



INSIGHTS

The Newsletter of the
**OSTOMY ASSOCIATION
OF SOUTHERN NEW JERSEY**

www.ostomygroupsnj.org

SERVING OSTOMATES IN SOUTH JERSEY SINCE 1977

FEBRUARY 2016

WELCOME!

The **Ostomy Association of Southern New Jersey (OASNJ)** is dedicated to providing information, advocacy and peer support to our members, their family and caregivers, and to the area's intestinal and urinary diversion community at large.

We meet regularly to share experiences, provide mutual support and learn about the latest products and information for colostomy, ileostomy, urostomy and continent diversions.

Meetings are held at the **Virtua-Memorial Hospital Burlington County**, located at 175 Madison Avenue, Mt. Holly, NJ 08060 in the 1st floor Conference Center. We meet on the **3rd Monday of each month with the exception of July and August**. The June meeting is traditionally held in an area restaurant. Meetings begin at **7:00 pm and adjourn by 9:00 pm**. Families and friends of ostomy patients are always welcome to attend. There is no fee to attend and refreshments are served.

For more information about the OASNJ, contact us at our NEW website... www.ostomygroupsnj.org

AFFILIATION:

OASNJ is an affiliate of UOAA, the **United Ostomy Associations of America**. It has IRS 501(c)(3) Charity Status and 360 affiliates nationwide. Contact UOAA at **800-826-0826** or www.ostomy.org. For more info sign on to [Twitter.com/UOAA](https://twitter.com/UOAA) or [Facebook.com/UOAAinc](https://facebook.com/UOAAinc).

SCHEDULE

FEBRUARY 15, 2016: Because of the possibility of snow cancelling our meeting, we will again have a round table discussion with our WOCNurses to answer your questions.

MARCH 21, 2016: Our member, John Egger, who specializes in Medicare, Medicare supplements and Advantage programs, and Life Insurance will address the group and answer your reimbursement questions.

APRIL 18, 2016: Program topic to be announced at a later date. 1

OASNJ Satellite Support Group

Where: Virtua Health Wellness Center, 401 Young Avenue, Moorestown, NJ

When: The 1st Wednesday of the month, from **Noon to 2:00 PM** .. **Next meeting February 3. Due to the possibility of bad weather no speaker has been invited to present.** **Contact:** Lois Moskowitz, at **609-707-4368** or e-mail: Strongcoffee1@verizon.net for details.

Attention Gloucester County Ostomates and anyone else that is interested! The Woodbury Ostomy Support Group meets the 3rd Wednesday of each month at the Inspira Medical Center Woodbury (Underwood Hospital's new name), Medical Arts Building, Suite #14 **Next meeting 17th at 6:00pm**. Contact Kathy Pflieger at pflegerk@ihn.org for details.

VISITING PROGRAM ... Please Note ... We Have a New "Help Line" Tel # ... 856-983-1433

If you, or someone you know is in need of a trained ostomy patient visitor, call **Sandy Ritter** at **856-983-1433** to arrange for an in-person or telephone visit.

Production and distribution of this INSIGHTS newsletter is made possible thanks to the generosity of the:

AMERICAN CANCER SOCIETY.

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DISCLAIMER : No suggestions made, or any products named in any article or advertisement in this newsletter, at our meetings or recommended by a member of our organization is to be considered as an endorsement by the Ostomy Association of Southern New Jersey or the United Ostomy Associations of America, Inc.. Always consult your doctor and/or WOCNurse before using any products of ostomy management procedures published in this newsletter.

