



SHORT CIRCUIT

Cedar Rapids / Iowa City Area Ostomy Support Group #171, Inc. — an affiliate of UOAA, Inc.

www.iowaostomy.org

Serving Ostomates of Eastern Iowa since 1972

February 2011

Welcome!

The Cedar Rapids / Iowa City Area Ostomy Support Group is dedicated to providing information, advocacy and service to our members, their caregivers, and to the intestinal and urinary diversion community at large.

Our local chapter

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

Meetings are held at area hospitals, and involve informal round-table discussions on topics of interest, new product demonstrations, occasional guest speakers, and a question and answer session with one of the local WOC nurses. Families and friends of ostomy and intestinal diversion patients are always welcome to attend.

For more information about the local chapter, contact us at 319-530-6749, at www.iowaostomy.org, or [find us](#) on Facebook.



The U.O.A.A.

The United Ostomy Associations of America is a 501(c)(3) non-profit organization incorporated in New Jersey. The UOAA serves to unify and strengthen ostomy support groups in America.

UOAA services include: Advocacy • Non-profit Status • Conferences • The Phoenix magazine • Toll-free Help and Referral Line • Special Interest Groups • Ostomy Community Liaison

For more information, contact the UOAA at 800-826-0826, or at www.uoaa.org.

“Seize the Opportunity”

Say “Hello” to your new Group Coordinator!



Kimberly Cay was elected as our group Coordinator for 2011 at the Holiday Part held in December at Ryan Steak House. Vicki Kee was re-elected as Treasurer of our group. I will remain your newsletter editor through 2011. Congratulations to both Kimberly and Vicki!

We had a wonderful time at our Holiday Party. Once again we owe a big thank you to Ken and Wilma Gilmore for making the arrangements. Our gift exchange game resulted in lots of laughter, and the folks at

Continued on next page

WELCOME!

**Our next support group meeting is
Thursday, February 24, 2011, 6:30 pm
at Mercy Hospital in Cedar Rapids**

Our next support group meeting will be Monday, August 23rd at 6:30 pm in Training Room B at Mercy Medical Center in Cedar Rapids.

Laura Phearman, WOCN at University of Iowa Hospitals, will be giving us a presentation on Youth Rally, which is a summer camp for children with ostomies and continent & urinary diversions.

Mercy WOCNs will be on hand to answer any ostomy and skin care questions.

Park in the 10th Street parking ramp, and enter through the ‘old’ front entrance near the gift shop. Take elevator B down to the basement level, and turn left. At the end of a short hall, turn right, and Training Room B is the second room on the left. Signs will be posted to help you find your way.

Mercy will provide refreshments, and as always, family and friends are welcome to attend. See you soon!

Message from our Coordinator, cont.

Continued from previous page

Ryan's do a great job of making us feel welcome.

Another big thank you goes to Mary Burbach, who keeps our call list updated. We use the call list when we have to postpone meetings due to inclement weather. If your contact information changes or if you want to be added to the call list, please let us know by calling either Kimberly or Vicki, or by emailing info@iowaostomy.org. They'll get the information to Mary.

Our sincere appreciation goes to the WOCNs and other nursing staff at our area hospitals who attend our support group meetings. While those of us who are 'experienced' ostomates can talk about living with an ostomy, we can't give medical advice. The nurses provide an extremely valuable service to both new and experienced ostomates by attending our meetings (often on their own time) and answering questions. We couldn't do it without you!

During our Holiday meeting, we talked about the benefits of attending a national conference of the United Ostomy Associations of America, our parent organization. The conferences are held every other year. The next one is August 7 –11, 2011 in Reno, NV.

Attending a national conference is an amazing experience. There are many workshops and seminars to attend, an exhibit hall filled with displays featuring the newest ostomy products, and surgeons and nurses on hand to answer your questions.

There will be a free stoma clinic run by WOCNs. A fashion show, sponsored by Hollister will be held on

the opening night. It will feature ostomates as the models. ConvaTec and other manufacturers will sponsor festivities on the other days.

