



Ostomy Association *of the* **Houston Area**

March 2008

PO Box 25164
Houston, TX 77265-5164
www.ostomyhouston.org

"We help ourselves by helping others to help themselves."

"We are a volunteer-based organization dedicated to providing education, information, support and advocacy for people who have had or will have intestinal or urinary diversions."

Monthly support and information meetings are held in three locations for member convenience.

Central Group

Monthly: Third Monday
Time: 7:00 p.m.
Place: American Cancer Society Building
6301 Richmond Avenue, Houston
Contact: Terry Marriott 713-668-8433
(tdmarriott@yahoo.com)

Meeting: March 17th, Monday evening

Program: 52nd Anniversary Celebration

Come and join in the fun and festivities as we celebrate our 52nd year as a support group!

Northwest Group

Monthly: Tuesday following the third Monday
Time: 7:00 p.m.
Place: NW Medical Professional Bldg. (The Cali Bldg.)
17117 Cali Drive, Houston (This location is just off of 1960 and west of I-45. Turn north on Cali Drive from 1960. At the stop sign turn left on Judiwood and left again to park behind the Cali Building.)

Contact: Tony Romeo 281-537-0681 (sa1tmr@sbcglobal.net)

Meeting: March 18th, Tuesday evening

Program: Coloplast

Rosalie Johnson with Coloplast will present our March program. Come join us to hear about the latest products and developments at Coloplast.

**Happy
St. Patrick's
Day!!**

Baytown Group

Monthly: Fourth Monday
Time: 7:00 p.m.
Place: Community Room in Lobby of San Jacinto
Methodist Hospital, 4401 Garth Road, Baytown
Contact: Cindy Barefield 281-420-8671

Meeting: March 24th, Monday evening

Program: Hollister

Hollister Representatives, Frank Essig and Spencer Jackson will present our March program.

J-Pouch Group

Monthly: Third Monday
Time: 7:30 p.m.
Place: American Cancer Society Building
6301 Richmond Avenue, Houston
Contact: Ron Meisinger 281-491-8220

Meeting: March 17th, Monday evening . . .

Reservation required. No obligation. Please call 281-491-8220 for reservation.

Program: Round Table Discussion

Join us for a discussion about ulcerative colitis and the J-Pouch connection.

Patient Visiting and Support Services

Doctors and ET Nurses please note: Upon request from a doctor or nurse, a specially trained visitor will be sent to visit an ostomy patient before and/or after surgery. The visitor will be matched as nearly as possible according to sex, age, and type of ostomy. There is no charge for this service. The visitor does not give medical advice.

Please contact our Visitor Coordinator, Dorothy Andrews at 713-789-4049.

We are a health support group, a non-profit, tax-exempt, organization of volunteers whose purpose is to provide mutual aid and education to persons who have ostomies and to their families. We are a Texas non-profit corporation. Membership fees and donations are tax deductible.

Central Group News

We had 28 in attendance at the February 18th Central Group Meeting including first-time attendee, Theresa Stripling. Welcome back to Carol Dickinson who we were glad to see again.

A very informative program on the German-made ostomy and wound care products by Stomocur was presented by Clarice Kennedy, Certified Enterostomal Therapist. Clarice is on our Medical Advisory Board as well as being on the Board of Directors for our Ostomy Association of the Houston Area. Clarice was partially assisted in her presentation by Coni Ellis who is an additional local advocate for the Stomocur product line. At the end of the presentation Clarice collected information so that personalized sample sets of Stomocur products could be sent to those who were interested in trying them. Since the kangaroo (with its pouch) is the Corporate image for Stomocur, they also gave out some small stuffed kangaroos as door prizes.

The UOAA reminded us that March is "Colon Cancer Awareness Month" and sent us some blue star pins and cards that were passed out to everybody in attendance at the meeting to remind them to get their colon cancer screening tests, and by wearing these pins hopefully remind others that they need to get screened for colon cancer also, since with early detection this is a very curable form of cancer.

