feel that the brunt of the burden of the new health care law will be fall on young working families. People on Medicare and Medicaid may actually benefit financially from the changes. Please stay tuned for further developments.

Our association president, Judy Svoboda, was honored at the Awards Ceremony. Judy was named an Innovator of the Year for the work she does for our ostomy association. This is quite an honor that was bestowed on Judy. Here in Chicago, we are one of the largest ostomy associations in the world. We are very proud to have her as our president.

We met with the American College of Surgeons headquartered right here in Chicago regarding their new ostomy education program, called the *Ostomy Home Skills Kit*. They worked with UOAA to develop the program, which is intended for prospective patients. We will have this program available at no cost to our members.

At the *Ask the Nurse* session, leading ostomy care nurses answered detailed questions on ostomy management issues. One point was made clear. All ostomy care issues, especially leakage concerns, can always be solved. It may take repeated visits trying a variety of techniques, one at a time, over an extended period. Nevertheless, the nurses made it clear to us that in their extensive careers, there was never an ostomy challenge that they could not solve. In addition, it was emphasized that one solution does not work the same way for all of us. One example that comes to mind is the patient who told her ostomy nurse that every time that she ate butter her skin barrier fell off. Well, this seemed too incredible to believe, so the nurse said that she would stop by this patient's home after work. When the nurse was at this lady's home they ate butter. Sure enough, the lady's skin barrier fell off. There is no clear physiological reason for this to occur, yet the nurse saw it with her own eyes. Clearly, this lady cannot eat butter. The moral of this story is clear. We are all different. What happens for one does not necessarily happen for the rest of us. Your ostomy issue may be unique to you. Come to a meeting

while we vehemently defend—I mean calmly discuss—our own unique ostomy management methods. It is great fun. We have strong feelings and our meetings are a safe environment to share them with others who understand.

Why Does My Stool Smell Worse After My Ostomy?

By Michael D’Orazio, ET

This is a question commonly expressed by people with fecal ostomies, and their observations are not without solid physical foundation—in other words, it is not all in their heads. It is fair to say that all who poop, no matter the route taken, stink at times!

The traditional or nonostomy way of evacuating the stool in many developed countries is a well-established routine of sitting on a commode. By doing this, one seals the rapid escape route of odor with the butt or derriere pressed against the toilet seat. The only exit port is the space between the legs, where the opening can be regulated as desired. OK, I know it sounds hokey to phrase it this way, but I am trying to make a visual point here. As the waste—poop—exits the anal canal and drops into the water below, it is engulfed by the water as it sinks. This action surrounds the stool and prevents the odor-causing gas from escaping. Of course, if an anal emission—gas—occurs simultaneously with the deposition of the stool, then the odor will be more readily detected by all noses in the immediate vicinity.

Now, with a fecal ostomy, the stool character and surface area are changed and the laws of physics and chemistry reveal the true reasons why a person with a fecal ostomy tends to have more odors when emptying the pouch. As one approaches emptying of the pouch, whether seated upon the throne as before or standing or kneeling before it, the surface area of the stool is much greater. In the case of the person with an ileostomy or high colostomy, whose stool character is softer or looser, the surface area is greatly increased. As the pouch is emptied, the stool—be it liquid or pasty—is plopped into the water and may float a while before sinking. Because the stool is softer and slower to sink, more gas may escape. As more gas molecules bombard the nose, one notices more odors.

An additional cause for increased odor is that the exit point for the stool from the pouch is now directly under the nose, unless an attempt is made to empty the pouch by tucking it beneath the butt or between tightly closed thighs and magically opening it only when fully seated on the toilet. However, I think this approach would be impractical, don't you?

A simple analogy is the odor of diarrhea. I think most people would agree that the watery stool of

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Three women, two younger and one older, were sitting naked in a sauna. Suddenly, there was a beeping sound, the first young woman pressed her forearm and the beep stopped. The others looked at her questioningly. “That was my page,” she said, “I have a microchip under the skin of my arm.” A few minutes later, a phone rang. The second young woman lifted her palm to her ear and explained, “It’s my mobile phone. I have a microchip in my hand.” The older woman felt very low tech. Not to be outdone, she stepped out of the sauna and went to the toilet. She returned with a piece of toilet paper hanging from her butt. The others raised their eyebrows and stared at her. The older woman finally said, “Well, will you look at that . . . I’m getting a fax!”

