

OTTAWA OSTOMY NEWS

look up
UOAC-OTTAWA
and live

United Ostomy Support Group, Ottawa, Inc.
P.O. Box 11134, Station H, Nepean, ON K2H 7T8

Affiliated Member of United Ostomy Association of Canada

Charity Registration #11927 7192 RR0001

VISIT OUR WEBSITE AT: WWW.OSTOMYOTTAWA.CA

January 2011

Volume 41 #1

Mission Statement

The United Ostomy Support Group, Ottawa Inc. is a volunteer, charitable organization dedicated to helping all persons, including families and caregivers, who have been affected by ostomy surgery. Our Mission is to provide practical support and encouragement to all ostomates by visiting them at home or in hospital, holding monthly meetings, publishing a monthly newsletter and operating a lending library of ostomy literature.



January

OUR MEETINGS

are held on the **third Thursday of each month**, except December, June, July and August. December and June are at other locations, please call hotline. The meeting room is located at;

**Canada Care Medical Building,
1644 Bank Street at Heron Road
(Behind Canada Tire Store)**

Lots of free parking. Wheelchair Accessible.
For more information about our group, call our
Hotline 613-447-0361 or visit our website
www.ostomyottawa.ca

January 20th, we will have a Movie and Rap Session.

February 17th, Shirley McSavaney, RN, DPhN, ET - The importance of the role of the Visitor.

March 17th, E. Nielsen, ET will be our guest speaker.

Bus Lines : 1, 111, 114.

Heron Road

| | | | | | |
|---------------------------------|-----------------|-------|--------------------------------------|--------------------------------------|-----------|
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NOTICE:

When in doubt about meeting cancellation during bad weather, call any director.

TO OBTAIN HELP FROM A TRAINED VOLUNTEER OSTOMATE-VISITOR

Call our 24 hour hotline (emergencies only between 9 pm and 9 am) Answering machine at times when volunteer is unavailable. **Your call will not be ignored 613-447-0361**

PLEASE PATRONIZE OUR ADVERTISERS

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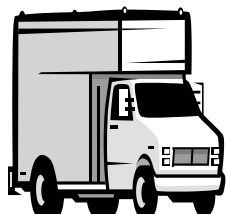
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**ARE YOU MOVING OR HAVE YOU
ALREADY MOVED?**

**Don't forget to send us your
change of address. Returned
newsletters WILL NOT be for-
warded. Also, don't forget to
let us know if you change your
email address.**

**They may forget what you said.
But they will not forget how you
made them feel.**

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spang@ccfc.ca

From the President's Desk:*Happy New Year*

I hope everyone had a safe, happy and healthy holiday.

We had a wonderful turnout for the Christmas party. Thanks to the gentlemen in the band for providing the music. Thanks to Coloplast, ConvaTec, Hollister, Shoppers Home Health & Donna Cheetham for the donations for the door prize and Auction. We raised \$210 from the Auction.

For the November meeting, thanks go to those who helped set up and take down chairs and tables, brought or looked after food, made coffee for the meeting or manned the front desk. Thank you Jen from Canada Care for helping to move the tables.

Betsy Theriault made and has donated a beautiful quilt for us to use as a fundraiser. Hence we are running a raffle and therefore have tickets for sale. \$2 each or 3/\$5. The draw will be on April 30th, 2011. We have lots of time to sell tickets. Call Donna 613-591-0627 or myself if you want to help sell tickets or want to purchase some. We will be setting up in some malls around Ottawa to sell tickets, if you have some time to help out, please call me 613-836-1791.

REALLY EXCITING NEWS ! We sent out our first electronic newsletter and no one encountered problems viewing the newsletter. After sending the November Newsletter, we received several emails wanting to have their name added to this distribution list. Then with the December newsletter many more indicated that they wanted to participate so now 23 people are helping us save money. If you have internet access and want to help us save more money send an email to president@ostomyottawa.ca. Starting in January those of you who have opted for the digital newsletter will no longer receive the printed newsletter.

