

THE BY-PASS

Newsletter Serving Members and Friends of the Triangle Ostomy Community

HOLIDAY BLOCKAGE CONNECTION

by Jennifer Higdon

With the holidays approaching, I thought this would be a good time to include information about blockages. I was told by my WOC Nurse, that ostomates tend to get blockages more often around the holidays. Personally, I have had 3 blockages, one on New Years Day (from mushrooms), one on Thanksgiving (from broccoli and green beans), and one after a party (too much popcorn!). You might ask, "why?"

Around the holidays or at other events, we tend to eat more food and different foods than we are used to. Also, we might eat without realizing how well we are chewing. While you are talking to your Aunt at Christmas dinner, you just gulp down your green bean casserole without even thinking about it. Before you know it, you realize you hardly chewed your food! You may just have a rude awakening in about 8 hours.

So, remember to think about what you are eating and always chew your food really well. And then, if you still find yourself with a blockage, the articles in this newsletter will be very helpful. Happy Holidays!

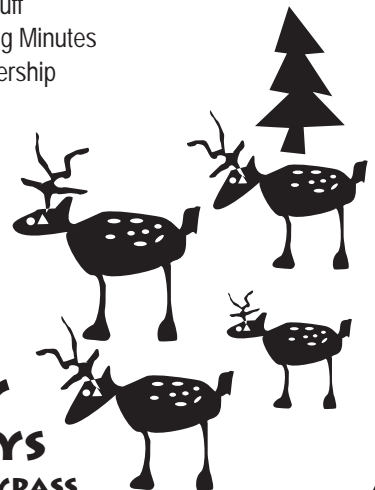


DECEMBER 2005

—IN THIS ISSUE—

**Everything you need to know
about blockages - save this issue
for future reference!**

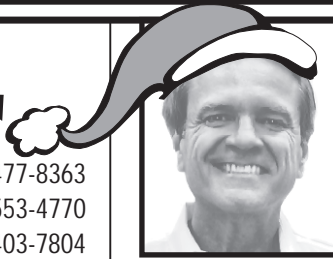
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**HAPPY
HOLIDAYS**
FROM THE BYPASS

**RALEIGH AREA OFFICERS
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**MESSAGE
FROM THE
PRESIDENT**

**HAPPY HOLIDAYS
TO ALL MY VALUED
MEMBERS AND FRIENDS!**

OUR MISSION

The mission of our organization is to assist people who have or will have intestinal or urinary diversions: including a colostomy, ileostomy, urostomy, and continent diversions including j-pouches. We provide psychological support, educational services, family support, advocacy and promote our services to the public and professional communities

PLEASE NOTE!

Articles and information printed in this newsletter are not necessarily endorsed by the Raleigh Area Chapter of UOA and may not be applicable to all. Always consult your physician or WOC Nurse for medical advice that is best for you.

MANY THANKS!

Printing of this newsletter is provided by

REX Healthcare



I hope we all will take a few moments this holiday season and give thanks for all the many wonderful blessings that have been bestowed upon this past year. We have so much to be thankful for; such as the medical professionals who worked their magic to enable us to lead exciting and productive lives; our care givers who stood by our side through some pretty rough times and helped nurse us back to good health; and lest we forget our wonderful membership who helped us understand that we have just begun to realize what a great life we have ahead of us.

Let's also remember those less fortunate and hope that some day soon they will realize the benefits that we have been blessed to receive. That their misfortune will be short lived and they will once again be able to realize the great life they so richly deserve.

Our meeting is going to be a time for socializing and connecting with one another. It's a good time for us to just relax and enjoy this time of year and share our stories with each other. Please bring a finger food/snack of your choice for everyone to enjoy. Also, please bring a loved one or other significant member of your family.

Thank you so much for a great year and I look forward to seeing you on Tuesday, December 6th, at 7:30 pm.

Yours in service.....Dan

IN BRIEF

CALENDAR

- December 6: **Ostomy meeting 7:30pm Rex Hospital**
- December 19: **Crohns & Colitis Support Group 7:30pm Duke Health, Raleigh Hospital**
- December 25: **Chanukah begins**
- December 25: **Christmas**
- January 1: **New Year's Day**

NEXT MEETING

Next meeting: December 6 - St. Nicholas Day in Germany

Program: **Holiday Social!** - As the holiday season builds, wouldn't it be nice to spend some quality time enjoying each other's company? That's exactly what we are planning. Bring yourself, your loved one/s, and something tasty for all to enjoy.



