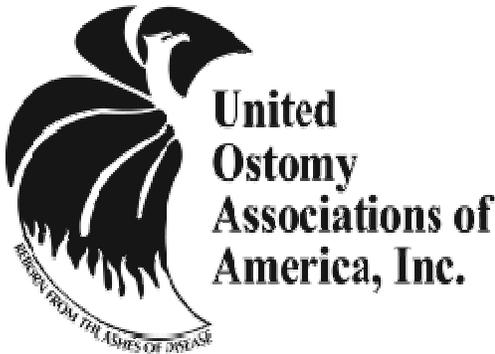


The New Outlook

United Ostomy Association of Chicago



November/December 2012
Meeting—Wednesday, Dec. 12 at 6:30 PM

Lutheran General Hospital

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

No Board Meeting

Last Months' Meeting (our 426th)

Today, we offered Visitor Training for those people with ostomies who wish to work with other people who have ostomies on living life to its fullest after ostomy surgery (Wow that was a mouthful).

Peggy Bassrawi, RN, our visitor's chairperson, hosted the evening in her usual professional and flamboyant style. Peggy utilized the presentation format developed by UOAA of surveying many educated members to dramatize the importance of an ostomy visitor and reaffirm the primary talent needed . . . that of being an active listener.

One moving story I think would be nice to share was one told by Ed, a regular at our meetings and a person with a urostomy. Ed's doctor has been referring urostomy patients to him for a while now and this incident is about one elderly man in particular, one who was always cheerful and had been coming to our meetings for the past year. Well, this elderly man died last month. His son called Ed at about 6:30 AM that day, about 20 minutes after death, to inform him. Ed asked why he called him so soon after the elderly man died. The son said that just before the man died he told his son to call Ed right away to tell him how important his friendship was to him and how grateful he was to have Ed as his ostomy visitor after his surgery. Ed said that he just then realized the profound impact he had made being an ostomy visitor.

With all the changes in health care, hospital stays and privacy concerns, we ostomy visitors have

needed to adapt our traditional methods. We rarely visit new patients anymore while they are still in the hospital. Now, we talk to people over the phone; through a referral from a doctor or an ostomy nurse; at a meeting sitting with a new person. We listen to people about their concerns as well as share stories about our experiences. We dramatize how it is possible to live very happily after ostomy surgery.

Remember when you first had surgery? Did you not think that you were the only one in the world with a "rosebud" on your tummy? Did you not think that you would be restricted in the activities you would be able to engage, not to mention the social stigma of smelling badly and having everyone notice your ostomy, as if you wore it on your forehead. How silly we all were. You know that life is better than ever with an ostomy. We need to share this remarkable knowledge with these new people with ostomies . . . people without our experiences. The ostomy visitor is just that person.

Make sure you do not miss an important announcement by updating your e-mail address with us at uoachicago@comcast.net. Also, to ensure delivery, make sure we are in your address book or safe sender list. Our e-mail list is private and never shared or sold.

Be sure to be here in December when we have our annual Gale Holiday Party. We are having a catered dinner, wonderful events, prizes, singing and a great time. See our article on page 11 for details.

Ostomy—the new normal

Ostomy Association of Greater Chicago (OAGC)

Established 1975

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Wound Ostomy Continence Nurses (WOCN)

Bernie auf dem Graben 773-774-8000
Resurrection Hospital

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

Joyce Reft
Laura Crawford

Rush Presbyterian--St. Luke's Hospital

Madelene Grimm 847-933-6091
Skokie Hospital--North Shore University Health System

Connie Kelly 312-926-6421
Northwestern Memorial Hospital

Kathy Krenz & Gail Meyers 815-338-2500
Centegra-Northern Illinois Medical

Marina Makovetskaia & Kathy O'Grady 847-723-8815
Lutheran General Hospital

Bari Stiehr & Diane Davis-Zeek 847-618-3125
Northwest Community Hospital

Nancy Olsen & Mary Rohan 708-229-6060
Little Company of Mary Hospital

Barbara Saddler 312-996-0569
University of Illinois

Catherine Smith 708-684-3294
Advocate Christ Medical Center

Sandy Solbery-Fahmy 847-316-6106
Saint Francis Hospital

Nancy Spillo 847-493-4800
Resurrection Home Health Services

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

www.uoachicago.org

Meeting Dates at Lutheran General Hospital

December 12—Our Gala Holiday Party, see our article on page 11 for details

January 16, 2013—Family Feud ostomy style. Our election of officers for 2013, an open slate this year.