April 30th we will celebrate our 40th Anniversary including an Ostomy Expo, at the Embassy West Senior Living, 1400 Carling Avenue, Carling at Kirkwood, across from Westgate. Now we have to get down to work. **PLEASE** come help put together this wonderful event. Don't leave it up to a couple of people — more hands make less work!!!! Even if you have an hour or so that would help. We have lots of letters to mail, advertising to arrange and so on.....

Respectfully,
Deborah Lalonde



Reminder - If you have received an invoice for your membership renewal, please submit ASAP. It is very expensive to keep reminding you!

Anyone interested in joining an Ostomy Singles Group? I have talked to a couple of people recently who have talked about being single and trying to have relationships, so I was wondering if anyone would like to meet maybe for coffee sometimes and talk, compare notes, whatever?

This is not a 20/40 group, it is for all ages.

"No Scent is Good Sense"

In consideration of others,
please do not wear perfumes,
colognes or scented deodorants
to the meetings.

★ **Membership Thank You Corner** ★
★
★ **Welcome New Members:** P. Lwow, H. Sloan ★
★
★ **Thank you for your donations:** C. Bedard, E. ★
★ Boucher, S. McSavaney, A. Alexander, D. ★
★ Stinson, H. Knox, M. Ingalls, M. Bennett, R. ★
★ Courchesne, S. Cummings, J. Milne, H. Sloan, ★
★ D. Lalonde, KDS Consulting. ★
★



Ostomy Clinics

*DO YOU KNOW OF ANY
CLINICS THAT ARE NOT
LISTED HERE?
PLEASE LET US KNOW.*

If you wish to attend a clinic please call.

Canada Care Medical 1644 Bank St, Ottawa
Free clinic with Marilyn Dixon, RN, ET, 613-234-1222
3rd Thursday of every month 10 am - 2 pm

ConvalAid 2600 Lancaster Rd, Ottawa
Every Month, please call for appt. 613-738-2721

Mulvihill Drug Store 1231 Pembroke St W, Pembroke
9:30 am - 1:30 pm 613-735-1079

Ontario Medical Supply 1100 Algoma Road, Ottawa.
613-244-8620
Last Wednesday of each month 12:00 pm - 4:00 pm

Shoppers Home Health 9:30 am - 1:30 pm
Jan 27/11 410 Hazeldean Rd, Kanata 613-831-6505

Following dates will be confirmed:

Feb/11 1675 Tenth Line Rd Orleans 613-834-3070
Mar/11 Westgate, 1309 Carling Ave, Ottawa
613-725-0608

There is a new application by the Crohns and Colitis group, which locates public bathrooms in Ottawa. It's website is www.cantwait.ca

Some websites that you or someone you know might find interesting
www.teenntwrk.com
www.meetanostomate.com
www.cspouchcovers.com

Notice: Do you know a member who is sick or in hospital?

Please notify a Board member.

Ostomy Trivia: On our web site the Contact page - what email address is in green?

Is the internal pouch made of plastic like the external pouch?

Articles and information printed in this newsletter are not necessarily endorsed by United Ostomy Support Group and may not be applicable to everyone. Consult your Doctor or ET nurse for the medical advice best for you.

OUR VISITORS

After many conversations with members and others, I am led to believe that the purpose and role of our Visiting Program is not clearly understood. This is a great concern since the Visiting Program is one of the most important mandates of our chapter.

Our Visiting Program can be compared to a mentoring program whereby a trusted friend, counselor or teacher, usually a more experienced person, offers emotional support, reassurance, understanding and practical information to assist the ostomate and his/her family in their emotional and social rehabilitation.

Some of you may have had the privilege to have a Visitor. Are you aware this is an ongoing service? Keep in touch with your visitor and if you have any issues give them a call. If they can't answer your questions, they can help find the answer.

Likewise for any other member experiencing difficulties, please do not hesitate to request the support of one of our Visitors. We are here for you!