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*Patent Pending

MEETING INFORMATION

Meetings are held the first Tuesday of each month at 7:30 PM in the **Rex Hospital Surgical Waiting Room, 4420 Lake Boone Trail, Raleigh.**

Enter through the Rex Hospital Main Entrance, which is near the Parking Garage.

REMINDER:

In the event of inclement weather on the day of a scheduled meeting, please contact Rex Healthcare at **919-784-3100.**

**THANK YOU TO
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NEWS YOU CAN USE

HOW TO TREAT A

BLOCKAGE

from former www.uoa.org website

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.



Got some news we all could use? send ideas for "news you can use" articles to Jen or Anke!
See page 2 for contact information

They can happen to any of us. It is important that we are well informed about what they are and what to do if we have a blockage. We have included lots of helpful information about blockages in this month's Bypass, and we encourage you to keep this edition for future reference.

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: CLIP AND SAVE THE CARD ON THE NEXT PAGE AND TAKE IT WITH YOU TO THE EMERGENCY ROOM AND GIVE IT TO THE PHYSICIAN.**
4. **IMPORTANT: TAKE ALL OF YOUR POUCH SUPPLIES** (eg., pouch, wafer, tail closure, skin barrier spray, irrigation sleeve, etc.)

CLIP & SAVE

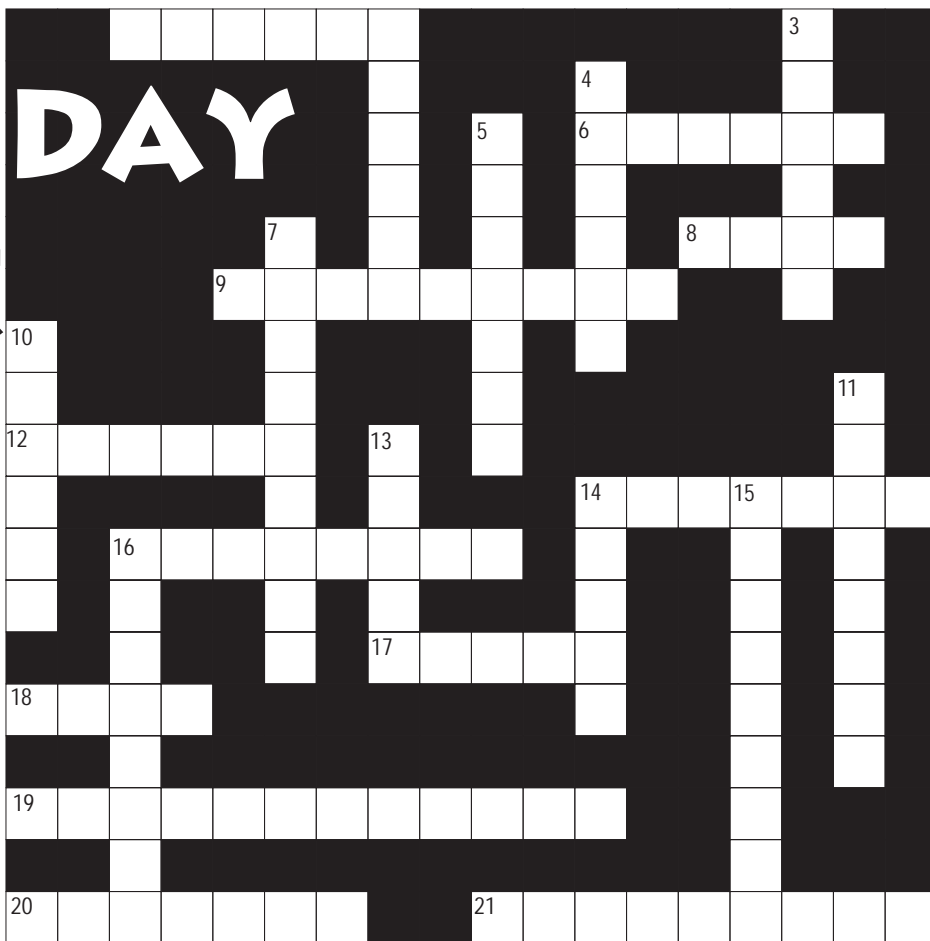
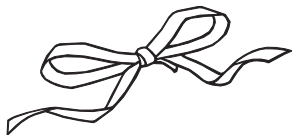
EMERGENCY ROOM STAFF: OSTOMY OBSTRUCTION

Symptoms: No stomal output; cramping abdominal pain; nausea and vomiting; abdominal distention, stomal edema, absent or faint bowel sounds.