February—No Meeting

March 20

April 17—Our 38th Anniversary Meeting

May 15

June 19

July 17

September 18

October 16

December 11—Our 2013 Holiday Party

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 2012

December 13

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

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World Ostomy Day

Here in Chicago, we had a great celebration of World Ostomy Day. Hollister, Inc. hosted an event at their world headquarters here in Libertyville. People with ostomies from all around the Chicago area came together to attend educational seminars on a variety of subjects and have some cake and coffee courtesy of our host. Some highlights include:

- Suppliers will soon be required to ask an ostomy patient the amount of supplies he/she has on hand. The patient must have less than 10-days-worth before an order is processed.
- There are currently about 48,000,000 people on Medicare and the number is growing by about 10,000 a day. There are over 60,000,000 on Medicaid and this number is expected to grow by 30% in the next three years.
- The amount of ostomy supplies a patient is allowed to obtain—outside of what is considered normal—is to be determined by your physician.
- There are currently 120,000 to 140,000 ostomy surgeries every year in the U.S. with the number growing. Most of these surgeries are for temporary ostomies.
- The following is an example of how assignment works for a customer purchasing ostomy supplies from a retailer:

Retail Price	Medicare Allowable	Medicare Pays	Supplement Pays	Patient Pays
\$110	\$80	\$64	\$16	\$0

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 and they alternate times as follows.

November—2:00 PM, Room C

December—7:00 PM, Room A

The contact person for any information is Heather LaCoco, BSN, Case Manager
Surgical Care Sherman Health
224-783-2458

Heather.Lacoco@ShermanHospital.org

Happy Thanksgiving

A small leak will sink a great ship.

A Nurses Colostomy Story

Ostomy News Notes, Philippines (Thank you Mr. Nelson A. Bautista, a Filipino nurse who works at Tawam Hospital, United Arab Emirates.)

Today, I had to deal with the dilemma of being an experienced neurosurgery nurse, working in a general surgery unit. I worked in an ER and neurosurgery environment for the last seven years. I knew that I would be faced with some unfamiliar cases in my new workplace.

I soon had a patient with a new colostomy. It may sound so simple for some general surgery nurses out there, but it was a big deal for me. It is not that it was my first time, because I have had several patients with colostomies, but it was my first time in several years actually to perform ostomy care—to actually touch and clean the stoma.

I was busy with another patient when I heard somebody screaming. When I looked out of my

patient's room, I saw one of my co-nurses coming out from one of other patient's room. She asked me if the patient in room 204 was my patient, so I said, "Yes!" and asked her what was wrong. She said that the patient was complaining because he was yelling for an hour already and nobody was coming for him. Since I was finished with my current patient, I decided to check the complaining patient out.

I went to his room and was welcomed with some vigorous yelling. I asked him if he was pressing the bell, since that is the proper way of calling a nurse. He said he did, but it seemed the bell was not responding. I investigated further and found out that the bell cord was detached to the plug. Therefore, that was the reason nobody was coming to care for him when he pressed the nurse call button.

I was successful in pacifying him. I asked him what he needed and discovered that his pouch had leaked up to his back. He said he was trying to open his pouch because he felt it was full of air. When he opened it, he was surprised that it contained not air but something more substantial. The contents of the pouch leaked out and went all over his clothing and sheets.

My patient had colorectal cancer. The surgeons tried to remove all the cancerous part of his large intestines. A stoma was created on the left side of his abdomen—where stool comes out and drains into a pouch.

I checked what I needed to clean him. I then went to obtain some supplies from the stockroom. When I arrived at the stockroom, I took some fresh linen, pads, cleaning wipes and distilled water. To my amazement, I found that there were different sizes of pouching systems. How would I know, which one was for my patient?

I decided just to bring one from each of the different sizes. I thought it would be a prudent decision since I would not have to return to the stockroom if one size was wrong. When I went back to my patient's room, I examined his pouching system in order to choose, which size skin barrier and pouch to utilize.