During the February meeting we learned of the nominees for the replacement for the UOAA Secretary who died last November. Those nominees are:

- ☐ **Susan Burns**
- ☐ **Bob Parish**
- ☐ **Michael Guss**

Members of our Board of Directors reviewed the candidates' informational files, and based partially on the fact that Floyd and Judy Swinger met, and were very impressed by, Susan Burns at the UOAA national conferences, our Board of Directors recommended voting for Susan Burns. Ed Wood moved that we vote for Susan Burns by acclamation which was seconded by Chuck Bouse. The vote for Susan Burns by all members in attendance was unanimous. The candidate information was emailed to our satellite group leaders along with the Board of Directors' recommendation, and the results received will be sent to the National UOAA office by the end of February.

On March 17th, a cake and punch reception will be held in celebration of our 52nd Anniversary. We will meet as usual at the ACS Building and will also have a round table discussion for the benefit of those who are having problems or need some additional informational help with anything ostomy related.

See you on the 17th!

Terry Marriott

The United Ostomy Associations of America (UOAA) can be contacted at
www.uoaa.org

HEARD YOU'RE AN OSTOMATE

By Louis J. Wray

I heard that you're an ostomate. Is it true what I heard about you?

That you have no guts, your bladder is gone, and that you're all washed up and through?

Yet, whenever I look at you, you're beaming with joy and grace.

You never hint at the strife you've borne, disguised by the smile on your face.

You seem to be a special breed, bent on helping others to live.

Your suffering must have battered your life, yet you reach out and always forgive.

I'd think that you might be angry at the way fate has picked on you.

But, I'd never suspect it if you are, for your love always seems to shine through.

I assume your second chance at life makes each day a pleasure.

And your thankfulness for health and friends is itself a treasure.

Now I better appreciate the Phoenix (bird), the symbol of your dear UOAA,
"Reborn from the ashes of disease".....What a message of hope this conveys.

Yes, I know you are an ostomate—a pattern you have set for me.

Like you, I'll try to help others cope with their new way of life cheerfully.

A second chance, reborn to serve, and as happy as can be.

Ostomates inspire me and my friends with service offered so free.

So, out in the open, your secret is known, your formula for success is in view.

You're an asset to this weary old world—we're blessed having ostomates like you!



***"We must think anew
and act anew."***

- Abraham Lincoln

OPPORTUNITIES & ANNOUNCEMENTS...

Anniversary Gift: As you celebrate the anniversary of your ostomy surgery each year, consider making a monetary gift to the Ostomy Association. Checks should be made payable and sent to: **Ostomy Association of the Houston Area**
Attn: Chuck Bouse, Treasurer
P.O. Box 25164
Houston, TX 77265-5164

Memorial Fund: Donations can be made to our Memorial Fund to memorialize or honor individuals. Checks should be made payable and sent to: **Ostomy Association of the Houston Area**
Attn: Mary Harle
9643 Winsome Lane
Houston, TX 77063-3725

(When sending a donation, be sure to include the name of the person being honored so that appropriate acknowledgement can be sent.)

Donation of Supplies: We are contacted on a regular basis by individuals who are in need of donated ostomy supplies. Consider donating ostomy supplies that you no longer use to assist your fellow ostomates in the Houston area. Please contact Kathleen Griswold at 303-921-9892 with any questions.

Consultation with ET: Clarice E. Kennedy, Certified Enterostomal Therapist, is available for consultations. Clarice is an ostomate with over 30 years of knowledge and experience to share with anyone who has questions about, or needs assistance with, the care of an ostomy both prior to and following surgery. Contact cekennedy1@peoplepc.com or call 713-647-8029.