I encourage you to consider attending the conference. Several people from our group have attended a national conference, and I'd like to see a Iowa contingent at the conference again this year.

Friends, families and caregivers are welcome at the conference. If you'll be attending as a single, let me know and I'll try to match a roommate for you to save money.

Scholarships are available from both the UOAA (see the CARES program information on pages 7 &8) and from our own support group. You can't win if you don't apply!

If you have not paid your 2011 membership dues, please send a check to Vicki Kee (address at the bottom of this page), or bring it to our February 24th meeting at Mercy Hospital in Cedar Rapids.

Dues for the year are \$10. Eight dollars stays in our Treasury, and \$2 is sent to the UOAA, our parent organization. Dues are collected on the honor system; we don't keep track. Even if you aren't able to come to a meeting, please consider paying dues for the year, to help us with programs, and to help offset the publication of this newsletter.

Finally, I'd like to add my own warm thank you to all of you who contributed to the card and gift which were presented to me at the Holiday meeting. I've truly enjoyed my five years as coordinator. I can assure you I've received much more than I've given!

Carol Haack

The **SHORT CIRCUIT** is the official newsletter of the Cedar Rapids / Iowa City Area Ostomy Support Group #171, and is published 6 times per year. It is edited by Carol Haack. Copies are emailed to members, and are also available on our website at www.iowaostomy.org. We will gladly mail copies to anyone without internet access.

If you have a newsletter suggestion or article, please email it to info@iowaostomy.org, or send it to:

CR / IC Ostomy Support Group
c/o Vicki Kee
P.O. Box 5227
Coralville, IA 52241

Our WEBSITE is www.iowaostomy.org. It contains helpful information, meeting schedules, archived editions of the SHORT CIRCUIT, ostomy-related books that we recommend, and a link to **Amazon.com**, which pays our group commission each time a purchase is made through our website.

Officers of the Cedar Rapids / Iowa City Area Ostomy Support Group #171 are:

Kimberly Cay, Group Coordinator
319-210-7731 (evenings)
info@iowaostomy.org (email)

Vicki Kee, Treasurer
P.O. Box 5227
Coralville, IA 52241
319-335-4822 (daytime)
vicki-kee@iowaostomy.org (email)

Carol Haack, Newsletter Editor
319-530-6749 (anytime)
info@iowaostomy.org (email)



Home Healthcare

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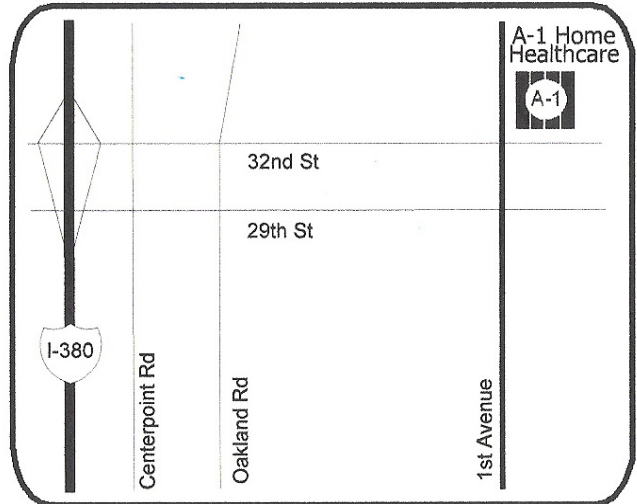
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Convatec **Nu-Hope**
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A-1 strives to accept assignment on most of our products. We bill direct to Medicare, Medicaid, Blue Cross/Blue Shield, Humana and most insurance companies.



A-1 Home Healthcare

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 800-259-0652
 Fax: 319-366-8972

Prescription required for any items billed to Medicare or insurance.

Don't Miss An Issue!