Again, to my surprise, I needed a very large size, which seemed not available due to my inability to find that size previously. I knew that I took one sample from each of the sizes in storage. I went back to the stockroom and searched for a larger size pouching system. With the assistance of another nurse, we decided that the large sizes were out of stock.

I decided to go to another ward and asked if they had the large sizes I needed. I knew that this had to be done quickly for my patient was already irritable. I did find the size from another surgical unit and hurriedly went back to my patient's room. I was greeted by a frown. I explained to him why it took me a bit long to return . . . that I needed to obtain his correct size from another unit. He seemed dissatisfied with my explanation. I continued simply to talk to him nicely.

I removed the old pouching system from his abdomen and placed it in the bathroom to preserve the clip that I was sure I would need on the new pouch. I cleaned his stoma with distilled water. After cleaning, I tried to attach the new pouch to the skin barrier. It seemed like I could not snap it into place. It was either that I was doing it the wrong way, or I just did not know what I was doing at all.

While I was struggling to attach it, I tried to converse with him in order to divert his attention from what I was ineffectively doing. I explained some facts about colostomies and the best methods for taking care of them. I was posing to be a pro with how I proceeded. Deep inside me, I knew that I could not even attach the pouch to the skin barrier. I was hurting his belly when I pressed harder on the pouch in my struggle to attach it.

Finally, I thought I should ask for assistance from another nurse. God heard my heart beating quickly and provided me a colleague, who just happened to be passing by my patient's door. She told me the correct procedure for attaching the pouch to the skin barrier while she watched me perform it. I was doing this same technique before. We tried a new skin barrier and pouch. The new one worked flawlessly.

The patient's mood instantly changed. He was apologetic and grateful for my services. I finished cleaning him up, brought him to the bathroom for a shower, changed his sheets so that everything was clean and fresh. I told him it was understandable for him to be angry for the situation. I left the room with him clean, fresh smelling and satisfied with what I had done for him.

In the evening before I went home, I checked him out once more. He was with his family. I was introduced to them and said that my shift was over. He asked about my replacement but could tell that he did not want me to leave.

"See you on Sunday." I said. Before I left, he said smiling, "See you again on Sunday, too."

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A MEMBER OF TRINITY HEALTH

Ileostomy, a Guide

By Linda Gross, CWOCN

(Continued from October edition)

Helpful Ideas and Practical Tips

Preventing skin problems

Long periods of illness before surgery, as well as high doses of steroids, make one more susceptible to skin irritation. As you become stronger and you become better skilled at handling your equipment, skin irritations will become less of a problem. Here are some ways to prevent skin problems:

- Use the correct size skin barrier opening.
- Change your pouching system regularly to avoid leakage and skin irritation. Leakage will produce itching and burning if it is not changed quickly. Skin irritation will then occur. The goal here is to change your pouching system before any problems develop, every three to four days.
- Do not rip off the skin barrier away from your belly or remove it frequently. Remove the skin barrier gently by pushing your skin away from the skin barrier rather than pulling it from the skin. Push the skin and not the barrier.
- Wash your peristomal skin with clean water. Only if necessary, use a very mild soap and then rinse well. Pat dry before applying the skin barrier or pouch, this can be done in the sink, shower or tub. Peristomal skin is not very dirty and rinsing with water is all that is needed.

- Watch for sensitivities and allergies to adhesive, skin barrier, tape or pouch material. They may develop weeks, months or even years after use of a product. The body may become gradually sensitized. If you have a skin irritation, which is only under the pouch, you may want to try a cotton pouch cover. These are available from several manufacturers. You can even make them yourself. If you feel comfortable testing yourself, we have included some suggestions for you to follow. Otherwise, consult your WOC nurse.

Patch testing

Place a small piece of material to be tested on the skin of your abdomen, well away from the ileostomy. If it is not self-adhering, attach it with an adhesive tape to which you are not allergic. Leave it on for 48 hours.

Gently remove the patch at the end 48 hours, and check for redness or spots under the patch area. If there is no redness after 48 hours, it is safe to use the product. However, in a few cases, reactions have been reported that did not occur until after this time has elapsed. Itching or burning before 48 hours pass indicates sensitivity. Remove material promptly, and wash skin thoroughly with soap and water.