For our liability disclaimer and privacy policy visit
<http://uoachicago.org/liability.htm>

diarrhea smells worse than that of the formed stool from the stoma.

So, there you have it. Gaseous diffusion is the underlying principle that allows the nose to perceive a greater quantity of odor molecules from the increased surface area of softer or liquid stool, as is typically found with fecal stomas. Take heart in knowing that you are not any stinkier because of the ostomy, merely that the principles of gaseous diffusion make the odor more noticeable. Fortunately, many of the aids for ostomy odor management work quite well.

Why Do We Meet?

Forwarded By *The NewsLeak*, DuPage, IL

- Our presence is an encouragement to others.
- No matter how long ago our surgery, no matter how many meetings we have attended, there is always information—some we may have forgotten—to be gained.
- We are able to keep up on the newest developments in ostomy care and hear speakers with cutting-edge knowledge.
- We may have questions and problems that can be asked, answered or researched at a meeting.
- We give support and encouragement to the volunteers—our association leaders, ostomy visitors, etc.—and to each other.
- We see that many of those who were in trouble are now helping others.
- We feel better after attending a meeting. We experience a sense of accomplishment and renew a positive attitude for going out again into the world.
- Most of all, we are role models for new people with ostomies. We show them how good we look and how an active life may continue.

Ostomy Hints

An anthology from our general meetings

- Two-piece users, make sure the pouch is securely snapped onto the flange of the skin barrier. Take that extra second to be sure.
- Every so often it is wise to have your stoma and your pouching system checked by a WOC nurse.
- Do not use antibiotics for colds or the flu unless a doctor orders it. Antibiotics can change the proper balance of bacteria in the intestines and instigate a plethora of problems. Antibiotics will

also make you much more susceptible to fungal and MRSA infections.

- Parsley is one of nature's best deodorants. Do not push it away on your plate. Have some.
- If you are having gas problems, do not take bismuth subcarbonate.
- Store pouching systems away from warm humid places. Melt out can render equipment ineffective. Most ostomy equipment does not have a specific shelf life if it is stored in the proper environment.
- Skin barriers and pouches leak for a variety of reasons. If yours leaks, find out why. Do not settle for less than an excellent ostomy management system that provides you with confidence, security and comfort. Every leaking problem can eventually be solved.
- If you have a difficult time remembering the exact day you put on your pouching system, write the date you changed right on the pouch.
- Do not keep a lifetime supply of ostomy supplies on hand. Manufacturers are always making some improvement on the products they make. You want to be able to take advantage of these, so let your supplier keep the extra inventory.
- Many people with ostomies should keep eatable fats to a minimum. Fats induce an increased flow of bile into the intestines and make body wastes liquid and harder to control. They also tend to produce gas.
- Do not apply paste to the entire back of the barrier; it will produce less than satisfactory results. Use paste only sparingly to fill uneven areas and around the stoma. Paste is a great filler if used correctly. Nurses say stoma paste is not an adhesive and should be called “stoma caulk.”
- After bathing or showering with the barrier off, hold a cold compress or something similar over the peristomal area for a few seconds to close the pores before putting on a new pouching system. Do not apply an adhesive barrier on skin that is not bone dry.
- After surgery, you were advised to chew-chew-chew and to drink-drink-drink. It still applies. Chew food thoroughly and never pass a water fountain without drinking.
- Do not try to set a world record for the longest time between changing or emptying. Therein lies the way to some of the most spectacular messes you have ever seen. The society of

ostomy nurses, WOCN, recommends changing the skin barrier at least twice a week.

- Do not be so rigid about your stoma management program that the absence of one item throws you.
- Do not stay home. Travel and have fun. However, do not put all of your pouching systems in a suitcase that you check through the airline. Always bring some changes in your carry-on luggage.
- Do not worry about accidents and problems that may never happen.
- Do not put limitations on yourself just because you have a stoma. You can do most anything anyone else can. An ostomy is seldom a good reason for not doing something, although it seems like it is a good excuse.