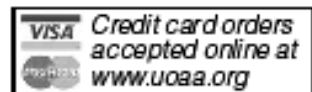
The Leading Ostomy Publication. *The Phoenix* is the leading national magazine for ostomates, their families and caregivers. Each issue contains 72 pages of inspiration, education and information including new products, medical advice, management techniques, personal stories – it's all here and more.

More Than A Magazine. Half of each subscription funds the nonprofit United Ostomy Associations of America – the only national organization providing vital information, resources, support and advocacy for ostomates.

Money Back Guarantee!



Annual subscriptions: \$25. Send check or money order to: The Phoenix, P.O. Box 3605, Mission Viejo, CA 92690. Phone/Fax: 949-600-7296. Published quarterly: March, June, September and December.



Name _____

Address _____ Apt/Suite _____

City _____ State _____ Zip _____

E-mail _____ UOAA Donation (optional) \$ _____

2011 MEETING DATES
(all meetings begin at 6:30 p.m.)

February 24, 2011 (Thursday) Mercy Hospital, Cedar Rapids *Laura Phearman, WOCN at University of Iowa Hospitals & Clinics, will give a presentation on Youth Rally, a week long summer camp for young ostomates.*

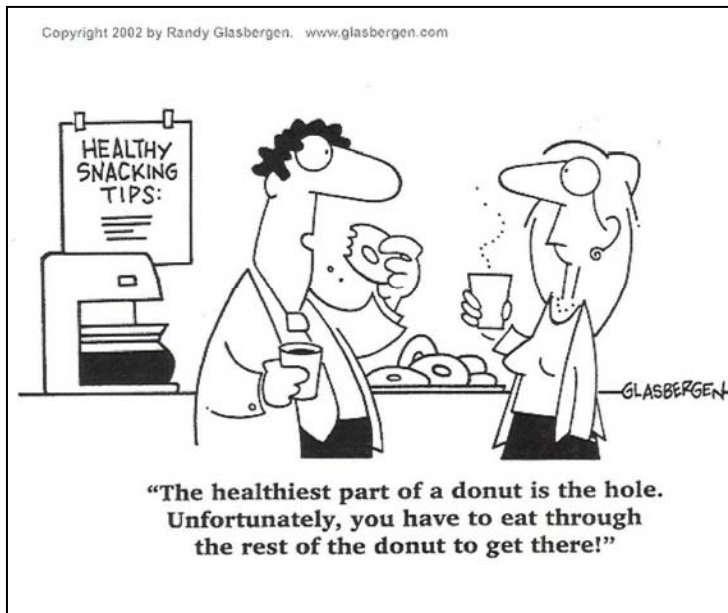
April 21, 2011 (Thursday) St. Luke's Hospital, Cedar Rapids, Room 163

June 23, 2011 (Thursday) Mercy Hospital, Iowa City - Scanlon room, lower level, Mercy Medical Plaza

August 25, 2011 (Thursday) Mercy Hospital, Cedar Rapids, Training Room B in lower level

October 20, 2011 (Thursday) St. Luke's Hospital, Cedar Rapids, Room 163

December 2011 (date to be announced)
Holiday Party in Cedar Rapids



Find us on Facebook!

The [Cedar Rapids/Iowa City Area Ostomy Support Group](#) is now on Facebook. "Like" us on Facebook to receive announcements, see our photos and participate in discussions.



Please remember — the ostomy care tips, information and health notes that we print from time to time are intended to supplement the information given to you by your WOCN (wound, ostomy, continence nurse) and surgeon. Not every tip works for every ostomy. Use your common sense — and be sure to check with your health care professional if needed.

Contact information... looking for information on ostomy products or ostomy – related organizations?

Manufacturers - most have an ostomy nurse on staff to answer your questions about products. They'll even send you free samples to try!

Coloplast	888-726-7872	www.us.coloplast.com
ConvaTec	800-422-8811	www.convatec.com
CyMed	800-582-0707	www.cymed-ostomy.com
Hollister	800-323-4060	www.hollister.com
Marlen	800-321-0591	www.marlenmfg.com
Nu Hope	800-899-5017	www.nu-hope.com

Suppliers - will send a free catalog featuring many brands of ostomy supplies. A great way to compare products!