A reaction to the tape is also possible. The redness or other irritation will be confined to the area outlined by the tape. If it looks as if you are allergic or sensitive to a certain product, try one made by another company and patch test it. You will probably find one that works for you. Allergies are not as common as is irritation caused by the faulty use of a product. For this reason, always read the directions that come with a product. When in doubt, consult with your WOC nurse.

Coping with severe skin problems

Large areas of skin irritation, which are reddened, very sore and weeping; i.e., always wet, will prevent a good seal around the stoma. It is therefore important to treat minor irritations when they first occur. If you have a large irritated area, contact your WOC nurse. For deep pressure ulcers caused by a very tight belt, loosen or remove the belt and call your physician. Treatment is needed. Also, call your doctor when any of these skin problems arise and you are diagnosed with Crohn's disease.

Preventing injury to the stoma

It used to be that if your skin barrier touched the stoma it could cut or damage it. Today, if you wear one of the newer extended wear barriers, the barrier

is made to be in direct contact with the stoma. The skin barrier opening is too small if your stoma swells, develops cramps, gas watery discharge or odor. You should not ignore these cramps, even if they are mild twinges. Swelling may also occur if you have the flu or eat a heavy meal. The stoma will be changing shapes due to peristalsis. This is normal. Sometimes it will temporarily appear bigger or smaller. This is different from when it swells due to a problem. In this case, multiple symptoms will occur. Always have another pouching system on hand, one with a larger opening, which can be used.

Spots of blood on the stoma

Spots of blood are no cause for alarm. Brushing against your stoma as you change the skin barrier may cause pinpoint bleeding. The blood vessels in the tissues of the stoma are very delicate at the surface. They are easily disturbed. The bleeding will stop as easily as it started.

When the stoma changes size

The stoma will shrink in the first few months after surgery and should be re-measured as needed during this time. It is normal for the stoma to wiggle and appear to be smaller as ileal contents pass through it.

Shaving hair under the skin barrier

Some men with excessive hair find it painful to remove their skin barrier. Hair roots may also be injured and cause irritation a condition named folliculitis. Shaving with an electric razor or trimming hairs with scissors is helpful. A straight-edged or safety razor is not recommended. Using a pectin or adhesive remover to take the skin barrier off may reduce hair pulling.

Dealing with gas

After surgery, it may first seem that you have gas almost all the time. All abdominal surgery is followed by this uncomfortable, embarrassing yet harmless symptom. As the tissue swelling goes down, gas will occur less often. Certain foods may cause intestinal gas. Some of these are eggs, cabbage, onions, fish, baked beans, milk, cheese and alcohol. All people swallow air while eating and talking. This gas goes into the pouch. You may be worried about the response others may have to gassy noises. You will find that these noises sound louder to you than to others, and it may sound like stomach rumblings to them. If you are embarrassed by these rumblings when others are nearby, pretend that nothing has happened. You can say, "Excuse me, my stomach's growling." If you feel as though you

are about to release gas when you are with people, casually fold your arms across your abdomen so that your forearm rests over your stoma. This will muffle most sounds.

Handling odor

Odor may concern you. Odor may be caused by many things, such as foods, normal bacterial action in your intestine, illness, different medicines, vitamins, the pouch itself and its contents. Some people with ileostomies find they have odors but most do not. Individual experimentation is the only solution to these challenges. The odor of ileal contents is not the same as that of a normal stool because the bacteria, which cause food breakdown and odor in the colon, are not present in the small intestine. Here are some keys to odor control.

- Use an odor-proof pouch. Virtually every pouch manufactured today is odor-proof. This does not mean that body odor will not be picked up on the outside of the pouch. Good hygiene is still necessary to smell clean.
- In the pouch, a few people place special deodorant liquids or tablets, which are commercially available. Your ostomy supplier can recommend products. Do not use products unless they are specially made for ostomy odor in the pouch, or they may actually burn the stoma, like mouthwashes or aspirin.
- Try oral preparations several times a day to counteract the odor internally. Do not use these products unless your doctor says it is OK. Do not take more than the recommended dosage. Among those that many people with ostomies have found effective are chlorophyll tablets, bismuth subgallate and bismuth subcarbonate.
- Empty the pouch frequently. Some people rinse their pouch and others do not. The choice is up to you. Although, most people experience reduced wear time when they rinse out the pouch when it is still attached to the skin barrier.
- Keep the pouch clean. Change it when odor is noticeable to you. Body odors will stick to a pouch if it is not washed.
- Eliminate any offending food if odor cannot be contained by other methods. This being said, most of us eat whatever we want. We empty our pouch in private anyway. And what do you think people with ordinary digestive tracts do when they eat Limburger cheese? We would not want to walk into a washroom after them.