My Experience with a Filter

By Fergus MacGinty

Prelude

I had my ileostomy for about 15 years and have tried many of the pouching systems manufactured internationally for us in America. I found virtually all of them just wonderful, each in their own special way. I realized that it was impossible for me to pick just one way to manage my ostomy.

When I look in my closet, I have different style shirts of varying colors for various purposes. My closet does not have two dozen starched white button-down shirts. So, why do I have to use only one type of pouching system?

Today, I might want to try one with a closed non-filtered pouch in a two-piece tapeless Durahesive system by ConvaTec. The next time I change, I think I would like a sportier look and go with a Cymed Microskin one piece. Then perhaps the comfortable Hollister New Image Pouching System with a Flexextend skin barrier and a pouch with a Lock & Roll closure. Or, maybe the sleek look of their Premier one-piece also with Flexextend and Lock & Roll. These are all high-quality products that serve me and my ostomy well, yet they all work a little bit differently, providing a bit of variety in my ostomy management.

I have avoided filter pouches simply because, like so many others with ileostomies, I do not have that much gas that needs to be released. The little gas that I do have is easily expelled when I empty my pouch. I understand that people with colostomies have an entirely different issue with gas since the

colon produces gas on its own during the normal digestive process and mine is mostly swallowed air.

The Trial

I have used filtered pouches. The older ones did not work very well with my ileostomy. This is especially true because I rinse out my pouch after I empty it, when it is convenient.

If you were to talk to any of the manufacturers, the practice of rinsing out a pouch while it is still connected to the skin barrier is not recommended. Your ostomy nurse will also tell you not to rinse out your pouch. They may compromise a bit with you in saying you may rinse out the end of the pouch but to be careful not to vigorously shake the pouch in order to clean it. The concern is that the rinsing actions will compromise the skin barrier and reduce wear time. I rinse out my pouch anyway. I like it reasonably clean after I empty it. It is a personal preference.

Filters on ostomy pouches do not like water. However, there are two that I tried, just for the fun of it, that work well, even for a rinser like me. One is the Hollister AF300 Ostomy Filter. It uses a new technology to prevent liquids from passing through the filter but allow gas to easily be filtered and pass unnoticed. Borrowing from their Internet site, I can include the following explanation:

How the AF300 Ostomy Filter works

- Gas build-up and ballooning are reduced through enhanced airflow of the filter.
- Better odor control occurs through the use of an activated carbon that extends the life of the filter.
- Provides continuous venting, allowing gas and air to escape unnoticed.
- Liquid cannot penetrate the filter from the inside or outside as it is protected by a specially designed film barrier.
- “No more filter covers” means you can confidently wear any New Image Pouch while bathing, swimming or taking part in other forms of active lifestyle.

There is another brand new filtered product that I just tried, the new addition to the ConvaTec Natura line of pouches called the “+pouch.” Again, borrowing from their product description, the **Natura[®] +pouching system** offers the latest technologies from ConvaTec, including

- a state-of-the art filter with anticlogging film layer
- soft and quiet materials

- the security of the InvisiClose™ tail closure with Lock-it Pocket™
- a larger than usual bottom opening, making emptying the pouch easier, yet at the same time increasing the security of a larger tail closure
- ConvaTec's latest pouches combined with SUR-FIT Natura® advanced skin barrier adhesives offer you the security, comfort and discretion you deserve.

When I tried this filtered pouch, I began very carefully because I did not want any leaking to stain my clothes. The +pouch did not leak. I began to vigorously rinse it. It still did not leak. I tried another +pouch and obtained the same excellent results. This product is brand new and is just now available at retailers.

These filtered products are must-try for people with colostomies. If you have a challenge with gas in your pouch, you owe it to yourself to obtain a sample of these products and see for yourself how well they work.

There is no product that is 100% effective for every single person. We all are so unique that we must design our pouching system and ostomy management to suit our individual needs. Regardless, these new filters are amazing! Anecdotal evidence suggests that these high-quality, space age designed filters will work for people with ileostomies. Of course, people with colostomies will have results that exceed their expectations. If you have a urostomy and have gas, see your doctor.

Conclusion

Let me be clear. I am not recommending one type of pouching system over another. There are other outstanding manufacturers of ostomy equipment, like Coloplast, Cymed, NuHope, Marlen, etc., which may have products that serve your individual needs best. I am not supporting or disparaging any of these fine companies. I do feel it is nice to know about some new options available for people with ostomies who are concerned about having too much gas in their pouch.