AOS Medical Supply	800-858-5858	www.mmsmedical.com/aos
Byram Healthcare	877-902-9726	www.byramhealthcare.com
Duke Medical Supply	888-678-6692	www.dukemedicalsupply.com
Edgepark Medical	800-321-0591	www.edgepark.com
Liberty Medical	888-844-2651	www.libertymedical.com
SGV Medical	800-395-6099	www.sgvmedical.com

American Cancer Society
800-227-2345 www.cancer.org

Crohn's & Colitis Foundation
800-343-3637 www.cdfa.org

Friends of Ostomates Worldwide
www.fowusa.org

Osto Group free product for the uninsured
877-678-6690 www.ostogroup.org

United Ostomy Associations of America
800-826-0826 www.ostomy.org

Wound, Ostomy and Continence Nurses Society 800-224-9626 www.wocn.org



UOAA ATTENDS IOA CONFERENCE IN FRANKFURT

The IOA (International Ostomy Association) Conference in Frankfurt, Germany was a true experience. I had a chance to meet the entire international contingent of IOA and learned how the organization works.

One thing that has been decided is that instead of continuing with international conferences, the regions will be divided up and we, in the US, will be in the “Americas” region.

We will continue to reach out to our Central and South American partner organizations as well as our Canadian brothers and sisters. As we got to know our Canadian friends well, we decided to invite them to our Reno Conference and in turn they agreed to invite us to their Conference as well.

We even found that we can solicit support, in our efforts, of reaching out to the Spanish speaking ostomates by utilizing the talents of our Spanish speaking sister organizations who offered to help us with the translations, as we need it.

— Dave Rudzin, UOAA President

Also at this conference, the UOAA was awarded \$500.00 from Coloplast for our participation in “World Ostomy Day”.

WELCOME TO OUR NEWEST ASG's

The UOAA continues to grow! An ASG is an Affiliated Support Group of the UOAA. Welcome to the newest ASGs:

#301 - South Georgia
#302 - Norwalk CT
#303 - Manchester CT
#304 - Fishersville VA
#305 - Daytona Beach FL
#306 - ColonTown - Denver CO
#307 - Chesapeake VA
#308 - Oceanside NY
#309 - Paterson NJ
#310 - Dodge City KS
#311 - Lewiston ME
#312 - Dubuque IA
And welcome back to #140 - Pittsburgh PA!

ADVOCACY NEWS—OUR VOICE HAS BEEN HEARD!

Linda Aukett, our advocacy chair, met again in January 2011 with the Transportation Safety Administration (TSA) to discuss the latest airport screening incident that happened in Detroit in November 2010. A gentleman with a urostomy was ‘patted down’ so firmly that his urostomy bag was dislodged and urine spilled over his clothes.

This courageous gentleman decided to use the incident to further public awareness of people with ostomies and diversions. He has testified about the incident and the need for the TSA and other government officials to be more sensitive to people with medical prosthetics and devices.

The UOAA and 23 other organizations sent a letter to the TSA Administrator requesting that more education be provided to their officers. They also suggested that there should be a person with an ostomy included in these training sessions. *[Copies of the letter will be available at our Feb. 24th meeting.]*

The result of these efforts is a new standard. If a scanner picks up your ostomy bag or medical device, **you** will be asked to run your hand over the area, **outside** of your clothes. Your hand will then be tested for traces of explosives. *[Note from Carol: the idea of an explosive ostomy bag makes me laugh and cringe at the same time!]*

A new TRAVEL CARD has been created and is available on the UOAA website at http://www.ostomy.org/ostomy_info/pubs/Travel_Card_2010.pdf

2011 COLONDARS ARE AVAILABLE

Thanks to a grant from Coloplast, we will offer the 2011 *Colondar* **at no charge** to anyone who requests one. The *Colondar* is a calendar that contains photos of ordinary people who are proud of their ‘battle’ scars resulting from colon surgery. Please contact the UOAA office at oa@uoaa.org or 800-826-0826 to request your 2011 *Colondar*.