• OSTOMY PRODUCT DISTRIBUTORS

American Ostomy Supply (800) 858-5858
Bruce Medical Supply (800) 225-8446
Byram Healthcare(877) 90-BYRAM
Edgepark Surgical(800) 321-0591
Express Medical Supply(800) 633-2139
Liberty Medical Supply(866) 486-2379
Medical Care Products(800) 741-0110
Ostomy Care Supply(866) 207-5909
Parthenon(800) 453-8898
SGV(800) 395-6099
Shield Healthcare(800)-675-8847
Sterling Medical Services(877)-856-1286
TOTAL eMEDICAL (800)-809-9806

OSTOMY PRODUCT MANUFACTURERS

Coloplast (888) 726-7872
ConvaTec (800) 422-8811
Cymed (800) 582-0707
Dansac (800) 538-0890
Securi-T USA..... (877) 726-4400
Hollister Incorporated (888) 740-8999
Marlen Manufacturing (216) 292-7060
New Hope Laboratories ... (800) 899-5017
Ostaway x-Bag (800) 774-6097
Ostomy Secrets (800) 518-8515
Torbot (800) 545-4254

• WOUND, OSTOMY and CONTINENCE NURSES SOCIETY ... www.wocn.org

Area WOCNurses:

Arlene Peahota (856) 764-6634
Kathy Pflieger (856) 845-0100 x 3725

Diane Wagner (215) 707-3092
Gillian Reeve (856) 566-2059

Nancy Fonte, WOCN ... (609)-484-7300 ext 185 ... Nancy.Fonte@atlanticare.org

**Ostomy Support Group meets 2nd Wed of each month at 4:00 PM at the Atlanticare Center,
2500 English Creek Avenue, Bldg 400, Egg Harbor Township, NJ**

• WHEN TO CALL A DOCTOR OR WOC NURSE

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

Ostomy Hints, Tips and Other Good Stuff

UOAA Update

There are times when we think we are doing the right thing, but get ourselves into trouble. Here are some instances to think about.

- **Alcohol:** Alcohol is a powerful drying agent. Prolonged contact with the skin can have serious consequences.
- **Clamp Usage:** Wrapping the drainable pouch tail around the clamp before closing it. This will not make the clamp work any better. All it will do is spring the clamp out of shape, which will ensure that the clamp won't work for future application, it will make releasing excess gas more difficult, and it could cause the clamp to fall off spilling the pouch contents.
- **Releasing Gas:** Burping your appliance, or snapping the pouch off the face plate to expel gas doesn't do much for odor control! It's much better holding the tail of the pouch above the pouch and with a tissue in hand that has been treated with deodorant, open the clamp and allow the gas to dissipate out through the tissue. Then use the tissue to clean out the end of the pouch and replace the clamp.
- **Normal Wear Time:** You should not wear your appliance until it leaks. The object is to change the appliance before leakage occurs. This way, the skin gets the best protection and care. Three to five days is normal wear time. Some people report seven days, but manufacturers feel that this may be pushing their products to their limits.
- **Washing Pouches:** Washing pouches and using the same pouch for months will eventually saturate the plastic of the pouch with fecal or urine odor and no amount of washing will get rid of it. It is recommended that you throw the pouches away when you throw the face plate away. If, in emergency, you have to rinse your pouch always use cold water, since hot water will open the pores in the pouch material and allow odor to penetrate.
- **Experimenting With Appliances:** Although it's fine to experiment with new appliances, especially if you're unhappy with your usual equipment, you'll generally get the best service from the equipment you have the most experience with. If you need to change appliances and want samples to try, call another supplier at the 800 number shown on page 2 of this newsletter.
- **Ignoring Skin Problems:** All skin problems are easier to manage if they are treated early.
- **A Full Pouch:** Letting your pouch get full before emptying it can separate a two-piece system. Try to empty your pouch when it's one-third to one-half full.
- **Seat Belts:** A well-placed and adjusted seat belt shouldn't interfere with stoma function, or damage to your stoma. True, in an accident your stoma may be damaged, but it's a lot easier to repair a stoma than a crushed skull.
- **Wound Ostomy Continence Nurse:** It's not a good idea to try to live with a condition you can't correct yourself. When in doubt, contact your local Wound Ostomy Continence Nurse (WOCN) or your doctor.