Sponsorship: You can sponsor a member of our ostomy support group with a tax-deductible donation to cover the cost of their membership. Send your check in the amount of \$25.00 to: **Ostomy Association of the Houston Area**
Chuck Bouse, Treasurer
P.O. Box 25164
Houston, TX 77265-5164

Use Those Shopping Cards: Krogers and Randalls return a percentage of your purchases to the Ostomy Association on a quarterly basis. For card applications, contact Ed Wood at 281-493-5015 or ewood6@comcast.net.

Moving??: Our newsletter is sent by bulk mail, which the Post Office will not forward even if you fill out a forwarding request. To continue receiving the newsletter after a move, contact Chuck Bouse, Treasurer, at 281-495-1840 (cbouse@comcast.net) or send your request to the Ostomy Association of the Houston Area, P.O. Box 25164, Houston, TX 77265-5164.

We encourage you to bring your spouse or significant other and members of your immediate family to our meetings.

Disclaimer: The information contained within this newsletter is presented expressly for informational purposes only and may not be applicable to everyone. It should not be substituted for professional medical care or attention by a qualified practitioner. Always check with your doctor if you have any questions or concerns about your condition.

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IS YOUR APPLIANCE SHOWING?

Are you worried about your appliance showing under your clothes? Or your stoma protruding enough to show?

People today lead busy lives at a fast pace. Everyone is concerned with his or her happenings. Aren't you?

By the way, what is the color of your postman's hair? Did the sales clerk wear a dress or slacks today? What color was the bank teller's tie? Give up? Forget about the uncalled-for worries and enjoy each day. Remember that your attitude about your image will affect the attitude of your family and friends. ♣



"I'm going to order a broiled skinless chicken breast, but I want you to bring me lasagna and garlic bread by mistake."

ALLERGIC REACTIONS

by Kathryn Hoyman, RNET—Minneapolis Chapter, UOAA UPDATE 2/2008

Many times I hear that people are allergic to adhesive tape or paper tape or skin prep or any number of different products that are used in ostomy care. Allergies may occur with any product. They may occur with the first use of a product or after years of using a product without problems.

Actual allergic reactions to ostomy products are not common. But, some people do have issues relating to an allergic reaction to certain products at certain times. And many people have sensitivities at one time or another.

Many conditions appear to be an allergic reaction but are actually another problem. It is important to know whether or not you are truly allergic to a product, because eliminating products reduces your options. Believing you are allergic may cause you not to try a pouch that might be perfect for you.

Allergic reactions are usually severe. They will cause blistering and wet, weeping skin wherever the products touch you. Two situations are frequently labeled as allergic by mistake:

First, if a skin sealant wipe is used, it needs to dry completely to allow the solvents to evaporate. If the pouch is applied while the solvents are still on the skin, sore skin can easily occur. Since the solvents can't evaporate through the skin barrier as they can through the paper tape collar, this will look like an allergy to the skin barrier.

Second, each time you remove a pouch, the adhesive takes with it the top layer of dead skin cells. However, if you are removing a pouch more frequently than it was manufactured to perform, cells can be removed faster than they are replaced. (Some barriers are made to be removed daily while some should not be removed more often than every three days. Your ET and the manufacturers will help you determine the barrier that's best for your needs.) This is called "skin stripping." Everyone's skin reacts differently to having tape removed. But it's important to be gentle and not remove a pouch more frequently than necessary. Skin that is stripped will be sore in some spots and not in others. Sometimes skin around the stoma becomes fragile and strips easily. A barrier, tape and pouch with a very gentle adhesive must be found.

To test whether you are really allergic: Take a small piece of the test material and place it on any convenient part of your skin far away from your stoma. After 48 hours, take it off and see whether you are reacting. If pain, itching or blistering occurs, take it off immediately.

If it's an allergy you will react. If you have a history of allergies, test in this manner before trying on any new ostomy product. It is better to have half an inch of sore skin on your leg than around your stoma. You need healthy skin around the stoma for a good seal and satisfactory performance from an ostomy pouching system.