Can Ostomates Donate Blood?

by Bob Baumel, North Central OK Ostomy Association

Ostomy newsletters sometimes publish warnings that ostomates, especially ileostomates, shouldn't donate blood. An often cited horror story concerns an ileostomate who, after giving blood, developed a two-day case of dehydration that couldn't be relieved by drinking fluids, followed by a kidney stone that developed ten days later.

I am one ileostomate who has always ignored those warnings. I donate blood regularly and haven't suffered any ill effects. My object in this article is to examine this topic rationally, instead of relying on an anecdote that may be more of an urban myth than an actual event. My conclusion is that most ostomates can probably donate blood without any problem although, if you've just had surgery, you may need to wait a while (for example, you may not be eligible to give blood until a year after surgery).

Of course, all ostomates are different, and may have a variety of health problems in addition to the ostomy itself, so it isn't possible to make a blanket statement for all ostomates. Therefore, you should check with your doctor if you have any doubts about your ability to give blood.

The question in the title of this article involves two issues: Is giving blood safe for the ostomate? And will the ostomate's blood be accepted by the blood bank? In researching these issues, I've spoken with the head nurse at my local Red Cross blood collection center, and I've checked the eligibility guidelines on the American Red Cross website at www.redcrossblood.org. It should also be noted that rules for donating blood vary in different countries. My comments on this issue apply mainly to the United States, where the rules are set by the U.S. Food and Drug Administration. Readers in other countries need to check the rules in their country.

As for myself: When I wrote the first version of this article in Aug 2006, my lifetime total consisted of 79 (whole) blood donations. Now, as of Feb 2009, I've given whole blood 83 times and I've also done 4 double red blood cell (2RBC) donations. Most of my donations have been made after my permanent ileostomy surgery, which was done in 1992. Prior to that, I donated at least 5 times during the 4 years while I had a J-pouch (my J-pouch failed due to chronic pouchitis and was then replaced by a permanent ileostomy). Before

that, I even donated a few times while I had ulcerative colitis, although only during the first few years of the disease, while it was still controlled fairly well.

On the first question, whether giving blood is safe for the ostomate:

Dehydration can certainly be a valid issue, especially for ileostomates and others who have lost their colon (including people with J-pouches and Kock pouches), because the colon normally plays a role in absorbing water. Urostomates also need to remain well hydrated to maintain urinary health. Therefore, all of these ostomates should drink extra fluids to stay well hydrated.

Dehydration was the villain in the "horror story" cited at the beginning of this article. Severe dehydration can result from various causes, such as an ileostomy blockage or acute gastro-enteritis accompanied by vomiting and diarrhea. By comparison, the dehydration resulting from a blood donation is relatively minor. The quantity of fluid removed (about half a liter, or about one pint) is far less than you'd lose in an acute blockage or gastro-enteritis episode. So, if you're careful to hydrate well before coming to the blood collection center, then drink all fluid offered to you at the center, and then continue to drink lots of fluid afterward, you probably won't have any problem with dehydration. Even so, if you think you're prone to kidney stones, or if you have any other concerns about the safety of giving blood, check with your doctor.

Meanwhile, if you're still concerned about dehydration, another option is available now, namely, the newer "apheresis" donations. These are procedures in which components of your blood are separated by specialized equipment while you donate, and some of these components are returned to your body. I've been donating with one of these methods, namely, double red blood cell



Can't page 6

(2RBC) apheresis, for over a year. In this technique, a double unit of red cells (twice as many as in a normal donation) are taken, but everything else (including the plasma) is returned. And in addition, enough saline is pumped into your body to compensate for the volume of cells removed. In this way, there is no net loss of fluid, and assuming you also drink something at the blood collection center, your fluid level when you leave the center will probably be higher than when you arrived!

As a result, these 2RBC donations do not cause **any** dehydration. And, in spite of losing a double unit of red cells, you may not feel any of the tiredness afterwards that you might experience after a regular blood donation. It should be noted that the specialized equipment required for these apheresis donations isn't available at all local blood collection centers. Also, to be eligible for the 2RBC procedure, your hemoglobin (iron) level needs to be somewhat higher than for a normal blood donation.

