INSIGHTS

The Newsletter of the

OSTOMY ASSOCIATION OF SOUTHERN NEW JERSEY

www.ostomygroupsnj.org SERVING OSTOMATES IN SOUTH JERSEY SINCE 1977 APRIL 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** or **Facebook.com/UOAAinc.**

MEETING SCHEDULE

APRIL 18, 2016: Ask the WOCNurses! Jane Johnson and Gillian Reeve will answer your questions about pouching systems, skin care and other ostomy concerns.

MAY 16, 2016: Dr. Avi Galler, our new Medical Advisor will be our featured speaker.

JUNE 20, 2016: Plan now to attend our **"39th Anniversary Dinner".** Details shortly! l

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 April 6. For meeting information contact: Lois Moskowitz, at 609-707-4368** or e-mail her at: **Strongcoffee1@verizon.net**.

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 March 20th at 6:00pm.** Contact Kathy Pfleger 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.

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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	Diane Wagner	(215) 707-3092
Kathy Pfleger	(856) 845-0100 x 3725	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.

We Have Wonderful News! It Is Our Great Pleasure To Introduce Our New Medical Advisor:

Avi S. Galler, M.D.

Doctor Galler is very excited to join with us. He is a real hands on doctor who will address your concerns, answer your questions and be active in our ostomy community. He is a Virtua doctor at the new Voorhees Campus on Rt. 73 but is expanding his practice every day.

On Monday, May 16th, at 7pm, Dr. Galler will be joining us at our meeting at Virtua Memorial Hospital, Mount Holly. Please come out and greet him and show him how much we appreciate his help.

While his resume is very impressive, one thing you won't see on paper is how important his patients are to him. Dr. Galler has said that while he very much likes the science behind medicine, the thing that he loves the most is the "people aspect". As Stephanie Urzi said, "I know this first hand. Dr. Galler has always made me feel like I am not only the most important patient, but the only patient he has that day. He is attentive and compassionate."

Please watch the video on our website, **ostomygroupsnj.org**, for more from Dr. Galler in his own words.

Doctor Galler writes: (Editor's note: Dr. Galler's article arrived too late to include in our March newsletter)

It's March! To many of us that means college basketball, St. Patrick's Day, and the arrival of spring. Don't forget, though: March is also Colon Cancer Awareness month. Colorectal cancer is the second leading cause of cancer deaths in the United States, and approximately 5% of Americans will develop colorectal cancer. Despite these statistics, colorectal cancer is a preventable and, when caught early, a very curable disease. Colorectal cancer often begins as a pre-cancerous growth or polyp that slowly grows in the colon wall over many years. A colonoscopy can detect and even remove these polyps, halting the progression to colorectal cancer and avoiding major surgery.

Screening colonoscopies should be performed on everyone between the ages of 50 and 75. Higher-risk groups should be screened earlier – especially people with a family history of colon or rectal cancer or those with other medical conditions that necessitate an earlier screening. Anyone with symptoms such as rectal bleeding, abdominal pain, constipation, or changes in bowel habits should be seen by a doctor, as these may prompt the need for a colonoscopy as well.

Other options for screening include checking the stool for blood (fecal occult blood test/FOBT), flexible sigmoidoscopy, barium enemas, and the newer fecal immunohistochemical test (FIT). Each test has its pros and cons, but the American College of Gastroenterology recommends colonoscopy as the preferred cancer prevention strategy because if can detect and remove polyps at the same time. It is always best to consult with your physician to decide which screening method is best for you.

People with prior history of colorectal cancer and other gastrointestinal disorders are also at a higher risk for colorectal cancer. Despite prior surgeries, and even the presence of an ostomy, screening and surveillance is still necessary as the risk for colorectal cancer is still present.

Screening for colorectal cancer has decreased the incidence of colon cancer by almost 30% over the last 20 years, yet almost 23 million Americans, or approximately 1 out of every 3 adults, are not getting screened as recommended. The American Cancer Society estimates that the colorectal cancer death rate could be cut in half if all Americans followed screening recommendations. Last year, more than 50,000 people died from colorectal cancer in the United States, and many of those deaths could have been prevented.

Please strongly consider routine screening for colorectal cancer and discuss your risk factors with your physician. As the new medical advisor for the Ostomy Association of Southern New Jersey, I welcome the opportunity to answer your questions or help you take advantage of screening options. You can always contact my office to schedule an appointment or a fast track colonoscopy.