If you develop an allergy to a product you have used for a long time, you can call the manufacturer. They may have made changes in the manufacturing process. Calls from users are sometimes their first notice that the new improvements are or are not working. ♣

THE PHANTOM PHENOMENON

"Phantom rectum" is similar to the "phantom limb" of amputees. A person may feel their limb is still there. For people with an ostomy, it is normal to feel the need to evacuate.

This can occur years after ostomy surgery. It is important to understand these phantom feelings are a normal mechanism related to spinal nerve control.

Simply stated, the spine supplies nerves to the rectum. These nerves are responsible for rectal continence and continue to respond even after the rectum is removed.

If an ostomate has not had the rectum removed, he/she may also have this feeling and may pass mucus when sitting on the toilet. Some, who have had their rectums removed, say that the feeling is relieved somewhat by sitting on the toilet and acting as if an evacuation is taking place. Most of us who are experienced with our ostomy, simply smile and remember the way it used to be. The feeling passes on its own in a matter of moments. ♣

***"Time you enjoy wasting is
not time wasted."***

- T.S. Eliot

Babe Zaharias

via North Central OK Ostomy Outlook



Someone you should know is a world-renowned athlete who had a colostomy due to colon cancer, Mildred Didrikson, or as she was known in golf, Babe Zaharias.

Many in sports viewed her incorrectly as an upstart with no class, because she was a competitive woman, but she is now regarded as the undisputed greatest all-round sports-woman of the first half of the 20th century.

Mildred won two Olympic titles, set world records in javelin and hurdles, established a U.S. long jump best which survived for 23 years, and held the world mark, unofficially, for 100 yards.

It is 58 years since the Babe won the 144-hole Golf Weathervane event in the U.S. During her amateur career, she won 17 tournaments. Not even Tiger Woods matched that. A founder of the WPGA, she scored 36 pro victories, including a record 14 in succession. Her third U.S. Open title (by 12 shots) came a month after colostomy surgery, one of seven titles she won after cancer surgery. Babe routinely drove 250 yards before new technology. Byron Nelson said only eight men could out-drive her. The Babe's secret? "Loosen your girdle and really let the ball have it," she said. By the time she died at age 45 in 1956, she was revered. One respected golf writer said only Arnold Palmer was more beloved by the gallery. ♣

BAYTOWN SUPPORT GROUP

Our March presentation will be made by Hollister Representatives: Frank Essig and Spencer Jackson.

Baytown support group had a remarkable presenter in January: Kathy DiGiovanni, Doctor of Audiology. Kathy is an Audiologist with 20 years of experience. She has worked with San Jacinto Methodist Hospital for the past 10 years in the Speech and Audiology Department. Kathy explained that people are sometime hesitant to seek help with their hearing, but she has worked with many people whose lives were enriched when their hearing is improved.

Kathy did an outstanding job helping the group to understand why we experience hearing loss and to explore the many options available to enhance our hearing and to understand why people don't seek help when they need it!

We had a new member and his wife attend for the first time. The group offered a great big welcome and much support to the two of them.

We are looking forward to our upcoming meetings where we will hear from our vendors, find out about the latest updates, information and resources. We meet at San Jacinto Methodist Hospital, Community Resource Room in the Hospital Lobby.

Don't be left out....plan to join us...the 4th Monday of each month ... see you then!

Sincerely,

Cindy Barefield, RN, WOCN
281-420-8671

The shinbone is a device for finding furniture in a dark room.

5 THINGS TO KNOW ABOUT . . . BEANS

Historian Ken Albala spent more than a year eating a different variety of beans every day as research for his recent book, "Beans: A History." Here he shares 5 things you may not have know about beans.

