

# Ostomy Outlook



LETTER OF THE OSTOMY ASSOCIATION OF THE MINNEAPOLIS AREA		
Volume III, Issue XII		January/February 2019
<b>Date:</b>	<b>Monday, January 21, 2019</b>	
<b>Time:</b>	<b>No meeting</b>	
<b>Place:</b>	<b>United Methodist Church of Peace</b> 6345 Xerxes Avenue South Richfield, MN 55423 612-866-0069	
<b>Program:</b>	We have decided as a chapter, not to meet in January and/or February because of weather conditions.	
<b>Date:</b>	<b>Monday, February 18, 2019</b>	
<b>Time:</b>	<b>No meeting</b>	
<b>Program:</b>	We have decided as a chapter, not to meet in January and/or February because of weather conditions.	

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The Ostomy Outlook is printed and circulated for people with Colostomies, Ileostomies, Urostomies, and alternative procedures, their families and other interested persons.

**\*\*\*\*If you have weather questions, please call 952-882-0154**

Our new website address is: [ostomyminneapolis](http://ostomyminneapolis.com)

## **Ostomy Association of the Minneapolis Area Membership Creed**

As members of this group, it is important to be ever mindful of our many blessings: our understanding families and friends, our homes, and our way of life. Most of all, as ostomates we need to be ever mindful of the life which has been given back to us and to find the courage to face our daily challenges. Let us continue to be concerned for people who need our help, our support, and the knowledge that we have gained. Let it be our task to reach out to others and to ourselves. May we do this in a spirit of fellowship and fond regard.



## *The President's Corner*

Thanks to Ralph Gotto who spoke at our November meeting about his journey starting at age 10 with Polio and his experience with doctors for 62 years until he ended up with Deep Vein Thrombosis, colorectal cancer, and a knee replacement. His tale was inspirational. Also thank all of you who attended our December party. It was a wonderful occasion and the treats were yummy!



### New Business:

\*\*If you would like to suggest a future program, please contact: Carole Barron [barronski@aol.com](mailto:barronski@aol.com)

#### **Treasurer's Report and Membership, Brenda Elsagher**

Thanks to the following people who made donations:

Elizabeth Spletzer in honor of Ruth Seifert.

Marcy Aselson in celebration and honor of 42 years of living with an ostomy!

Thank you for acknowledging these important events!

\*\*\*\*Joel Branes would like to thank all those (Plus Handi Medical) who contributed ostomy supplies to Puerto Rico and victims of last year's hurricane. Please bring your extra supplies to our meeting to be delivered to The Ostomy Association of Puerto Rico.

**Please notice: We will not be meeting in January or February this year.**

Any meeting: be sure and check the weather report if the weather looks bad. 952-882

Dear OAMA members,

The St Paul Ostomy Ass'n. invites you to join us for our January & February meetings. January we are having Colleen Fritsch speak on becoming Dementia Friends. Colleen is a Dementia Friend Champion, meaning she gives talks to groups like ours and teaches us how we can better relate with those who have Dementia. We all know of someone who has some form of Dementia and we know the troubles that come with trying to communicate with them. Come, bring family & friends, let's learn together how to be comfortable and/or comforted.

We meet on Saturday January 19th at 10 to noon. We meet at the Faith United Methodist Church 1530 Oakdale Ave in West St Paul, MN 55118.

February 16th We invite you to join us for our Products Fair. We are hoping to have Hollister, Con va Tec, Coloplast and Handi Medical display what is new in their companies. Same time & same place.

For more information please call me.

Eileen C. Bohrer at 651-455-6467

**Thanks Again to our newest sponsors:  
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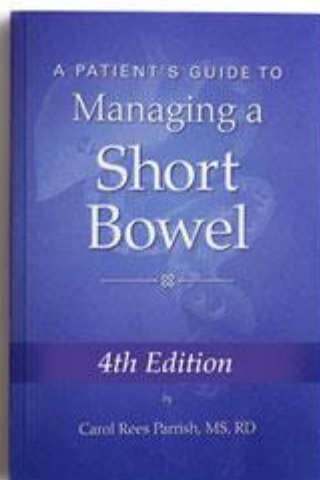
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## **Short Bowel Syndrome**

Some patients who've had intestinal surgery may experience complications, but this doesn't mean every patient will. Some possible complications are listed below. If you experience any of these at any point, call your doctor right away.