C.A.R.E.S PROGRAM OFFERS CONFERENCE SCHOLARSHIPS

In 2009, the UOAA instituted the Conference Attendee Reimbursement of Expenses Sponsorship (CARES) Program. This scholarship program is offered to members of our Affiliated Support Groups (ASGs). The program was very successful, and we are again offering scholarships for the 2011 Conference in Reno, NV.

[Note from Carol—even if you don't exactly fit the criteria, I encourage you to apply. I'll even help you with the application, which is on the next page!]



Dear Applicant,

Thank you for your interest in the UOAA Conference sponsorship CARES Program. Going to a UOAA National Conference is life-changing event for a person with a new ostomy. It is the wish of the UOAA that through this educational experience we can assist you in your adjustment to a healthy new life. This letter contains information you will need to apply for a sponsorship to the UOAA National Conference, to be held on August 7-11, 2011 in Reno, NV.

The UOAA offers Conference sponsorships in an amount up to \$650.00 to Affiliated Support Group (ASG) members who wish to attend a National Conference. The funds provided by UOAA help with the cost of conference registration, lodging and travel expenses. They are for your personal use only and not for expenses incurred by accompanying family or friends. A CARES selection committee, overseen by the UOAA Management Board of Directors, will review all applications.

Sponsorships are given in order of preference to people who:

- Have had surgery within the last year
- Are attending a National Conference for the first time
- Would be unable to attend without financial support

TIMETABLE:

Applications are to be filled out and returned to your ASG President. The ASG President must sign, and submit your application to the UOAA office **no later than March 15, 2011**. Applicants who are selected as finalists may be required to provide further information documenting financial need. All applicants will be notified of the selection committee's determinations no later than May 1, 2011.

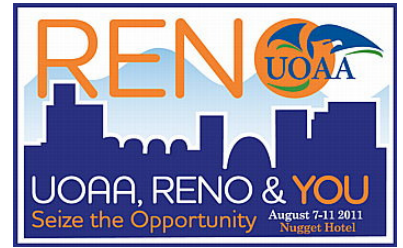
APPLICATION REQUIREMENTS

- 1) Fill out the application form completely and sign.
- 2) In 500 words or less, clearly explain how attendance at a UOAA National Conference will assist you with your adjustment to ostomy surgery. State the benefits you are seeking from the National Conference. Essay must include explanation of your need of the sponsorship funds. Essays must be typed or printed neatly and submitted with the completed application.
- 3) Applicant must have their completed application signed by their local ASG President.
- 4) Application and essay may be emailed to oa@uoaa.org, or may be mailed to

UOAA, Inc
Joan McGorry
PO Box 512
Northfield, MN
55057-0512

5) Applications must be postmarked by March 15, 2011.

For questions, please contact LeeAnn Barcus at 636.751.3899 leeann@uoaa.org
LeeAnn Barcus, CARES Committee Chair, UOAA



**C.A.R.E.S. Program
UOAA Conference Sponsorship
August 7 – 11, 2011 Reno, NV**

APPLICANT INFORMATION

Last Name: _____ First Name: _____

Address: _____ City, State, Zip _____

Email: _____ Daytime Phone: _____ Best time to call: _____

Surgery type and date: _____

What is your age category?

18-25 55-65
25-35 65-75
35-45 over 75
45-55

Do you have medical insurance? Yes No

What is the co-pay required by your health insurance? _____

Does your insurance pay for your ostomy prosthetics? Yes No

What is your average monthly out-of-pocket dollar amount spent on ostomy supplies? _____

What is your total out of pocket medical expense per month? _____

What is your Adjusted Gross Income, as shown on your most recent Income Tax return?