- ▶ Peanuts aren't the only legume in disguise. Licorice, tamarind, fenugreek, jicama and carob also belong to the bean family.
- ▶ When the ancient Romans shipped an obelisk across the Mediterranean from Egypt, they packed it in lentils.
- ▶ The bright yellow zolfino bean from Tuscany has become so sought after than it can cost \$20 a pound. The humble navy bean, which is the same species, costs about 69 cents per pound.
- ▶ Despite the name, coffee is not a bean, and on the bush they are called cherries.
- ▶ The botanical name for the "winged bean" is Psophocarpus tetragonolobus, which means four-sided noisy fruit. The pods apparently "pop" when they open. ♣

NORTHWEST GROUP HAPPENINGS

Thirteen members and guests were present for our February 19th meeting. Welcome to those who were with us for the first time!

After a short time of discussion of ostomy issues, Rey Quiroga, RN, BSN, from the Emergency Department of Memorial Hermann Northwest Hospital, presented a program on strokes. His slide presentation was very informative and helped all of us be aware of the signs to look for if we believe someone is having a stroke. The acronym **F.A.S.T.** can help us remember what to be aware of:

F - face droop. Have the person smile to see if one side of the face is not in coordination with the opposite side.

A - arm drift. Ask the person to raise both arms to see if one arm "drifts" and seems uncoordinated.

S - speech. Ask the person to talk to see if they can use words correctly without any slurring.

T - time. Call 911 immediately. Do not try to take a person to the hospital in a car. There is a 3-hour "window" in which a stroke victim can be most successfully treated. It is crucial to get professional assistance as soon as possible.

Rey distributed cards to everyone to carry as a reminder. Thank you, Rey, for an excellent program.

After the meeting, a warm cinnamon coffee cake was enjoyed by all.

Our March meeting will be held on the 18th. Join us for a presentation of Coloplast products and refreshments provided by Coloplast Representative, Rosalie Johnson. See you there!!

Gay Nell Faltysek
281-446-0444

Tony Romeo
281-537-0681

YOU KNOW YOU HAVE AN OSTOMY WHEN:

- ✓ You wake up in the morning with a mini dirigible attached to your waist.
- ✓ Your friends marvel at your knowledge of where the restrooms are in any public building, and whether they are any good.
- ✓ You are the only person on the block who knows what Marvin Bush and Rolf Bernirscke have in common.
- ✓ You are the type who not only gets caught holding the bag, but are expected to empty it as well.
- ✓ You not only know what electrolytes are, but you are concerned about them as well.
- ✓ You amaze fellow travelers by the death grip you use to hold your carry-on luggage.
- ✓ You know that life is a bigger word than cancer or illness and that your attitude makes all the difference.

ANOTHER SIDE OF THE STORY

By Lynne Rich, Ph.D.

If anyone walked a mile in the shoes of a person with an ostomy, how would they feel? Maybe a little tired, but their ostomy would work just fine, thank you.

What does having an ostomy mean to you? Survey says, good health, no pain, and belonging to a group of strong, caring and compassionate people. Ostomates are perceptive individuals who have learned how and where to get and share knowledge, help, humor and hope.

Okay, there has not yet been a comprehensive survey. Are you living as actively as you would like to? If not, why not? An ostomy is merely tissue that has been surgically relocated and designed to function smoothly. Even if a temporary ostomy does not work correctly and trouble-free—it may only need a little extra attention and care. You and your ostomy deserve the time necessary to be taken care of really well. After that, let your heart and brain take charge.

Living through health problems that led to ostomy surgery, you no doubt gained strength and fortitude. Your ostomy will not break and neither will you. You might develop feistiness and greater determination. You may

also discover more bad hair days are likely than bad ostomy days, especially in a tropical, humid climate, during blistering winters, or in the windiest rainstorms.