- Air deodorizers have only limited value. Most merely mask odors.

With the new odor barrier films on the newer barriers and pouches, odor is not the issue it was a generation ago. You can usually tell what a person has eliminated if you follow him/her after he/she uses a bathroom and has had a bowel movement. Nobody will know after you use it. Ileal contents do not have the same strong penetrating odor as colon contents. You should always smell sweet. If you do not, there is a problem with your pouching system.

Explaining diarrhea

Diarrhea has these characteristics:

- The intestine discharges great quantities of watery stool.
- It comes on suddenly, may be accompanied by cramping and sudden weight loss.

Diarrhea may be caused by:

- Intestinal flu—Gastroenteritis may be accompanied by fever and vomiting.
- Partial obstruction—Odorous discharge, cramps and watery squirts and noises from the stoma accompany partial obstruction. It may be caused by food or other factors. You should seek medical attention if this does not clear in a few hours.
- Antibiotics, penicillin and other prescription medication—make sure your doctor is familiar with the issues facing a person with an ileostomy. Some medicines are contra-indicated.

When diarrhea occurs, the intestinal contents pass through the small intestine too quickly for the absorption of fluid, salts and minerals to take place. In fact, the illness may cause the tissues to pour out needed fluid, salts and minerals. You must quickly replace these electrolytes to avoid becoming ill from dehydration and mineral deficiency. On the other hand, loose stool may come from eating certain foods.

It is usually temporary. Raw fruits and vegetables, milk, fruit juices, prune juice, beer, alcohol or strange drinking water are examples. Loose stool may be caused by emotional stress. Some people with ileostomies may always have a watery discharge. This is normal for them. What to do about diarrhea:

- Call your physician, and take the medications he prescribes, if any.
- Take alternately every hour:
 - One cup of sweetened clear tea, or

- One cup of orange juice, or
- One-cup salty broth

Continue as long as diarrhea persists. There is also glucose drinks available, which will help replace these losses. These include products like Gatorade, sports drinks, Pedialite, etc. Your grocery store and ostomy retailer may have a variety of these.

When nothing comes out of the ileostomy

There are occasions when the ileostomy does not function for short periods. This is normal. However, if such cessation of flow lasts four to six hours and is accompanied by cramps and nausea, the intestine can be obstructed. A doctor must be called. An obstruction or blockage may be partial. If it is partial, some liquid may pass through. You may need to see your doctor or go to the hospital emergency room immediately. At the first sign of obstruction, remove the entire pouching system. Make sure you are drinking plenty of water. A blockage will usually pass on its own. If you need to leave your home, wear a pouching system with a skin barrier with a slightly larger opening so that the stoma will not be constricted if it swells. As stated earlier, obstructions may be caused by high residue, high fiber foods; Chinese vegetables; pineapple; coconut; kernel corn; raw fruits and vegetables; nuts; skins from fruits and vegetables, meat casings; popcorn; mushrooms; shrimp or lobster; lack of enough water to digest your food. It may also be caused by internal changes beyond your control.

Constipation

Constipation does not occur in the usual sense. An obstruction is quite different from constipation in those who have functioning colons. People with ileostomies do not become constipated. Therefore, never take any medications to promote intestine activity like Ex-Lax. Serious harm could result.

The need for more water and salt

After ileostomy surgery, you may have a natural desire for more water and salt. This is your body's way of making up losses of water and salt. Ask your doctor about the amount of liquid and salt you should take as well as other related questions. This is very important if you have a condition requiring a low-salt diet. People with colons have salt reabsorbed into their body. People with ileostomies generally lose about a teaspoon of salt each day. In addition, it is prudent to drink at least one quart of water daily. Two to three quarts of water is a prudent intake for people with a new ileostomy.

You will avoid many health problems with a high intake of water.