Now, let's consider the second question, whether the ostomate's blood will be accepted: Before donating, you'll need to answer a list of questions (the donor history questionnaire), which seems to grow longer every time you donate. You should find, however, that none of the questions require mentioning that you're an ostomate. Having an ostomy does not (at least in the United States) disqualify you from giving blood. And if any worker at a collection center tries to tell you otherwise, that person is misinformed.

The questions you'll need to answer refer to specific conditions that may make your blood unsafe to give to another person. Some conditions (which generally have nothing to do with having an ostomy) can disqualify you permanently. Some may require you to wait for a period of time before giving blood. If you've just had surgery within the past year, especially if you received a blood transfusion during that surgery, you probably won't be eligible until a year after the surgery.

An important special case involves surgery for cancer. As we know, many ostomies are done because of bowel or bladder cancer. When I wrote the first version of this article in



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2006, most cancers required a waiting period of 5 years. Now, that waiting period has been reduced to one year. Current guidelines on the American Red Cross website say, "Eligibility depends on the type of cancer and treatment history. If you had leukemia or lymphoma, including Hodgkin's Disease and other cancers of the blood, you are not eligible to donate. Other types of cancer are acceptable if the cancer has been treated successfully and it has been more than 12 months since treatment was completed and there has been no cancer recurrence in this time. Lower risk in-situ cancers including squamous or basal cell cancers of the skin that have been completely removed do not require a 12 month waiting period."

If you currently have a chronic disease such as Crohn's disease or ulcerative colitis, you're probably eligible to give blood. Remember: I actually donated a few times while I had ulcerative colitis. On this topic, the Red Cross guidelines say: "Most chronic illnesses are acceptable as long as you feel well, the condition is under good control, you have an adequate hemoglobin level and your temperature is normal when you come to donate, and you meet all other eligibility requirements."

In conclusion, most ostomates are probably eligible to give blood, although you may face a waiting period if you had surgery very recently. You may, of course, have other health conditions that make you ineligible. But it can't hurt to try! At the collection center, medical professionals will review your health information, in a confidential setting, to determine if you are actually eligible.

Overcoming the Understandable and Developing Fulfilling Relationships with Others

Taken from www.c3life.com/ostomy/lifestyle/family/intimacy/lc.aspx

Natural Concerns

When facing the prospect of stoma surgery or lying in a hospital bed looking at a new pouch, you may be feeling lonely, worried or even scared. When facing the prospect of stoma surgery or lying in a hospital bed looking at a new pouch, you may be feeling lonely, worried or even scared.

You may be concerned about sex or personal relationships. What if friends or partners look at you differently, or even reject the idea of a personal relationship with you because of your stoma? How will the simple mechanics of sexual activity work while wearing a pouch? What are the possibilities of having children? Questions and concerns like these are natural and normal.

The answers to these questions depend on a number of things: the nature of the illness, the type of surgery, your age, gender, attitude and also the nature of the relationships already experienced during the course of your lifetime.

There's good news. Many people have happy, fulfilled lives and relationships after their operations. It's even possible, depending on the circumstances, to have an improved sex life after surgery. Many people with stomas do go on to have children as well.

There's no such thing as one specific type of sex life that's just right for everyone. Sex and intimacy is unique to each person and to each individual relationship and lifestyle. Because sex occurs within relationships, the kind of sex life will reflect the nature of the relationships. After surgery, ways of living with your partner (if you have one) will need to be discovered that suit you both.

Everyone, with or without a stoma, can experience sexual difficulties at some point during their lives. Don't always assume that people

who experience sexual difficulties following surgery do so because of the surgery. They may have experienced difficulties and problems beforehand, even if the stoma becomes a focal point for the problems. Because of this, a good idea is to focus as much on relationships and intimacy as on the physical side of sex.

Of course, there are physical reasons why people may experience sexual problems after their stoma operation. These can vary again from person to person and should be discussed with appropriate medical personnel.