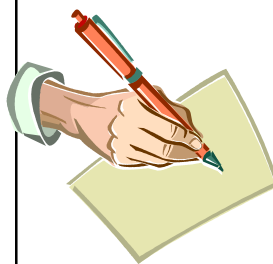
If you are not sure whether an activity is medically or physically all right for you to do, before you stop yourself from trying it, ask your physician and/or WOC/ET nurse. They can help advise you if actual medical or physical restrictions prevent you from participating in or learning to water ski, play the guitar, swim, play cards, scuba dive, speak Spanish, French or Italian, dance (ballet, tap, waltz, samba), eat Cajun, sushi or Greek foods, hike, canoe, kayak, take a trip by car, bus, ship, plane or train, ride a horse, run a marathon, walk 30 minutes, do yoga, golf, garden, sing or laugh.

Ostomies do not prevent working, traveling, living anywhere, swimming, scuba diving, hiking or water skiing. Do not allow inaccurate information or a negative attitude to prevent you from doing what you want. Adjust your attitude with realistic information. Just as you adapted to the ways your body changed as you were growing up and as an adult too, you can adapt again and resume living as millions of other ostomates have done.

Learning how to take care of an ostomy is not as difficult as originally learning to walk, or later perhaps

THE “WRITE” MEDICINE

UOAA UPDATE 2/2008



If you're suffering from chronic pain or illness, pen and paper might help. A recent issue of the *Journal of the American Medical Association* reported that patients with asthma or rheumatoid arthritis who wrote about stressful experiences in their lives felt their symptoms decrease. Researchers asked 83 patients to

write about their most stressful experiences for 20 minutes on three consecutive days; a control group wrote about an unrelated topic.

All the study participants continued with their regular medical treatment and the groups were evaluated at two weeks, two months and four months. According to the study, 47 percent of the patients who wrote about their feelings showed significant clinical improvement, while only 24 percent of the comparison group improved. Most notably, the arthritis patients who wrote about their difficulties had an average of 28 percent improvement in their symptoms, while the comparison group showed no change. The unique study adds support to a growing body of literature documenting writing's health benefits. Healthy subjects have shown positive changes in blood pressure and a greater sense of well-being after writing exercises. ♣

*Having an
ostomy might
mean better
health now
and living
longer.*

**"Ambition is the path to success.
Persistence is the vehicle you
arrive in."**

learning to drive a car, to wear contact lenses or bifocals.

Ask questions! Terrific at sharing information, people with ostomies are resilient, inventive, practical and creative. At local ostomy support association meetings, notice how well people look. That is due to deliberate effort and an optimistic attitude. Give yourself the same quality of care you expect from your doctors. Do not ask less of yourself.

Having an ostomy might mean better health now and living longer. Decide each day what you would like to do. Socialize with other people, or spend time alone. Count on the people most important to you to remain loving and supportive. Call people you would like to see. Let your family and others know when you want them to join you in various activities. Do not think or expect the worst from anyone, including yourself.

An ostomy gives you health and options. Consider the Spanish proverb: "Living well is the best revenge." Live well! ♣

MENTAL MUSCLE?

While yoga has long been shown to affect mood, one yoga move in particular is getting attention for boosting brainpower. Superbrain Yoga, as the exercise is called, is being practiced across the country as an antidote to brain drain. Go ahead. Try it!