When you feel the need to move you bowels

This is referred to as the "phantom rectum." It is similar to the "phantom limb" of amputees who feel as if their removed limb is still there. It is normal for you to feel as if you need to evacuate. This may occur for years after surgery. If the rectum has not been removed, one may also have this feeling and will pass mucus when sitting on the toilet. Some who have had their rectum removed say that the feeling is relieved somewhat by sitting on the toilet and acting as if an evacuation is taking place.

When part of the small intestine is taken

This happens in some types of inflammation, Crohn's disease or diseases of the small intestine. The condition merits special attention because the more small intestine one loses, the greater the loss of its vital absorptive function.

People with this condition must remain under a physician's supervision. They can live a normal life but must be careful to maintain adequate nourishment, avoid diarrhea and be within the reach of medical care. The shorter the small intestine, the more fluid the discharge will be. This may reduce the wear time of a pouching system because of more rapid undermining of the skin barrier. An extended wear skin barrier usually will increase the wearing time of a pouching system for someone with an ileostomy.

When to call the doctor

You should call the doctor when you have

- cramps lasting more than two or three hours;
- a deep cut in the stoma;
- excessive bleeding from the stoma opening—blood in the pouch at several emptying's;
- continuous bleeding at the junction between the stoma and the skin;
- severe skin irritation or deep ulcers;
- unusual change in stoma size and appearance;
- severe watery discharge lasting more than five or six hours (this means that you have lost more than five pounds due to severe diarrhea);
- severe odor lasting more than a week;
- continuous nausea and vomiting;
- any other very unusual occurrence regarding your ileostomy, which may be difficult to determine for someone with a new ileostomy

Remember, some of these changes may reflect recurrent Crohn's disease, if that is your diagnosis.

What to do if you are hospitalized again

Take your ostomy supplies with you, as the hospital may not have your brand or size in supply. Prepare yourself to do some expert communicating, especially if you go into a hospital where ileostomy patients are rare or if you go for a condition not related to your ostomy. Do not submit to any procedures, which you think may be harmful such as taking a laxative, an enema through the stoma or rectum, or insertion of a rectal thermometer. If you are in doubt about any procedure, ask to talk to your doctor. Ask to have prohibited procedures listed on your chart. (To be continued next month)

Ostomy Management SpecialistSM Certification Course

Each year thousands of individuals in the United States face life-changing surgeries that require trained professionals to care for their unique, lifelong needs. Ranging from infants to adults, these individuals have experienced ostomy surgeries to correct gastrointestinal or urinary tract disorders. They require pre- and post-operative support, education training and counseling, some for many years after surgery. They deserve the best health care available to meet their unique needs. Successful adaptation to the issues these surgeries cause requires professionals who understand both the physiological and emotional challenges people with stomas face on a daily basis.



About the Program

The Ostomy Management Specialist (OMS) certification program was created and designed by a group of clinicians, CWOCNs, WOC nurses, physicians and surgeons, along with consulting physical therapists and occupational therapists as it relates to their scope of involvement. In addition, we received input from ostomy patients, caregivers and clinicians that care for the ostomy patient. This program was created due to the overwhelming requests WCEI® received in the past ten years. There just are not enough ostomy nurses available to meet the need of this patient population.

Eligibility

Health care providers with one year of experience in their clinical field and an active unrestricted license may apply for the OMS certification examination. These health care professionals include RN, LPN, LVN, NP, PT, PTA, OT, physicians and physician assistants.

About the Course

The Ostomy Management Specialist (OMS) Certification course includes eight (8) self-paced computer-based in home instructional pre-modules that must be completed prior to attending the classroom portion. On-site classroom courses include lectures and hands-on skills laboratories and practice sessions. Delivered by dynamic CWOCN credentialed instructors from diverse health care disciplines and settings, the program will prepare the attendee for the Ostomy Management Specialist certification exam.

Certification

Upon successful completion of the OMS certification course, qualified participants are eligible to take the OMS Exam. The OMS Exam is offered by the National Alliance of Wound Care, NAWC®. OMS initials are the credential mark of the NAWC certification and can be used after passing the exam. OMS provides an added credential beyond licensure and demonstrates by examination the acquired core body of specialized knowledge. Visit www.wcei.net/ostomy.

Urinary Diversions

By Norma N. Gill, ET (An updated version of the first ostomy nurse's article on self-management of urostomies written about 1955)

In the urinary diversion, we note certain things that are traumatic to the patient. However, contrary to what most people think, urine on the skin does not cause a skin irritation except when it is trapped under the skin barrier.