The Hollister AF300 filter and the ConvaTec +filter are space age technologies that will work well for most people with colostomies and even most people with ileostomies. I suggest you contact these manufacturers and request a sample to see for yourself.

The remedy for wrongs is to forget them.

Ostomy Product Donations

Individuals, retailers and institutions donate unneeded yet brand new ostomy products to our ostomy association. We make these available to our members at our monthly general meetings free of charge. Just take what you need.

A few of our members have no insurance and cannot afford to pay for their supplies. We feel our service is valuable to these members. It is also a great way to educate other members who want to try something new without committing to a large order.

If you have new unused ostomy products that you do not want or can no longer use, please bring them to a meeting so someone may benefit. We have no volunteers to pick up supplies so you must bring them to a meeting or ship them to us.

After our meetings, excess supplies are donated to Friends of Ostomates Worldwide-USA, where they are given to people with ostomies at no charge in countries where supplies are not available to the poorest members of society. Or, you can send supplies directly to

**FOW-USA
4018 Bishop Lane
Louisville, KY 40218**

Allergy or Fungal Infection?

By Mary Ann Brooks, CWOCN, Singapore

Do you ever have a red itchy rash around your stoma when you remove your skin barrier? The rash could be an allergic reaction. You may develop an allergy to new products or new adhesives, preservatives or artificial colors in the products. Most allergic reactions occur on the second exposure to an allergen. But people can develop a new allergy to products that never bothered them before.

An allergic reaction exactly matches the area that was covered by the skin barrier or tape. The skin may be dry or weepy, itchy and/or splotchy. Hives may develop. Generally, the rash responds to the use of Benadryl if it is an allergy. You should try a different brand of skin barrier and maybe some hydrocortisone cream. The rash may then be able to resolve itself.

But maybe the rash is really a fungal infection. Fungal infections are more common in the summer months. The symptoms are similar. The red itchy

rash under the skin barrier may look like the allergic reaction described above.

Fungal infections are caused by the overgrowth of any number of fungal spores that are in our environment every day. If you have fungus on one part of your body for instance, it can easily be transferred to the peristomal area. Athlete's foot is a fairly common example of a fungal infection. Ringworm is another. When fungal spores land on our skin, they usually do not harm us. However, if you give them a nice warm, dark area like under your skin barrier, they may start to grow and multiply.

A fungal rash will generally be about the same size as the skin barrier, but it may grow outside the boundaries of pouching system itself. It may also occur under the pouch and not under the skin barrier or extend out even further into the skin folds of the groin area. A fungal rash may have small red dots around the periphery of the central rash area.

This rash will not improve with a different type or brand of pouching system. Fungal infections will not respond to Benadryl. They may improve a little with a hydrocortisone cream, but will not go away entirely. What you need is an antifungal powder. If it is a fungal rash, it should respond well to the powder. It is important to continue to use the powder after the rash is gone for a full two weeks to prevent it from coming right back.

These rashes may look alike, but they have different causes and different treatment. If you ever have a question or concern about your stoma or your peristomal skin, make an appointment to see your local ostomy nurse.

Influenza

The flu is caused by a virus that spreads from infected people to the nose or throat of others. Symptoms usually appear within two to four days after being infected. A person is considered contagious for another three to four days after symptoms appear. The flu season in the U.S. generally runs from October to April every year.

Flu symptoms are fever, chills, dry cough, nasal congestion, sore throat, headache and muscle aches. Complications can lead to hospitalization and death. Twice as many Americans die from the flu every year as die from AIDS, breast cancer, or prostate cancer. Why do you need a flu shot every year? Because the flu virus mutates, at least one of the

vaccine's viruses must be replaced with a newer one every year. The shot only lasts about a year.

When does a shot start working? Protection develops one or two weeks after you get your flu shot. Who should get a flu shot? Any person over six months old; someone who wants to reduce his/her chance of contracting the flu; those over age 65; everyone with a chronic medical condition, like heart disease or asthma; pregnant women; breast-feeding mothers; healthcare givers; students and everyone with special holiday plans.