1. Contact the patient's surgeon or WOC/ET Nurse to obtain history and request orders.
2. Pain medication should be initiated as indicated.
3. Start IV fluids (Lactated Ringer's Solution/Normal Saline) without delay.
4. Obtain flat abdominal x-ray or CT scan to rule out volvulus and determine the site/cause of the obstruction. Check for local blockage (peristomal hernia or stomal stenosis) via digital manipulation of the stoma lumen.
5. Evaluate fluid and electrolyte balance via appropriate laboratory studies.
6. If an ileostomy lavage is ordered, it should be performed by a surgeon or ostomy nurse using the following guidelines:
 - Gently insert a lubricated, gloved finger into the lumen of the stoma. If a blockage is palpated, attempt to gently break it up with your finger.
 - Attach a colostomy irrigation sleeve to the patient's two-piece pouching system. Many brands of pouching systems have Tupperware®-like flanges onto which the same size diameter irrigation sleeve can be attached. If the patient is not wearing a two-piece system, remove the one-piece system and attach a colostomy irrigation sleeve to an elastic belt and place it over the stoma.
 - Working through the top of the colostomy irrigation sleeve, insert a lubricated catheter (#14-16 FR) into the lumen of the stoma until the blockage is reached. Do not force the catheter.
Note: If it is possible to insert the catheter up to six inches, the blockage is likely caused by adhesions rather than a food bolus.
 - Slowly instill 30-50 cc NS into the catheter using a bulb syringe. Remove the catheter and allow for returns into the irrigation sleeve. Repeat this procedure instilling 30-50 ccs at a time until the blockage is resolved. This can take 1-2 hours.
7. Once the blockage has been resolved, a clean, drainable pouch system should be applied. Because the stoma may be edematous, the opening in the pouch should be slightly larger than the stoma.

HOLIDAY ALL OVER THE GLOBE

No Ostomy terms this month! Instead, test your knowledge of holiday traditions from throughout the world.



ACROSS

1. one of the reindeer
6. four week season anticipating Christmas
8. Santa's favorite beverage
9. Brazilian name for Santa
12. home country of historical St. Nicholas
14. Christmas Tree's country of origin
16. Theodore Chipmunk wanted one of these
17. holiday feast poultry sometimes enjoyed instead of turkey
18. holiday pudding from England
19. "Christ Bread" traditional Greek holiday bread
20. Mexican 9 day enactment of Mary and Joseph's search for shelter
21. city where Christmas is celebrated on 3 different dates



answers to last month's crossword on page 11

DOWN

2. Stephanie Yates visited there recently
3. ___ Bells, carol
4. traditional Hanukkah potato pancakes
5. African-American celebration of life
7. red and white holiday sweet
10. "Christmas" in Italian
11. Jewish Festival of lights
13. mulled wine from Sweden
14. red & ___ are the holiday colors
15. the custom of kissing under it started in England
16. "bonfires" - solstice celebration from Spain



YUM!

RECIPES TO MAKE THE HOLIDAYS SPECIAL

LA-LA-LATKES!!

One of the best parts of Hanukkah is having Latkes.

- 3 large potatoes, grated
- 1 grated small onion
- 2 eggs, well beaten
- 2 tablespoons flour
- 1 teaspoon salt and a pinch of pepper
- vegetable oil for frying

To make latkes, mix the grated potatoes and onions with eggs, flour and seasonings. Then heat the oil in a large frying pan. Add the pancake batter to the oil in large spoonfuls and fry until golden brown. Turn the pancakes and fry the other side. Serve the pancakes with apple sauce and sour cream.

OLDE ENGLISH TRIFLE

- 1 pint milk 1/2 vanilla pod
- 2 eggs, plus 2 egg yolks
- 2 tbsp. caster (fine) sugar
- 1 Victoria sandwich cake (see recipe)
- 6 oz. raspberry or strawberry jam
- 4 oz. medium sherry
- 10 oz. Devonshire Cream
- 1 1/2 oz. flaked almonds, toasted and
- 2 oz. glaze cherries to decorate.

Scald the milk with the vanilla pod. Cover the pan and leave to infuse for 20 minutes. Beat together the eggs, egg yolks and sugar and strain on the milk. Cook over a gentle heat, without boiling, stirring all the time until the custard thickens slightly. Pour into a bowl; lightly sprinkle the surface with sugar and cool.

Spread the sponge cake with jam, cut up and place in a 3 1/2 pint shallow serving dish with the macaroons. Spoon over the sherry and leave for 2 hours. Pour over the cold custard.