Foolproof equipment is necessary to be utilized; i.e., there must be no leakage. Yeast conditions are common; therefore, it is advisable to have a micro-granulated anti-fungal powder on hand whenever you see a reddened area. The removal of the adhesive disc—the skin barrier—again should be done gently pulling on the skin and not the barrier. This prevents one pulling off the cornified layers of skin. One can pull out the hair follicles by the roots, which leaves the area wet and weepy if proper care is not taken.

Hair should be removed by either cutting with scissors or an electric razor. Extra care should be used when using a regular razor and this is not advised. It will shave off the roots of the hair. If one does have small weepy areas, a quality ostomy powder should cover them.

A stoma must be re-measured after surgery to obtain the correct opening in the skin barrier. Otherwise, we will see a crusty wart like looking skin, often bleeding and oh so tender. In error, someone will cut a larger size opening to accommodate this. Wrong! It should be a smaller size to press down the "dishpan hands" skin. This is where skin has been exposed to urine so that it becomes water logged. In some cases, one may have to go to surgery—for it is so tender—and have it shaved off to the skin level.

Then immediately, one must re-measure an exact sized barrier and check continually to make sure it is correct. Crystals are usually on the stoma, not on the skin. However, use of full strength vinegar in the pouch, sloshed over the stoma once or twice a day will prevent this. Crystals show up as white deposits on the stoma. Again, let me stress for the urinary stoma—cements, pastes and adhesives cause problems. One must have a correct fitting skin barrier with proper adhesion.

However, skin problems are not as bad as those of the person with an ileostomy are. If one finds a reaction, use one of the high quality skin barriers around the stoma, which will prevent this and provide a better seal.

Jury Duty

There was a recent posting on the UOAA Discussion Board about jury duty. As we all know, jury duty is an obligation we all must fulfill when asked. It is one of the rights we as Americans hold so dear to ourselves . . . the right of trial by jury. Of course, serving is an inconvenience to us personally. But, consider that service our military provides being maimed or dying every day standing in our place. Those of us with ostomies should be especially grateful to those who serve, for after all, these are the ones—doctors, nurses and staff—that saved our lives. One would think that we would be the first to stand up to serve on a jury yelling, "Take me first." Let us say this emphatically, an ostomy is never a reason but it can be an excuse. We thought you would like to hear some of the responses.

Q “I have been called for jury duty. I was wondering since I have to empty my pouch so often because I have an ileostomy, would this be a good excuse for me from serving? Does anyone have any experience with this?”

A “I’ve been on jury duty a few times. First of all, depending on your area, you may not even have to go in—some places have a call-in system. Even if you do go in, you may never get on a case. I have been on cases lasting about two weeks on two different occasions. There were always more than enough breaks during the trial to use the facilities. Of course, if you really don’t want to serve, I suggest you get a doctor’s letter.”

A “I’ve served several times . . . no problems.”

A “I have served with no problems at all—everyone needs to “go” at some point! If you’re worried about it there’s probably, a form of some kind your doctor can fill out to get you excused. All we need here is a letter from our doctor, and we are excused for a year.”

A “I’ve received notice for jury duty three times since my first surgery 22 years ago. I was specific on the reply about having an ileostomy and needing access to rest room facilities at least every two hours. I was excused each time. My doctor was OK with giving me a letter if needed.”

What We Can Learn From Geese

There is power in a gaggle of geese that one just does not find in a lone goose. Some examples:

Fact: As each goose flaps its wings, it creates lift for the bird following. By flying in a “V” formation, the whole flock adds about 71% greater flying range than if one goose flew alone.

Lesson: Those who share a common direction and sense of unity can get where they are going quicker and easier because they are drawing strength from each other.

Fact: When a goose falls out of formation, it suddenly feels the drag and resistance of trying to fly alone, and quickly goes back into formation to take advantage of the lifting power of the bird in front.

Lesson: Stay in formation with those who are headed where we want to go; be willing to accept their help and give help to others.

Fact: When the lead goose becomes tired, it rotates back into the formation and another goose flies at the point position.

Lesson: It pays to take turns doing the hard task and sharing leadership. People, like geese, are interdependent on each other.