Regaining Self-Confidence

When fully clothed, no one needs to know who has an ileostomy, colostomy or urostomy. The surgery and stoma can remain a secret which does not need to be revealed to anyone else — anyone else, that is, until the moment when clothes come off. Without clothes, the pouch can hardly be ignored.

If there's a partner of long-standing, he or she will have shared the illness and surgery experiences along the way. The pouch will not be a surprise. But when getting into bed together after surgery, even if there's no intention of having sex, it's difficult not to acknowledge its' presence. For a couple in an ongoing and loving, caring relationship, the novelty of the pouch soon wears off and it can be largely ignored.

But what if a new partner comes into the picture that is unaware of the earlier surgery? If a relationship is becoming serious, it's worth discussing the situation before the relationship gets physical. If this information is whispered tenderly in the partner's ear in a moment of passion, this is one surprise that might make the situation awkward.

Plan ahead by rehearsing a short explanation. It might be easiest to start with the fact that there

was a serious illness that had to be treated surgically. The result is that a pouch now needs to be worn. Once the decision has been made about how to talk about this situation, it will be easier to find a comfortable time to explain to a potential new partner about the pouch.

Of course, it's possible that a sexual relationship can occur soon after meeting someone, before there's time to get to know someone well enough to discuss such matters. This does raise the risk level of surprising them, as well as the risks everyone faces with casual sex.

It's always possible that a prospective partner might not want to continue the relationship when he or she learns about your stoma. This is the kind of experience no one wants. If it happens, remind yourself that people without stomas are rejected for all kinds of reasons as well. In fact, if a potential partner loses interest, it may not be because of the stoma. And, if the stoma is a serious barrier in a relationship, there is a strong possibility that the relationship would not have worked anyway.

Despite surgery, there is always choice with relationships. This includes sexual relationships with long-standing or new partners and non-sexual relationships with friends, relatives and colleagues at work.

Thinking of oneself simply as someone who has a stoma can convey the message that the only thing that matters is the stoma. In behaving this way, there is a good chance other people will respond by not treating you as a whole person.

On the other hand, presenting oneself as someone who was ill, and now has a stoma which is a part, but not the only part, of the whole person may be a better angle. There are other aspects that are much more important than the stoma — things like career, family, wit, charm, personality and general interest in other people. Demonstrating or articulating that the stoma is not of such massive importance with respect to living a complete life will make others take their cue from these outward demonstrations.

Roles with Partners

When involved in a long-standing relationship, partners should be involved at the earliest opportunity — that is, when the need for surgery arises. He or she may be concerned about the sexual part of the relationship even if you're not. It can be helpful to make arrangements for the partner to talk to the surgeon and the stoma care nurse separately, so it's easy for questions to be asked. This can provide much needed reassurance.

People sharing their lives and caring for one another should be involved in these processes together. Many couples say that sharing these experiences brings them closer together.

Some people say it helps to have their partner involved early on, when the pouch is changed in the hospital. Their partner can see the stoma, thus reducing concerns. For many, the reality of a stoma is much less of a shock than the anticipation of it.

Recovery from a major operation takes time. People having stoma surgery are very likely to have been unwell before surgery, and this can slow the recovery process. Don't expect to resume sexual relationships immediately after getting home from the hospital. Follow your doctor's recommendations.

There's no set time when to resume sexual activity after surgery. A rule of thumb: if a person can walk half a mile unaided and without becoming breathless or being in pain, it's probably all clear to resume full sexual relations. At any rate, this should be discussed with the surgeon to be sure. Once commencing sexual activity, it's a good idea to start off being gentle.