When to Contact a WOC Nurse

By Julie Powell, WOCN ... via UOAA Articles to Share 1/2016

Living with an ostomy can be a bit challenging at times. One of the most important things to remember is that everyone's ostomy is different. The following are reasons to contact a WOC Nurse for advice:

- A change in the size or appearance of the stoma;
- Skin problems around the stoma including a rash, open sores, redness or weeping;
- Ongoing leakage of the pouching system;
- Weight gain or loss that may cause difficulty with pouching system;
- A cut in the stoma;
- Difficulty in getting an appliance to secure to the skin around the stoma;
- General questions regarding ostomy care and management. Issues may revolve around diet, bathing, activity, odor, diet, intimacy, travel, etc.
- Contemplating a change in pouching system.

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Ostomy A to Z

By Brenda Elsagher ... with permission from Brenda Elsagher from her book: *I'd Like to buy a Bowel Please: Ostomy A to Z*, www.livingandlaughing.com ... via UOAA Articles to Share 1/2016

H: Handicapped Bathroom

An usher at the theater downtown would guard the handicapped bathroom and only let "handicapped" people in to use it before or during the plays. When I walked toward the door, she said, "This bathroom is for handicapped people only."

Am I handicapped I thought? No, but I knew the bathroom upstairs had no sinks in the stalls, and I had not brought things with me that I would need.

Instead, I said, "Some handicaps cannot be seen. Although I am not handicapped like some people, I would prefer to use a stall with a sink in the same room." She seemed perplexed, but I would have done a show-and-tell and embarrassed her if I needed to get my point across. Luckily, she stepped aside.

Humor

Most of the time, I coped with my ostomy and colon cancer with humor. It seemed to relax me as well as those around me. It gave them permission to tease me when they saw I could laugh about it. Conversations were less strained because we didn't pretend; we just dealt with it head on using a well-placed laugh.

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Thought #1 ... People who laugh a lot are healthier than those who don't.

Colostomy Irrigation

By Mary Lou Boyer, BSEd, RN, CWOCN Lifetime Achievement Award Winner, Cleveland Clinic
via UOAA Articles to Share 1/2016

You may have seen or heard the term "irrigation" used in conjunction with ostomy care. There are several different ways this word is used and it can have very different meanings.

Some people with ostomies say that they "irrigate" their pouch or appliance each time they empty. In these cases, it is a matter of adding water to help loosen thick or formed stool to assist in emptying the thick stool from the pouch. Or it can mean rinsing out the pouch with water until the pouch appears clean. In other cases the term "irrigation" is used when referring to a procedure that some people with descending or sigmoid colostomies may use to cleanse or regulate the bowel by instilling water into the large intestine through the stoma. This is called "colostomy irrigation".

Over the many years that colostomy irrigation has been an option in colostomy care, there has been some debate about whether or not an individual should irrigate. In making that decision the following are questions that should be considered: What is colostomy irrigation? Who is an appropriate candidate? Why is it done? When is it done? And, How is it done? This article is an attempt to answer these questions.

Colostomy irrigation is a method of assisting the bowels to move at a certain time. The procedure itself is similar to an enema, however it is done with specialized equipment to instill warm water through the colostomy stoma. A large water bag with tubing that has a cone-shaped tip is inserted into the opening of the stoma. The cone-shaped catheter tip allows the water to flow into the colon while preventing the water from leaking back out. As the colon fills with water, it distends. This distention stimulates colon peristalsis and mass contractions that lead to stool evacuation.