Fact: Geese look after each other. If one becomes sick or wounded, two geese follow it down to protect and feed it until it either recovers or dies.

Lesson: Stand by each other in difficult times as well as in good times. And when you hear those geese honking? They are offering encouragement to their leader, something everyone—not just leaders—needs. Have you offered or received encouragement today?

Bylaws: Article XI—Mission

The Ostomy Association of Greater Chicago is organized exclusively for charitable, educational or scientific purposes, including, for such purposes, the making of distributions to organizations that qualify as exempt organizations under section 501(c)(3) of the Internal Revenue Code or corresponding section of any future federal tax code. No part of the net earnings of the organization shall inure to the benefit of, or be distributable to its members, trustees, officers or other private persons, except that the organization shall be authorized and empowered to pay reasonable compensation for services rendered and to make payments and distributions in furtherance of the purposes set forth in the purpose clause hereof. No substantial part of the activities of the organization shall be the carrying on of propaganda or otherwise attempting to influence legislation, and the organization shall not participate in or intervene in (including the publishing or distribution of statements) any political campaign on behalf of any candidate for public office. Notwithstanding any other provision of this document, the organization shall not carry on any other activities not permitted to be carried on (a) by an organization exempt from federal income tax under section 501(c) (3) of the Internal Revenue Code, or corresponding section of any future federal tax code, or (b) by an organization, contributions to which are deductible under section 170(c) (2) of the Internal Revenue Code, or corresponding section of any future federal tax code. *See our entire Bylaws by visiting <http://www.uoachicago.org/bylaws1.htm>.*

*Leisure is a beautiful garment,
but it will not do for constant wear.*

Ostomy Association of Greater 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 and/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.

Our Gala Holiday Party . . . 12/12

Yes, the holidays are right around the corner, and that means party time! This year's affair will feature a delicious catered meal with mouth-watering appetizers and desserts. The party is on a special date, Wednesday, December 12, 2011 at 6:30 PM, in our usual meeting place, the 10th Floor-West Special Function Dining Room. We will enjoy music, games, prizes and of course fabulous food, our board members bring deserts.

Bring your spouse or a significant other to share in the joy of the season! If any of you are able to come early to help, we start setting up at 5:30 PM. Assistance with cleanup afterward would also be appreciated; we never turn down capable help. Jerry and Sally Schinberg will host our party as they have for over 12 years. We are very grateful for the fine work they perform for our benefit.

Retarded Grandparents

Written by third grader, Stinky Herchoff, on his grandparents

After Christmas, a teacher asked her young pupils how they spent their holiday away from school. One child wrote this silly missive.

"We always used to spend the holidays with Grandma and Grandpa. They used to live in a big,

brick house but Grandpa got retarded and they moved to Arizona. Now, they live in a tin box and have rocks painted green to look like grass. They ride around on their bicycles and wear name tags because they do not know who they are anymore."

"They go to a building called a wreck center, but they must have got it fixed because it is all okay now. They do exercises there, but they do not do them very well. There is a swimming pool too, but they all jump up and down in it with hats on."

"At their gate, there is a doll house with a little old man sitting in it. He watches all day so nobody can escape. Sometimes, they sneak out and go cruising in their golf carts."

"Nobody there cooks, they just eat out. They eat the same thing every night—early birds."

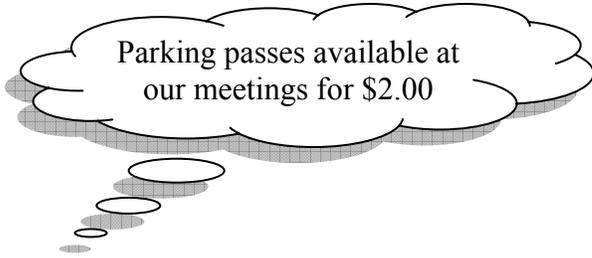
"Some of the people cannot get out past the man in the doll house. The ones' who do get out bring food back to the wrecked center for pot luck."

"My Grandma says that Grandpa worked all his life to earn his retardment and says I should work hard so I can be retarded someday too. When I earn my retardment, I want to be the man in the dollhouse. Then I will let people out, so they can visit their grandchildren.

www.uoachicago.org

The New Outlook
514 Knox St.
Wilmette, IL 60091

Return Service Requested



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).