Before resuming sexual intercourse, some people try masturbation or asking their partner to do this for them. This helps build confidence, is pleasurable and reduces fears about whether sexual feelings are possible. If you or your partner regards the idea of masturbation as morally wrong or unappealing, don't do it. But many cou-



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Product News: Cavilon Barrier Film => Nexcare Liquid Bandage Spray

From Stillwater-Ponca City (OK) *Ostomy Outlook*
by Charlotte Allen, RN, CWOCN, editor of Abilene (TX) *Tomy Tabloid*

I found out from the 3M company that one of my favorite products for treating peristomal skin irritation can now be found at Wal-Mart. I have always recommended 3M No Sting (Cavilon) spray protective film for minor skin irritation or to use over stoma powder or anti-fungal powder. Wal-Mart now carries the same product for a fraction of the price you will pay at a DME. It goes by the name 3M Nexcare No Sting Liquid Bandage Spray. It is found by the Band Aids and other First Aid products. It does not hurt if some of this gets on the stoma when applying. You will be able to gently remove this white-gray coating from the stoma. As its name says, this product does not sting when applied to open, irritated

skin. Just be sure this protective film is dry before you apply your ostomy wafer/barrier.

Stillwater-Ponca City Editor's note: This topic was also discussed extensively on the UOA Discussion Board. 3M has marketed this product via medical supply companies using the Cavilon name but now markets it directly to consumers using the Nexcare name. Nexcare products are sold at many pharmacies, so you can probably find this one at other places besides Wal-Mart, although Wal-Mart seems to have the lowest price (about one-third what you'd pay for "Cavilon").




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WHAT I DO NOT LIKE ABOUT MY OSTOMY

by Don Korbin, Solona County Ostomy News and Chippewa Valley Ostomy Association
via Reroute Evansville Ostomy Chapter

My Colon was removed in March. It's really gone. I know, because my surgeon brought it to my hospital room during lunch one day, six and a half pounds in a glass beaker. It looked like a brisket. I wasn't hungry. I opted for a continent ileostomy, so now I'm a Kangaroo of sorts, except my pouch is on the inside. Getting used to the new plumbing hasn't been bad. Considering the shape I was in before surgery, I'd say this new system is better than the original, with one exception. The concern isn't the stoma. Mine is less the size of a dime....it disappears beneath the briefest of swim suits. It's not the diet...I have no dietary restrictions. Nor is physical limitation... I'm even contemplating cross country skiing. No. What I dislike is the operations effect on one of my favourite pastime. I used to spend many quiet moments sitting in the bathroom. Now I don't. Dr. Koch's efficient catheter system makes it unnecessary. A lifetime reading habit has been shattered. THAT'S what I don't like about my colectomy!

KEEP A MEDICAL JOURNAL

via Cleveland Ostomy Association, Via Reroute Evansville Ostomy Chapter

Often a problem has been nagging at your body for weeks or months. Sometimes a piece of equipment doesn't work properly. When you finally break down and go to the Doctor, or consult an ET nurse, you wind that they ask questions about the history of the problem that you can't answer. As a result, their diagnosis is not based on complete information. To avoid a faulty or inadequate diagnosis, it is wise to write down the symptoms or problems as they occur. Often, you will find that by writing down these symptoms and the events which precede the, you, yourself, can spot some obvious solution (or at least, causes) A medical journal can help you avoid false assumptions about your problems: it can also aid you when similar problems crop up in the future. Accurate information is always welcomed by your doctor or ET.

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STOMAL STENOSIS

Via: Ralph Kaye Chapter, San Antonio, TX & UOA Inc. Evansville, Indiana Chapter, "Re-Route"

Stomal Stenosis is a narrowing of the lumen of the stoma as it passes through what is referred to as the fascia (located an inch or so below the ostomy opening) or a narrowing of the ostomy opening due to a tightening of tissue about the ileum or ostomy.

The peristomal hernia is a widening of the defect of the abdominal wall through which the ileum passes to reach the surface. If this defect becomes too large, then more ileum can move into the space between the skin and the lining of the abdominal cavity. The ileum in this space can then twist or kink on itself and cause a blockage. Any type ostomy can become stenosed. Your doctor can help resolve this by several methods. Stenosis that develops right after surgery is usually attributed to mucocutaneous separation—

the stoma separating from the skin to which it is sutured. Stenosis that develops later may be caused by disease (Crohn's or tumor), excessive scar tissue formation at the skin or fascial level, trauma resulting from improperly fitting equipment, hyperplasia or chronic irritant dermatitis or peristomal skin.