Under 30,000 60-75,000
30-45,000 76-90,000
46-60,000 over 90,000

Do medical expenses create hardship on your ability to provide for your family? Yes No. If Yes, please explain:

Is cost the only factor that would keep you from attending the Conference? Yes No If no, please give details:

If selected and if the need arose, would you be willing volunteer some of your time while at the Conference, such as helping out at the registration desk, etc? Yes No

If selected, would you submit an article for publication in your local newsletter and **The Phoenix** magazine about your conference experience? Yes No

Applicant Signature: _____ Date: _____

ASG President's Signature: _____ Date: _____

UOAA ASG name, city and state : _____

Note: To aid in the selection process applicants may be asked to submit further financial information.

Application deadline is March 15, 2011. Please attach your essay and mail or email application to:

Articles of Interest... Newsletter articles obtained from various sources. If necessary, please check with your health care provider before using these tips.

Removing the stigma of a surgery

*Reprinted with permission from
THE PHILADELPHIA INQUIRER OPINION PAGE
Posted on Mon, Dec. 27, 2010 By Rebecca Goodacre*

A year and a half ago, my 21-year-old brother, Matthew, was diagnosed with ulcerative colitis, an autoimmune disease of the bowel. His bowel was attacking itself, and it became so damaged that there was a serious risk of a rupture.

There was no choice in the matter: he had to undergo lifesaving surgery. His colon was removed, and his small intestine was connected to an exit created on his abdomen, from which all his waste would exit into what's commonly known as a colostomy bag.

When I tell this story to friends or others, they often react with polite disgust or a quiet "I'm sorry," followed by a change of topic. It's difficult to resist reminding them that they don't go to the bathroom just to hang out.

There are several different types of ostomy procedures. A colostomy is an opening made in the colon after a portion of it is removed. An ileostomy is an opening in the small intestine that may be necessary after removal of all or part of the colon.

It's essentially a matter of human plumbing: There has to be a way in and a way out, with everything connecting in between.

These operations often give the patient a small new opening on the side of the abdomen. The opening is roughly the size of a quarter and looks like the inside of one's mouth.

The bag typically attached to such an opening is smaller than half a sheet of paper and lies flat against the stomach. With a loose-fitting T-shirt over it, it's impossible to know it's there. Exercise, including swimming, is still possible, as is sex.

The United Ostomy Associations of America estimates that 75,000 ostomy surgeries are performed each year in the United States, and that 750,000 Americans have an ostomy.

Ulcerative colitis and Crohn's disease, which often necessitate ostomies, affect approximately one million Americans. This means that almost one in every 500 Americans has undergone ostomy surgery.

So if life isn't all that bad with a colostomy bag, and if there are so many living that life, why is it so taboo?

It's understandable that the topic of feces, and the exit it leaves from, is hardly suitable for dinner party conversation. But it is also something that should not be altogether avoided.

The lack of frankness and the embarrassment regarding matters of the bowel leave many to suffer in silence, undiagnosed.

My brother is a good example. Due to a combination of embarrassment and machismo, he failed to see a doctor for more than a month, by which point it was too late to salvage any of his colon. The tragic truth is that there are many others like him.

But from what I've found, once you get people talking about their ostomy experiences, a whole community opens up. From charities such as the United Ostomy Associations to Facebook groups with names such as "No colon, still rollin' " and "I swear my ostomy bag makes me look sexier," there is a wide network of support for those suffering.

And it's not as if the whole experience is doom and gloom, either. Many freely joke about their colostomy bags, and some even have a nickname for them. (My brother's is "Jabba.") Matthew explains, "Personally, I find talking about it makes it easier to deal with. If everyone knows about it, it's not a dirty little secret. People who knew me before still know me as who I am, not what I have."

This year alone, my brother graduated from Northumbria University, in Newcastle, England, with high honors, and he ran a half-marathon. The more he achieves in life, the smaller the bag seems to become.