Colostomy irrigation is an option only for people who have a descending or sigmoid colostomy. In the normal bowel, the function of the colon is to absorb water from the waste material and to store it for a normal bowel movement. In most cases this can be as often as once or twice a day, or less frequent, such as every other day. There must be enough of the large intestine to absorb and store. The anal sphincter muscle is used to control the bowel movement until a convenient time. When most of the colon is still in place, the bowel can generally return to the usual pattern the person had prior to surgery. With a colostomy there is no longer a sphincter muscle to hold the stool in until a convenient time to go to the bathroom. Stool will flow into the pouch with no control over the timing. This loss of control that comes along with having a stoma can result in stool flow into the pouch at inconvenient or embarrassing times. Gas can also be an issue.

Colostomy Irrigation is used to empty the colon for any of the following reasons:

- * To regulate the bowel;
- * Clean out the bowel for testing procedures, including colonoscopy;
- * To stimulate bowel function when constipated or if the colon is very slow to wake up after the colostomy surgery.

When colostomy irrigation is used to help stimulate bowel function after intestinal surgery, only a small amount of warm water is instilled. This is done after the normal waiting time for stool flow has passed. Anesthesia, pain medications and inactivity after surgery all contribute to slowing the

bowel down and delaying return of normal peristalsis needed to have bowel function. Colostomy irrigation can be used as a possible method for cleansing the bowel in preparation for colonoscopy, laboratory testing, x-rays, barium enema and CT scans, as well as any other testing that requires the bowel to be empty for clear visualization by the physician. Cleaning out the bowel for testing has shifted more toward oral preparations with the advancements of laxative-type bowel cleansing medications. However, irrigation is still an option, especially for those patients with certain health issues or who cannot tolerate oral preparations.

When colostomy irrigation is used to regulate the bowel, the procedure is done daily. If the normal pre-surgery bowel pattern was less frequent than daily, the procedure can be done every other day. It may take a couple of weeks to "train" the bowel to completely empty at the time of irrigation. The desired result is to move all of the stool out with the irrigation water and have no spillage of stool into the pouch between irrigations. The best results are obtained by doing the procedure at the same time every day in order to "train" the bowel for evacuating on a regular basis at a convenient time. For some people it is most convenient to perform irrigation in the morning and for others the best time is in the evening when they are not rushing off to work or other daily activities. It is up to the patient's personal preference.

If the procedure works well, the person with a descending or sigmoid colostomy can count on regular evacuations and the need for a pouch is minimized. The patient who irrigates successfully may wear only a small stoma cap or gauze square over the stoma between irrigations. Some wear a small pouch just for security.

Colostomy irrigation is not always appropriate or even desirable for every person who has a sigmoid or descending colostomy. The person's age, physical and mental ability to learn and perform the procedure, the disease process, and whether or not the ostomy is temporary or permanent are all factors that need to be considered.

Irrigation is NOT recommended for people with any of the following conditions:

- * Stomal prolapse - Irrigating can increase the risk for further prolapse;
- * Peristomal hernia - Hernias change the contour and angle of the intestine so there is increased risk for bowel perforation and poor evacuation results;
- * Children or young adults - In younger people, routine irrigation may create bowel dependency. In other words the bowel may not be able to function normally without irrigation if the routine is started at an early age;
- * Pelvic or abdominal radiation - Radiation can cause damage to the tissue of the intestine. Anyone with abdominal radiation has an extreme risk of bowel perforation, so it is important not to add any extra pressure to the fragile tissue;
- * Diverticulitis - Because the bowel tissue is already compromised from this disease process, there is a much higher risk of bowel perforation;
- * Patients with limited manual dexterity;
- * Patients with poor learning ability;
- * Persons who had poor bowel regularity before surgery will likely have poor results from irrigation
- * Extremely ill or terminally ill patients - Routine irrigation is usually not recommended for these patients because of the time and energy required for the procedure

When colostomy irrigation is being considered, it is important to first determine if the individual

(continued on page 7)

2016 UOAA Mid-Atlantic Regional Conference

PAINT YOUR FUTURE

April 29, 30 and May 1, 2016

Holiday Inn Washington Dulles 45425 Holiday Drive, Sterling, VA 20166

Hosted by the Ostomy Support Group of Northern Virginia
Bill Hawes contact billatmaccom@verizon.net

Notice: It is expected that REGISTRATION will be open on our website (www.osgnv.org) in the November-December timeframe. As soon as we get more information we will pass it along.