Preventive measures include maintenance of a secure pouch seal to prevent peristomal skin breakdown, urine acidification measures, prompt treatment of hyperplasia and awareness of signs and symptoms of partial stoma obstructions.

Why did the UC patient buy a dishwasher and refrigerator before surgery?
Because the doctor told him he'd need to get some appliances.

Answers You Will Never Hear About Living with an Ostomy

by Peter McGinn, Editor, [Portland \(ME\) The Visitor](#)

Have you ever seen those question and answer articles where people ask the nurse or doctor about life with an ostomy? Well, I can guarantee none of them gave these answers, because I just made them up! Please consult with your therapist and a local comedian before taking any of these seriously:

Q: How will medication affect my ostomy?

A: Could you be any more vague? The general answer is: adversely. Especially important, your stoma should not be allowed to operate heavy equipment with some painkillers.

Q: Can I still do everything I did before surgery?

A: You're trying to trip me up here, aren't you? What did you do before, rob banks? Than my answer is no. Send me a list of what you did before and I'll let you know which of them you can do.

Q: What about alcohol?

A: No thanks, I'm working right now.

Q: What foods can I eat after the surgery?

A: Who am I, your mother? Eat what you want, just keep your elbows off the table and clean your plate.

Q: Should I exercise after surgery?

A: Exercise? Who does that anymore? If God had wanted us to exercise, would she have invented plasma televisions, reality programming and remote controls? Get real.

Q: Why did this have to happen to me?

A: How should I know? This is the column for questions, not complaints. Stop your whining. Just think of it as the ultimate body piercing.

Q: Will spicy foods cause any damage to my stoma?

A: That depends upon how hard you hit the stoma with it. I would advise against it.

Q: In the past, certain foods gave me digestive trouble. Will they affect me the same way after the surgery?

A: You're a little obsessed with food, aren't you? My crystal ball is being repaired right now. Just eat the darn stuff and see for yourself. Sheesh.

Q: What about sex?

A: Thanks for the offer, but I hardly know you.



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Kidney Stones with an Ileostomy

By Jill Conwell, CWO CN, Corpus Christi, TX

Kidney stones are fairly common medical problems. They occur in about five percent of the population. They are more common in men with a sedentary lifestyle and in families with a history of kidney stones. The average age of first occurrence is about 40, but they can occur at any age. For ulcerative colitis patients, the incidence of developing kidney stones is about double that of the rest of the population. For people with an ileostomy, the incidence is 20 times greater.

There are two basic types of kidney stones, uric acid and calcium. Both may occur in people with ileostomies, since the underlying cause is dehydration. Uric acid stones are more frequent. One reason for this is the chronic loss of electrolytes producing acid urine. The stones may vary in size and shape, some being as small as grains of sand, while others entirely fill the renal pelvis. They also vary in color, texture and composition.

Symptoms during the passage of a kidney stone include bleeding due to irritation, cramping, abdominal pain, vomiting and frequent cessation of ileostomy flow. When ileostomy flow stops, distinguishing between an obstruction versus a kidney stone may be difficult since the symptoms are similar. Treatment of most kidney stones is symptomatic and in most cases the stone passes spontaneously through the urinary tract.

Medication for the spasms is usually administered. The urine should be strained in order to collect the stone for analysis. Once the composition of the stone is determined, steps should be taken to prevent recurrence of an attack. The physician will prescribe medication or dietary modifications, depending on the type of stone. The best preventative measure is to drink plenty of fluids. That means eight 16 ounce glasses of water every day, with the advice and consent of your doctor. If the urine appears to be concentrated, increase fluids and perhaps use a sport drink that is rich in electrolytes to replace losses.

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ples find it a good place to begin. It's always good to remember that most sexual activity involves not so much the physical act as intimacy. Sometimes it's good to start off gradually and build up confidence.

Before sex or intimacy, it's a good idea to make sure the pouch is secure. Always empty the pouch before beginning to make love. Never try to make love when it's full or half-full.

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