The difficulty lies in building a bridge between what the insiders know about ostomies and what the rest of the world does. It is only when I push past the initial, "My brother poops into a bag" part of the story, and explain how he still runs, goes out, and gets girlfriends, that people begin to listen a little.

Rebecca Goodacre is a student at the University of East Anglia who lives in Peterborough, England, and is studying at Temple University this school year.

Articles of Interest... Newsletter articles obtained from various sources. If necessary, please check with your health care provider before using these tips.

MEDICAL ASPECTS OF AN ILEOSTOMY

By Dr. R.B. Kelleck, Great Britain, edited by B. Brewer,
UOAA 1/2011

The new **ileostomate** may find it difficult to believe that life without a colon can be completely healthy. To understand this, one needs to know what is the normal function of the colon or large bowel, which has been removed.

This organ is only found in land animals and its major function is to absorb water from the food residue. When animals first moved from the sea to the land, they moved from a world where water was plentiful to one where it might be very scarce, and they adapted to this by developing the colon as one means of avoiding dehydration.

The only other substance that is absorbed from the colon is salt. All the other things we get from our food, and which we need for energy and health, are absorbed from the small intestine which is unaffected by the usual operations for ulcerative colitis. People with an ileostomy get just as much food—whether carbohydrates, fats or proteins—as anyone else.

The other function of the colon is to act as a reservoir for the waste products of the body until there is a convenient moment for disposing of them. This function is simply taken over by the pouch, whether external or internal.

Vitamin B-12, Folic Acid and Potassium (Ileostomate) There is only a small section of the intestine that absorbs vitamin B12. It is located near the joining point of the small and large intestine. In the **ileostomate**, especially if there have been revisions, too much of the small intestine *may* have been used up and the area which absorbs vitamin B12 *may* be gone. The ileostomate can then no longer absorb vitamin B12 from food or even from supplements.

The answer to this problem is vitamin B12 shots, usually 1cc, given anywhere from each week to once a month, depending how the patient feels. If, the "worn-out" feeling that one has occasionally has develops into a constant thing, it may be a good indication of B12 vitamin deficiency.

In case of a suspected deficiency, there are three elements the doctor should check: vitamin B12, folic acid and potassium. The shortage of any one or all three can keep us down and without any pep or

ambition even to do our daily chores. B12 and folic acid interact to the point that a deficiency of any one might be mistaken, without complete tests for the deficiency of the other. Each of us *may* need both, to make the other one work right.

There is no danger of taking too much vitamin B12; the body throws off what it does not need. Folic acid should *not* be taken in large doses. Studies are not really complete, but it seems that the most a person should take is 0.4 milligrams per day.

Potassium in natural foods cannot be overdone. The greatest source is bananas, with orange juice also being very good. However, if you have a shortage of potassium, which can also lead to a run-down feeling, you probably cannot get enough from foods without gaining weight.

An ileostomate who cannot absorb enough vitamin B12 from food or from pills, should consider taking injections. Folic acid and potassium can usually be absorbed in pill form, but the ileostomate should watch that the pills are not going through the digestive tract whole, without being absorbed by the body. If an ileostomate feels tired all the time, they should consult their physician.

DESCENDING OR SIGMOID COLOSTOMY

By JoAnn Mok, LPN, ET, edited by B. Brewer, UOAA 1/2011

What is the difference between a descending colostomy and a sigmoid colostomy?

These ostomies are named for the area of the large intestine where they have been created. Our large intestine consists of four parts: The **ascending**, moving up on the right side of the abdomen; **transverse**, running along the waistline; and **descending**, heading downward on the left side. At a point about three-quarters of the way down is the **sigmoid** which connects to the rectum (or the last ten inches of the large intestine).

Colostomies may have permanent or temporary stomas. The opening may also be a double barrel, which is two separate openings, or may be a loop. In loop ostomies, a loop of the intestine is brought out of the abdomen and is held in place with a rod. The most common type of colostomy is the end stoma, which has a single opening.