RATES FOR THE HOTEL:

\$79.00 (+13% tax) per night for a king bed;
\$85.00 (+ 13% tax) for two double beds
(these rates are good for the nights of April 27 through May 2).

REGULAR REGISTRATION

\$40 per person Spouse/Companion
OSGNV Member \$35 per person
Banquet \$40 per person

TENTATIVE SCHEDULE

Friday, April 29, 2016

4:00 PM - 7:00 PM Stoma Clinic
4:00 PM - 9:00 PM Registration
6:30 PM - 9:00 PM Informal Reception

Sunday, May 1, 2016

7:30 AM - 8:45 AM Breakfast
9:00 AM -12:00 Half Day Beverages
9:00 AM - Noon ASG'S in Action

Saturday, April 30, 2016

6:30 AM - Noon Registration
7:00 AM - 8:15 AM Breakfast Buffet
8:00 AM - 9:00 AM Exhibit Set-Up
9:00 AM - 5:00 PM All Day Beverages
9:00 AM - 5:00 PM Stoma Clinic
9:00 AM - 4:00 PM Exhibits
8:30 AM - 9:30 AM Opening Session/Program/
Speaker
9:30 AM - 10:15 AM Morning Break/Exhibits
10:30 AM -11:30 AM Workshops 1-3, Titles TBD
11:45 AM -1:30 PM Lunch/Speakers/Exhibits
1:45 PM - 2:45 PM Workshops 4-6, Titles TBD
2:45 PM - 3:30 PM Afternoon Break/Exhibits
3:30 PM - 4:30 PM Workshops 7-9, Titles TBD
4:45 PM - 5:45 PM Workshops 10-12/Breakout
Groups-Rap Sessions
7:00 PM - 10:00 PM Banquet (Dinner Dance)



Get Ostomy Answers!

Providing Solutions. *The Phoenix* magazine, the official publication of the UOAA, provides answers to the many challenges of living with an ostomy. From skin care to nutrition to intimacy, in-depth articles are written by medical professionals, ostomy experts and experienced ostomates. Published March, June, Sept. and December.

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~~~~ ✂ ~~~~~ **TO BECOME A MEMBER OF THE** ~~~~~ ✂ ~~~~~  
**OSTOMY ASSOCIATION OF SOUTHERN NEW JERSEY**

Membership in the Ostomy Association of Southern New Jersey is open to all persons interested in ostomy rehabilitation. Membership dues are only **\$10.00 per year.**

**PLEASE PRINT THIS INFORMATION:**

**NAME:** \_\_\_\_\_ **PHONE:** \_\_\_\_ - \_\_\_\_ - \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_ **EMAIL:** \_\_\_\_\_

**CITY:** \_\_\_\_\_ **STATE:** \_\_\_\_\_ **ZIPCODE:** \_\_\_\_\_

To help us complete our records, please answer the following:

Please check if you have/are:

- |                                    |                                              |                                                       |
|------------------------------------|----------------------------------------------|-------------------------------------------------------|
| <input type="checkbox"/> Colostomy | <input type="checkbox"/> Continent Ileostomy | <input type="checkbox"/> Other: _____                 |
| <input type="checkbox"/> Ileostomy | <input type="checkbox"/> Continent Urostomy  | <input type="checkbox"/> Spouse/partner/family member |
| <input type="checkbox"/> Urostomy  | <input type="checkbox"/> Ileo-anal Pull Thru | <input type="checkbox"/> Friend                       |

**Date(s) of Ostomy Surgery:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Make check payable to "OASNJ" and mail to:  
 Ken Aukett, P.O. Box 318, Collingswood, NJ 08108**