When is the best time to get a flu shot? Obtain one between September and mid-November. Can you get the flu from the flu shot? Flu vaccines contain no live virus, so it is impossible to get the flu from a flu shot. How effective are flu shots? The shot is almost 90% effective in preventing type A and type B influenza. If you do become infected with the flu, it will be milder due to having received the shot.

What's behind a Belly Button?

An age old question has finally been revealed. Dr. Peter Marcello, a colon and rectal surgeon, indicated that there is mostly nothing but a few stringy things attached to the inside of a belly button. However, at the last Northwest Medical Group meeting, a much more interesting theory was put forward. Dr. Carl Stephens indicated that the belly button was connected to the butt. Furthermore, if the belly button was unbuttoned, the butt would fall off.

It is not our challenges that define us but rather our attitude about how we deal with them.

If your pouch feels out of place or uncomfortable, change it.

Volunteer-- A person who gives his services of his own free will

Support-- To bear the weight of from below; to prevent from falling; to withstand a person who provides aid

United Ostomy Association of Chicago

Confidential Membership Application

We invite you to join our association. You are especially welcome if you have an ostomy, are preparing for surgery, are a healthcare professional or have a loved one who has had surgery. We are a completely volunteer-operated ostomy support group. Our mission is to support, educate and advocate for people with ostomies.

Name _____

Address _____

City _____ State _____ Zip _____

E-mail _____ Phone _____

Type of Ostomy Colostomy Ileostomy Urostomy Continent Procedure

Date of surgery _____ Age Group <21 22–36 37–50 51–65 66–80 80<

Attend one of our general meetings. There are always friendly people to talk with you. You may even want to participate in our association's leadership. We always need talented people to share in our good work. Membership is free (our funds come primarily through donations). Please mail this application to

Judy Svoboda, President
605 Chatham Circle, Algonquin, IL 60102
Or e-mail information to uoachicago@comcast.net.

Bacteria and Ostomies

By Liz O'Connor, WOCN

Many patients having ostomy surgery worry about bacteria. Those with colostomies and ileostomies ask if their stomas will become infected from the discharge of stool.

This is a myth! The stoma is accustomed to the normal bacteria in the intestines. Definitely, keep the skin around the stoma clean and be careful of adjacent wounds. You want to keep the fecal drainage away from any incision.

Do not worry about the ostomy becoming infected from the normal discharge. This does not happen. Nature has provided for us well. Our bodies are made to have stool constantly in the intestine. Stool is what it was made to handle. We also have good bacteria in the stool that works with our bodies to help in the digestive process. These bacteria do not hurt us.

The urinary ostomy patient is more susceptible to infection than people with fecal ostomies. Urine is normally sterile. Therefore, it is important to keep the urinary pouch very clean.

On days a urinary pouch is not changed, the pouch should be rinsed with a solution of 1/3 part white vinegar to 2/3 part tap water. This can be allowed to run up over the stoma and will prevent

crystals being formed on it. The vinegar produces an acidic environment in the pouch. Bacteria cannot multiply as readily in an acidic solution.

The night drainage system used with urinary ostomies must be cleaned daily. White vinegar and water, an ostomy disinfectant, hydrogen peroxide or a diluted Lysol solution may be used. When the drainage system has sediment that cannot be removed by cleaning it, the system should be discarded and replaced with a new one.

Drinking plenty of liquids is important for all people, but especially for those with ostomies. Many urologists also prescribe vitamin C or cranberry juice to help keep urine acidic and less susceptible to infection. Check with your doctor before taking these first, as some people have body chemistries that require exceptions.

Signs of a urinary infection include fever, pain in the region of the kidney, strong urine odor and excessive mucus. People with urinary ostomies produce mucus. Learn what is normal for you so you can recognize excessive mucus.

Pouching systems should be changed no more than twice a week, which is the new WOCN rubric for optimal ostomy care. The skin under the barrier must be inspected at least once a week so that problems may be solved before they become too serious.

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We invite you to attend our general meetings. Relatives, friends, doctors, and nurses, as well as our members—any interested people—are invited and welcome. Our association has a team of trained volunteer listeners available to discuss the concerns of patients. Healthcare professionals and families are urged to use this free benefit. When you know of a patient who would like to talk to a person who has been there and done that, please call the visiting chairperson (see page 2).