Whip the cream until softly stiff. Top the custard with half the fresh cream. Pour the remaining cream on top and decorate with the almonds and cherries.

FAMOUS OSTOMATES

DWIGHT D. EISENHOWER

34th President of the United States

Bringing to the Presidency his prestige as commanding general of the victorious forces in Europe during World War II, Eisenhower obtained a truce in Korea and worked incessantly during his two terms to ease the tensions of the Cold War. On June 8, 1956 Eisenhower developed vague, ill-defined discomfort in the lower abdomen at 12:30 am. His physician arrived at the White House 30 minutes later and found moderate distention and tympany, but no particular point of abdominal tenderness. The President slept fitfully for the next few hours. Tap water enemas in the morning gave no relief. The pain became colicky and centered on the umbilicus and right lower quadrant. Without surgery, Eisenhower's bowel obstruction could easily have killed him. Even so, the decision to operate was contentious. Eisenhower had had a serious heart attack just nine months earlier, and this made surgery risky. As you might expect, it is difficult to decide to operate on the President of the United States when he might not survive the operation. At operation, the terminal 30 to 40 cm of the ileum had the typical appearance of chronic "dry" Crohn's Disease. An ileotransverse colostomy (internal ostomy) was performed, bypassing the obstruction. The post-operative course was smooth as well.

He began conducting official business on the fifth post-operative day.

MEETING MINUTES

from our November 1, 2005 meeting

Dan Wiley, President opened the meeting by welcoming the visitors who introduced themselves to the group. Ruth Rhodes, Treasurer reported that the response to the payment of dues has been wonderful. Ruth Rhode's mother needs our prayers as she is 91 years old and in the hospital with Pneumonia.

The presenters for this meeting were Ed Withers (who maintains the Raleigh UOA website) and Stephanie Yates (the Rex Hospital WOC nurse). Ed used a computer projector to explain the use of search engines to obtain information on the internet. He then demonstrated how to maneuver around the Raleigh UOA website which can be reached by using Internet Explorer and typing in the address www.raleighuoa.org. Ed reviewed the website links that lead to general medical information, ostomy supply vendors, ostomy education and ostomy support services. He also reviewed access to the chapter newsletter via the Raleigh UOA website both in PDF form (printable version) and in HTML (faster, text version). Stephanie Yates provided the handout "Criteria for Evaluating Health-related Web sites". She encouraged members to use caution when obtaining information over the internet. Medical information should be verified by visiting multiple sites and comparing information from different sources. It is important to recognize that anyone can post anything they wish on the Internet, so just

because it is posted on a web page does not make it factual. It is also important to clearly distinguish between fact and someone's views/opinions on an issue.

Stephanie Yates then used the computer projector to show pictures of her recent trip to Moscow and St. Petersburg. This was an educational trip designed to allow nurses from the USA the opportunity to share information and compare healthcare systems with Russian nurses and other medical staff. Stephanie related to the group that the healthcare system in Russia is much as it was here in the 1960's. There are signs of poor infection control, poor sanitation and the lack of antibiotics to treat infections. The life expectancy is much lower in Russia averaging in the mid 50's. Stephanie found the Russian medical staff to be very friendly and eager to share information with the USA team. The Russian doctors and nurses are quite aware of the medical technology as it is developed, but since they do not have access to all of the technology, they improvise and make the best out of what they do have to treat patients. They are proud of their accomplishments and continue to improve their healthcare system. Stephanie showed pictures of the ostomy nurses that number as only a few for the millions of people that they serve. She was able to meet the leaders of an ostomy support group in Russia. The group provides education and emotional support to the members. The medical system in Russia is supported by government funds. The exact process of medical reimbursement/payment of services was complicated and not clear to Stephanie and the other nurses who visited Russia. However, it was interesting to note that ostomy supplies are free to those who have ostomies and Stephanie shared pictures of the supplies and the display boards that the Russian WOC nurses proudly displayed. Dan closed the meeting by reminding everyone that the December meeting will be one of fellowship and visiting as we approach the holiday season. Members are welcome to bring food if they wish.