Supply and Demand

By: Joni Schneider, RN CWOCN via Philadelphia Ostomy Association, ***The Journal***

Ostomy clients often have questions regarding pouching supplies. Here are a few of the more common inquires, with advice relating to each of you.

Where do I obtain supplies?

Ostomy pouching supplies are considered Durable Medical Equipment (DME) and need to be obtained from a supplier that is licensed to dispense them. Additionally, most insurance companies have a "preferred network provider" where they recommend you obtain supplies. Start with an inquiry of your insurance provider—call the 1-800 number on the back of your insurance card and ask them this question. Your local ostomy nurse is also a good resource to help you find a supplier.

Prescriptions for ostomy supplies need to be submitted by a medical provider, but your ostomy nurse can provide the order information. Different ostomies require different pouching supplies, and your nurse can guide you toward appropriate options.

When Should I Reorder my supplies?

It could take about a week to obtain supplies after placing an order with your Supplier. Plan ahead and have a back - up plan for unexpected situations. Reorder supplies when you have no fewer than three pouches on hand.

I need more supplies than my Insurance gives me. What do I do?

Medicare and Medicaid determine the quantity of ostomy supplies allowed based on the type of ostomy. They determine the amount "usually" medically necessary. Individual patient needs may vary and change over time. Your provider can clearly document why you require excess quantities and submit a "Letter of Necessity" to your insurance for consideration. Purchasing supplies with "out of pocket" payment may be necessary.

You could also contact ostomy supply manufacturers. Many of them provide support in the form of trial samples and have programs to assist if you do not have insurance coverage.

Frequently Ostomy clients tell me they change pouches more often than recommended "just because." While the practice of changing pouches routinely before they leak is preferred, there is no advantage to changing more often than advised. It is expensive and can frequently cause adhesive injuries to your peristomal skin.

Should I always carry extra pouches?

Pouch wear time can be unpredictable with the best stomas, and failures never happen at a convenient time. Always carry an emergency kit stocked with supplies needed for a pouch change. Bring this along to any clinic or hospital you visit. Hospitals generally stock a "generic" pouch but might not have your specific supply.

When can I visit my ostomy nurse for help?

Some insurance providers require an annual ostomy nurse visit in order to renew supply prescriptions. Most ostomy nurses require a referral from a medical provider to see an ostomy client.

How the Ileostomy Changes Digestive Function

Via Philadelphia Ostomy Association ***The Journal***

Some may wonder how it is possible to live without a colon (Large Intestine). The major functions of the colon and rectum are the collection, transport and elimination of intestinal waste and reabsorption of water. Although these functions are necessary for you to live, they can be taken over by the small intestine.

The major functions of the small intestine are the digestion and absorption of nutrients, vitamins, minerals, electrolytes and fluids. Enzymes released into the small intestine break food into small particles so that vitally needed proteins, carbohydrates, fats, vitamins, and minerals can be absorbed. These enzymes will also be present in the ileostomy discharge and they will act on the skin the same way they work on foods. This is why the skin around the ileostomy must always be protected.

When the colon is present, the food you eat eventually reaches the large intestine, where it is stored and more water is absorbed. Many hours or perhaps days later, the contents is expelled through the anus in a formed stool. Peristalsis (muscle contractions of the colon) pushes the contents towards the rectum. When the stool reaches the rectum, the need to empty the large intestine occurs and nerve pathways from the brain initiate the process of defecation.

After removal of the colon and rectum, you no longer have the need or control. Unlike the anus, the stoma has no shutoff muscle. Digestive contents pass out of the body through the stoma and are collected in an individually fitted drainable pouch, which is worn at all times. Because the small intestine does not store and make intestinal contents solid, your stool will never get thicker than an oatmeal consistency. However, the soft stool in your ileostomy pouch should not be confused with loose stool and diarrhea.

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The Benefits of Drinking Beer

(Editor's note: Drink in moderation … 2 twelve ounce bottles per day is a good limit.)

Heart:

Beer lowers the risk of coronary heart disease and helps produce good cholesterol.

Nutrition:

Beer provides-group vitamins, minerals and flavonoids.

Kidneys:

There is a 40% lower risk of kidney stones in beer drinkers.