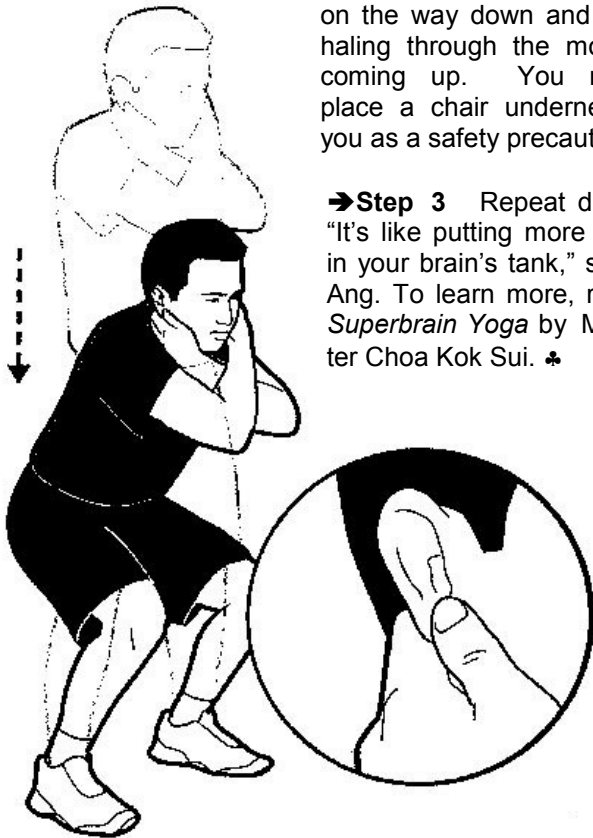
This simple move, shown below, boosts brain function by stimulating acupuncture points on the earlobes, according to Yale-trained neurobiologist Eugenius Ang, Ph.D.

→**Step 1** Place your left hand on your right earlobe, thumb on the front of the lobe with fingernail facing outward and second finger behind the earlobe. Then, with your

right hand, grasp your left earlobe, again keeping your thumb on the front of the lobe, facing outward. Press both earlobes simultaneously, making sure your left arm is close to your chest and inside your right (which devotees say helps energy travel upward to the brain).

→**Step 2** As you press on the earlobes, squat down, keeping your back straight. Do 10 to 12 deep bends, inhaling through the nose on the way down and exhaling through the mouth coming up. You may place a chair underneath you as a safety precaution.

→**Step 3** Repeat daily. "It's like putting more gas in your brain's tank," says Ang. To learn more, read *Superbrain Yoga* by Master Choa Kok Sui. ♣



Experience is a wonderful thing. It enables you to recognize a mistake when you make it again.

Top "Dilbert Quotes"

(quotes by real-life Dilbert-type managers)

"As of tomorrow, employees will only be able to access the building using individual security cards. Pictures will be taken next Wednesday, and employees will receive their cards in two weeks."

(This was the winning quote from Fred Dales, Microsoft Corp. in Redmond WA)

"We know that communication is a problem, but the company is not going to discuss it with employees."

(Switching supervisor, AT&T Long Lines Division)

My sister passed away and her funeral was scheduled for Monday. When I told my Boss, he said she died on purpose so that I would have to miss work on the busiest day of the year. He then asked if we could change her burial to Friday. He said, "That would be better for me."

(Shipping executive, FTD Florists)

Quote from the Boss: "Teamwork is a lot of people doing what I say."

(Marketing executive, Citrix Corporation)

"No one will believe you solved this problem in one day! We've been working on it for months. Now go act busy for a few weeks and I'll let you know when it's time to tell them."

(R&D supervisor, Minnesota Mining and Manufacturing/3M Corp)

"Doing it right is no excuse for not meeting the schedule."

(Plant Manager, Delco Corporation)

"This project is so important we can't let things that are more important interfere with it."

(Advertising/Marketing manager, United Parcel Service)

"E-mail is not to be used to pass on information or data. It should be used only for company business."

(Accounting manager, Electric Boat Company)

"What I need is an exact list of specific unknown problems we might encounter."

(Lykes Lines Shipping)

♣ ♣ ♣

THE BAG

The well-adjusted stoma bag doesn't slip,
it doesn't sag.

It sticks to you with careless ease as
would a twin that's Siamese.

It takes care of nature's calls, it's always
there, it never stalls.

Be it dribble or be it squirt, you go your
way and feel no hurt.

Changing and emptying are the only chore.
And that sure beats what we had before!

B L O C K A G E

WHAT YOU SHOULD KNOW . . .

The small and large intestines are as different in functions as are the arm and the leg. The primary function of the small intestine is to make nutrition from digested food. It functions on liquid material and moves its contents forward quickly—its discharge is liquid or soft.