- **Parenteral nutrition (PN) problems:** People with SBS as a result of intestinal resection may receive additional nutrition intravenously with PN. While it can be life-sustaining, PN can also come with complications. These include catheter-associated bloodstream infections and long-term liver or kidney problems.
- **Vitamin deficiencies:** Vitamins are essential to a healthy diet and are absorbed in the small intestines. If you have Short Bowel Syndrome, you might not absorb all the essential vitamins your body needs to function properly. This can result in many health problems, depending on which vitamin your body isn't getting enough of. For example, scurvy, decreased muscle coordination and osteoporosis are all caused by vitamin deficiencies.

- **Mineral deficiencies:** Minerals are also essential for your body to function properly, yet they are displaced when you have diarrhea. If you have SBS or chronic diarrhea, you may not absorb enough of the important minerals you need, like magnesium or zinc.
- **Electrolyte abnormalities:** Electrolytes are minerals that have an electric charge in the body. They help maintain balance in the body's blood chemistry, muscle action and other processes. They include sodium, potassium, magnesium and calcium. The incorrect balance of electrolytes can cause unpleasant symptoms such as headache, nausea, irregular heartbeat and muscle weakness.
- **Small bowel bacteria overgrowth:** After a resection, too much bacteria may grow in the small intestine. This often happens if the ileocecal valve has been removed during a resection. Bacteria overgrowth can result in gas, bloating and diarrhea.
- **Kidney stones:** Reduced absorption of calcium, fats and bile salts from the bowel can create hard crystal-like stones known as kidney stones. These do not always produce symptoms; however, “passing” the stones can be very painful.
- **Acidosis:** Causing vision problems, confusion and/or slurred speech, acidosis is when you have abnormally high levels of lactic acid in the bloodstream. This comes from undigested carbohydrates in the large intestine. These undigested carbohydrates produce lactic acid, which your body absorbs. When your body absorbs too much, it creates an imbalanced acid level or pH balance in your blood. SBS patients with poor carbohydrate digestion could be at risk for this condition.
- **Nausea and vomiting:** In scientific terms, vomiting is the forceful inverted expulsion of gastric contents from the body. Nausea, on the other hand, is the unpleasant feeling you get before vomiting. The act of vomiting often (but not always) relieves the sensation of nausea.



To take a deeper look into the causes of certain SBS symptoms, talk to your doctor and [sign up](#) to receive a copy of *A Patient's Guide to Managing a Short Bowel* by Carol Rees Parrish, MS.

## Patient Power –

If you have any ideas or issues you'd like us to address, please send them in to the newsletter editor or directly to us, Darlene Hafner and Anne Marie Kronick." You can reach us by emailing [dmhafner@yahoo.com](mailto:dmhafner@yahoo.com) or [amkronick@comcast.net](mailto:amkronick@comcast.net)



### **Challenges of a Caretaker by Carol Larson**

It's always somewhat fearful when you find yourself in need of more care. It's even more fearful when you find you are needed to care for others. I have had harsh episodes of poor health in my life but have been extremely lucky to have had wonderful caregivers.

When my husband woke up almost two months ago sick to his stomach he announced he was "not feeling well." I knew this might be consequential. I was the one who had to drive him to the hospital. As it turned out, his pulse was 202. He fainted in the Intensive Care Ward and had to be "shocked" twice to save his life. After a week of tests, he was told he had had a cardiac arrest. A surgeon operated on him and gave him a defibrillator. This is a device, beyond a pacemaker, that will "shock" him if his pulse goes up. He would perhaps lose consciousness and if his pulse was still high, an ambulance would be called. Therefore, he cannot not drive for the time being.

All of a sudden, I became his driver. If he wants to go anywhere, he is reliant on me or others to drive. Now, Dave has always been independent and headstrong. He had a hard time adjusting to this limitation. He also has to be stopped from over-salting his food, shoveling the walk, using a snow-blower, and lifting heavy objects.

I learned that being a caretaker is not always appreciated. I had to hold him back but try not to kill him with kindness. He had to learn to slow down. We have had our family, friends, and excellent doctors to support this "new normal." A sleep-study has provided us with new information how to deal with apnea, which can be hard on your heart; not a C-PaP but a "bumper-belt" to keep him from sleeping on his back.

I believe now this new episode, which was life-endangering in the beginning, will end up lengthening his life by forcing him to change former patterns of his behavior. I am thankful I was here when all of this began and am finding I am stronger than I thought I could be. Happy New Year Folks. You're never too old to learn new tricks!