Bones:

Beer is one of the few foods that provides silicon which helps to build strong bones. Studies suggest that drinking beer may help fight osteoporosis.

Colostomy Irrigation

By Mary Lou Boyer, BSEd, RN, CWOCN
Lifetime Achievement Award Winner, Cleveland Clinic

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 for constipation 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 irrigation 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
- Parastomal 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.

(continued on page 8)

- 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 is a good candidate. In other words, are there are any of the above risk factors? If not, then consider the advantages and disadvantages of the procedure, keeping in mind that the procedure, from start to finish, can take up to 45 minutes or even an hour

The chief advantage is regaining control over fecal elimination. If irrigation is successful, it can reduce the number of pouches used. It may even be possible to choose not to wear a pouch and only use a small protective covering. Successful management of the colostomy with irrigation may assist in the psychosocial adjustment to the colostomy. Disadvantages include the time required for the procedure and not all patients can achieve complete control with irrigation. If elimination patterns change or become unpredictable, the patient may not be free of bowel movements between irrigations.

Research shows that colostomy irrigation was first used in the 1920s and through the years it was taught routinely to patients with a descending colon or sigmoid colostomy. Among the chief reasons for teaching this routinely was the lack of quality pouches to contain thick or formed stool as they were bulky and did not adhere well to the skin. As pouching systems improved with more advanced technology, Colostomy irrigation as a widely used "routine" procedure lessened and began to be used more for personal preference, or on a need to know basis.

Regulation of the colostomy using irrigation is a personal matter. Life style and occupation often lead in making the choice. The final decision of whether to use this method or not should be made by the patient with proper guidance from health care professionals. Only those patients who meet the established criteria for irrigation should proceed with using this method of bowel management.

Irrigation Procedure

1. Gather equipment
2. Fill irrigation container with 1 liter warm water. Run some water through the tubing to remove air
3. Hang container at shoulder height with patient sitting on toilet or chair near toilet.
4. Remove old pouch or covering from stoma
5. Attach irrigation sleeve over stoma
6. Lubricate cone irrigator and gently insert into stoma. Hold cone gently but firmly against stoma to prevent backflow of water.
7. Open clamp and allow water to flow. If cramping occurs, shut off water flow, keeping cone in place until cramp subsides, then continue.
8. After water has been instilled, gently withdraw cone and close top of irrigation sleeve.
9. Allow 15-20 minutes for most of return, dry and clamp bottom of sleeve. Patient may proceed with other activities.
10. Leave sleeve in place for approximately 20 minutes
11. When evacuation is complete, remove sleeve, clean peristomal skin and apply pouch or protective covering.
12. Wash equipment.

We Have A New Website!!
www.ostomygroupsnj.org

Have you checked out our new, updated website yet… **www.ostomygroupsnj.org ??** Our site will only be as good as your inputs so let our "webmaster", Stephanie Urzi, know what you would like to see on it. Share a story that you may think everyone in the group would enjoy reading about. Send your messages to Stephanie at **ladydiver13@yahoo.com** . Thanks!

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Virtua Ostomy Outpatient Clinics

Jane N. Johnson, CWOCN, MSN, APRN, ANP-C and Kathy K. Judge ACNS-BC, NP-C, NEA-BC, CWON-AP, have advised that Virtua has two ostomy outpatient clinics, one in Virtua, 175 Madison Avenue, Mt. Holly headed up by Jane, and one in the Virtua Berlin Wound Healing Center, 100 Townsend Avenue, Berlin headed up by Kathy . These medical professionals are available to help patients that have problems with their ostomy appliances or other related medical issues. Jane , at the surgeons request can also stoma site pre-op patients. Appointment to see either Jane or Kathy can be obtained by calling 856-322-3222.

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INSIGHTS via E-Mail

If you are presently receiving this newsletter through the US mail and would like to receive it via e-mail, send me and e-mail (**kenaukett@gmail.com**) and let me know. The e-newsletters are received about 2 weeks before those than the paper copies.

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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

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OSTOMY ASSOCIATION OF SOUTHERN NEW JERSEY

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

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____ Ileostomy **____ Continent Urostomy** **____ Spouse/partner/family member**
____ Urostomy **____ Ileo-anal Pull Thru** **____ Friend**

Date(s) of Ostomy Surgery: _____ Date of Birth: _____

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