The large intestine's function is to absorb water from food residue. It changes its contents from liquid to solid. Movement is much less rapid and the discharge is solid or even hard.

Movement of food through the small intestine lasts never more than a few hours, but through the large intestine frequently takes 48 to 72 hours. ♣

WHAT TO DO IN CASE OF A FOOD BLOCKAGE

By Sharon Williams, RNET

It may happen around midnight, that severe cramping sensation coupled with cessation of ostomy flow or watery projectile flow. When the cramps strike, the memory of having consumed some problem food follows soon afterward. What is the appropriate course of action for the ostomate?

Food blockage is an experience that many ostomates will have at one time or another. The enzymes of the digestive tract cannot digest cellulose or foods with high fiber content. Nuts, corn, popcorn, coconut, celery, Chinese vegetables, fruit pits, and tough cuts of meat are a few foods that may cause blockage problems. Ileostomates who chew their food poorly, eat rapidly, do not drink sufficient liquids or have dental problems will be more prone to having food blockage. When food blockage occurs, a post-op pouch should be applied. The size of the opening should be a little larger than normal because the stoma may swell and with a clear post-op pouch, the action of the stoma may be observed. The next step, if no nausea or vomiting is present, is to start forcing liquids... coke, tea, or whatever liquid produces a rapid peristaltic movement is best. A few crackers may be eaten as a pusher. Sometimes a change in body position, such as assuming a knee chest position, may encourage movement of the bolus of food. Massaging of the abdomen may also produce the same effect. Diarrhea may follow the blockage and it is necessary to replace fluids. Gatorade may be used for replacement of both fluids and essential electrolytes. Cheese, bananas and peanut butter help slow the diarrhea. It is normal to have a sore spot in the abdomen following an episode of blockage. A low residue diet should be followed for one or two days to allow the intestine to rest. If nausea and/or vomiting occurs with the food blockage, it is necessary to go to the emergency room immediately. ♣

HOW TO TREAT ILEOSTOMY BLOCKAGE

UOAA

Symptoms: Thin, clear liquid output with foul odor; cramping abdominal pain near the stoma; decrease in amount of or dark-colored urine, abdominal and stomal swelling.

Step One: At Home

1. Cut the opening of your pouch a little larger than normal because the stoma may swell.
2. If there is stomal output and you are not nauseated or vomiting, only consume liquids such as Coke, sports drinks, or tea.
3. Take a warm bath to relax the abdominal muscles.
4. Try several different body positions, such as a knee-chest position, as it might help move the blockage forward.
5. Massage the abdomen and the area around the stoma as this might increase the pressure behind the blockage and help it to "pop out." Most food blockages occur just below the stoma.

Step Two: If you are still blocked, vomiting, or have no stomal output for several hours:

1. Call your doctor or WOC/ET Nurse and report what is happening and what you tried at home to alleviate the problem. Your doctor or WOC/ET Nurse will give you instructions (ex., meet at the emergency room, come to the office). If you are told to go to the emergency room, the doctor or WOC/ET Nurse can call in orders for your care there.
2. If you cannot reach your WOC/ET Nurse or surgeon and there is **no output** from the stoma, go to the emergency room immediately.
3. **IMPORTANT:** Take all of your pouch supplies (eg., pouch, wafer, tail closure, skin barrier spray, irrigation sleeve, etc.) ■

Colostomy blockage may be due to mechanical defects or failures. The most common cause of this type of stricture is a narrowing of the opening of the stoma. Another mechanical cause is herniation around the stoma. Blockage may also be the result of strangulation or a sharp bend in the colon.

THE BEST WAY TO HANDLE BLOCKAGE IS NOT TO ALLOW IT TO HAPPEN . . . but if symptoms of blockage do occur, follow the above advice. If unsure about your symptoms or what you should do, contact your doctor or WOC/ET Nurse and follow their professional advice. ♣