### **Additional advice from Dar Hafner:**

As a side note to Carol's story, I totally agree that being a caregiver is life changing. We put our loved one first. Their needs, wants, medicine schedule, doctor's appointments, food changes, physical limitations and the goal of keeping them healthy. It is time consuming & physically exhausting as well as emotionally exhausting but we don't mind doing it because we love the person we are caring for. But I feel it's important to also remember that the caregiver can't help anyone if their "well is empty". The caregiver needs to find a way to stay healthy both emotionally & physically.

That means time with friends, a glass of wine before bed, a good book, a short get away, a massage or whatever it take to "fill the well up" again to be ready to care for our loved one & hopefully enough for the entire family. Hang in there Carol. You're going a great job!

## **Learn how to spot peristomal skin irritation and damage.**

After your ostomy surgery, your healthcare team likely taught you how to care for your peristomal skin and what it should look like when it is healthy. Ideally, it should be intact without irritation, rash, or redness. The skin around your stoma should look just like the skin on the other side of your abdomen, or anywhere else on your body, free of redness, irritation, or damage. Healthy skin should be the rule, not the exception.

However, if your peristomal skin is irritated or damaged, there may be some signs of a peristomal skin complication (PSC), such as:

1. Discomfort, itching, soreness, or even pain around the stoma
2. Recurrent leakage under your pouching system or skin barrier
3. Excessive bleeding of your stoma – it's normal for your stoma to slightly bleed after you wash it, but the bleeding should resolve quickly
4. A bulge in the skin around your stoma
5. Skin color changes from normal pink or red to pale, bluish purple, or black
6. A rash around the stoma that is red, or red with bumps – this may be due to a skin infection or sensitivity, or even leakage
7. Wart-like, pimple-like or blister-like bumps under the skin barrier – this type of irritation can happen any time, even if you've used the same product for months or years
8. Any type of wound or scratch on the peristomal skin

## **PERISTOMAL SKIN COMPLICATIONS — POTENTIAL CAUSES AND WHAT TO DO**

Irritated and damaged peristomal skin can occur for a variety of reasons. It can be caused by anything from a poor-fitting pouching system, to frequent skin barrier changes, to an allergic reaction to anything that contacts the skin, such as soaps or products used to prepare the peristomal skin. Some studies report up to 75 percent of people with an ostomy experience a PSC.\* Although it is a common issue, it should not be ignored.

If you experience any signs of a PSC, contact your stoma care nurse. You should work with your healthcare team to determine the exact cause and the appropriate solution.

**For more information on maintaining healthy skin and other topics, [click here to visit the Hollister Ostomy Learning Center](#)**





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The Phoenix magazine provides answers to the many challenges of living with an ostomy. From skin care to nutrition to intimacy, in-depth articles are written by medical professionals, ostomy experts and experienced ostomates. Subscriptions directly fund the services of the United Ostomy Associations of America.

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***October  
E-News***



ASG Support Groups have been so generous in their support of Friends of Ostomates Worldwide-USA. We recently recognized the Ostomy Support Group of DuPage County, IL, for their \$1,000 donation. They were a shipment sponsor of ostomy supplies to Zimbabwe. Ever wonder where the products you send go? On our website [www.fowusa.org](http://www.fowusa.org) we now have a SpokesPouch icon on the bottom of our home page who announces each month where in the world we are shipping products. Your ongoing financial and product support means that we can fulfill the requests of individuals and groups. The heartfelt email letters that we get from recipients

makes us rthat our humanitarian efforts are priceless to those whose lives are enhanced with ostomy products. I appreciate all that you are doing to help us fulfill this mission.

Sincerely, Ann Favreau, President, Friends of Ostomates Worldwide-US



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[Support Group Finder](#)

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[ASG Resources](#)

Emotional support and ostomy education are critical components of life after surgery. UOAA's website is the hub for those who want to connect to our 300 Affiliated Support Groups (ASGs) around the country.

## UOAA National Conference Registration Opens 1/1/19



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**To:**

**Please enroll me as a new member of the Ostomy Association of the Minneapolis Area**

If you haven't enrolled, 2018 Annual dues are \$25 and are due in March following your submittal of this form. Membership in the Ostomy Association of the Minneapolis Area includes 12 informative meetings, subscription to the "**Ostomy Outlook**" newsletter and an "Antless picnic" in June.

OAMA  
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