The consistency and form of the feces depends on how much intestine is left in the body. Since the purpose of the large intestine is to remove liquid from the fecal material, the further along the intestinal tract the

Articles of Interest... Newsletter articles obtained from various sources. If necessary, please check with your health care provider before using these tips.

stoma occurs, the more formed the feces. Feces from an ascending or transverse colostomy will be loose and watery, without form. Feces from a descending stoma will be soft-formed to formed. The sigmoid stoma located lower in the bowel will generally result in a more solid, formed type of bowel movement.

Previous bowel habits play a major role in bowel function after surgery. If you have loose stool prior to surgery, chances are good that you will have loose stool after surgery regardless of stoma location.

COLOSTOMY BOWEL CONTROL

Edited by B. Brewer, UOAA 1/2011

Patients with a right-sided **colostomy** do not have as much remaining colon as those with a left-sided colostomy. Because of this, there is usually too little colon left to absorb enough water to make a solid stool. This type cannot be controlled by irrigation, but instead behaves very much like an ileostomy with a fairly continuous discharge.

The left-sided colostomy is often described as a dry colostomy because it discharges formed stool. One has the choice of attempting to manage this type either by trained control or irrigation control.

Only one-third of the people who attempt to train themselves to control the colostomy without irrigation are successful in doing so. This type of training relies very heavily on diet and medication to achieve regularity.

Many physicians in this country feel that control is more easily and satisfactorily achieved by irrigation. However, there are some patients who can't achieve irrigation because they have an irritable bowel. This problem has nothing to do with the colostomy. It is just part of some people's makeup.

Some people, even before they have their colostomy, may have very irregular bowel habits. They retain these habits after the colostomy is performed, so that regular irrigation does not assure them of regularity.

When this condition exists, the physician will sometimes suggest that the patient dispense with irrigation since it will not produce the desired regular pattern, and the person may become frustrated trying to achieve this. In this case, once again the colostomy is treated much like an ileostomy with the wearing of a pouching system all of the time.

UROSTOMIES:FLUID MANAGEMENT AND INFECTION

By Juliana Eldridge, WOC/ET Nurse, Edited by B. Brewer, UOAA 1/2011

People with urinary diversions no longer have a storage area (a bladder) for urine. Therefore, urine should flow from the stoma as fast as the kidneys can make it.

In fact, if your urinary stoma has no drainage after even an hour, it is of serious concern. The distance from the stoma to the kidney is markedly reduced after urinary diversion surgery. Any external bacteria have a short route to the kidney. Since kidney infection can occur rapidly and be devastating, prevention is essential.

Wearing clean pouches and frequent emptying are vital. Equally important is adequate fluid intake, particularly fluids that acidify the urine and decrease problems of odor. In warm weather, with increased activity, or with a fever, fluids should be increased to make up for body losses due to perspiration and increased metabolism.

It is important that you be aware of the symptoms of a kidney infection:

- Elevated temperature
- Chills
- Low back pain
- Cloudy, bloody urine
- Decreased urine output

All ileal conduits normally produce mucus in the urine, which give it a cloudy appearance. Blood in the urine *is* a danger signal. Thirst is a good index of fluid needs.

Important: If urine is collected for urinalysis, either routine, microscopic (R&M) or for culture and sensitivity (C&S), or if you are asked to give a sterile urine specimen, be sure your doctor and nurse know a sterile specimen must be taken directly from your stoma and not from the pouch.

Bacteria build up in the pouch constantly. You will always get a false positive test result.

If they are not sure how to do this, do the following:

- Remove your pouch
- Clean your stoma
- Bend over
- Catch the urine in a sterile cup

**Cedar Rapids / Iowa City
Area Ostomy Support Group #171, Inc.
P.O. Box 5227
Coralville, IA 52241**



**Next Meeting
Thursday, February 24, 2011
Mercy Medical Center,
Cedar Rapids
6:30 pm - Details inside
*Family and Friends welcome!!***