CROHN'S & COLITIS
FOUNDATION OF AMERICA

The Crohn's & Colitis Support Group
Now meets on the Third Monday of Every Month

7:30 pm, REX HOSPITAL, SURGICAL WAITING ROOM

4420 Lake Boone Trail, Raleigh

information: **Laura Bradford: 919-233-0163**



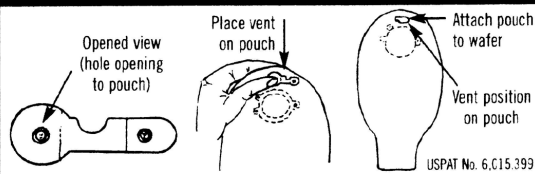
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HINTS, & TIPS

FROM OUR MEMBERS

I was taught by my ET nurse to take care of a blockage on my own. I always carry my "blockage supplies" with me on vacations. I haven't had to use them while traveling, yet, but at least I have them handy.

Jennifer Higdon

I've had a couple of blockages. They're not pleasant to say the least. One of the things I can do myself is massage my abdomen - I can usually feel if there is a blockage there. My mother taught me to rub and massage my belly when I had digestive cramps/difficulties, and it works with an ostomy - at least mine - as well.

Anke Gassen

Next month we're looking for suggestions regarding your favorite appliance manufacturer and 'model' - tell us why you like it and how it benefits your lifestyle. Send your comments and suggestions to Anke - email anke@intrex.net or call 968-8461.

MORE GOOD FOOD: MORAVIAN LOVE-FEAST BUNS

- 1 cake yeast
- 1/4 cup tepid water
- 1 cup sugar
- 1 egg, beaten
- 1/4 cup soft butter
- 1 tsp. salt
- 1/4 cup warm mashed potatoes
- 2 cups or more lukewarm water
- Melted butter or cream for glazing

Dissolve yeast in 1/4 cup warm water. Add sugar to beaten egg, then softened butter, salt, warm mashed potatoes, and yeast mixture. Add alternately flour and warm water to make soft but firm dough. Knead until smooth on lightly floured board or in hands.

Cover with clean, warm cloth and set in warm place to rise until double in bulk. When dough has risen, punch down and make into buns 3" to 4" in diameter. (If preferred, any other shape may be made with this dough.) Place so they do not touch on greased sheets. Cover with warm cloth and let rinse again

Place in 400 F. oven and bake until brown, about 20 minutes. Brush with cream or melted butter just before removing from stove. Makes 18 to 20 buns.



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Wake Medical Center Leigh Ammons 350-8688
 Melanie Johnson 350-5171
 Leanne Richbourg 350-6462
 Kim Warlick 350-7668

UNC Hospital Jane Maland 843-9234
 Ann Woodruff 843-9234
 Barbara Koruda 843-9234

Durham Regional Hospital Tom Hobbs 470-4000

Duke Medical Center Jane Fellows 681-7743
 Al Cadeverdo 668-0142
 Michelle Rice 681-2436

Raleigh Community Hspt. Linda Martin 354-3000

Durham VA Hospital Mary Kay Wooten 286-0411
 Mary Powell 286-0411

Rex Healthcare Stephanie Yates 784-2048

FOODS THAT CAN CAUSE BLOCKAGES

from Coloplast's "Ileostomy Dietary Guidelines"
 Patient Education Sheet, 9/03

The following is a list of some of the foods that can cause blockages. Every person is different, and certain foods may affect some people more than others. Add the following foods to your diet one at a time and in small amounts, so you can identify which foods may bother you.

- nuts
- celery
- coconut
- popcorn
- foods with fibrous peels (like apples)
- mushrooms
- dried fruits
- raw crunchy vegetables (carrots, broccoli, cauliflower, Chinese vegetables)

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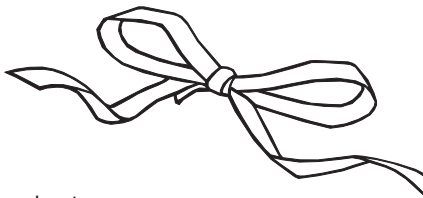


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MEMBERSHIP



WE ARE A VIBRANT COMMUNITY . . .

. . . and welcome for membership ostomates and other persons interested in learning about the Triangle Ostomy Community and its activities., and appreciate the help they can provide as members. To join, complete the form below and send it with a check or money order for \$20 made out to "Raleigh Chapter of UOA" to the following address:

Mrs. Ruth Rhodes
6616 Rest Haven Drive
Raleigh, NC 27612-2167

JOIN US!

**Raleigh Area Chapter
United Ostomy Association
MEMBERSHIP APPLICATION**

Date _____

Name _____

Telephone # _____

Address _____

Email Address _____

Spouse's Name _____

I have a (please check):

- Colostomy Urostomy (Ileal conduit)
 Ileostomy Other
Year of Surgery :

I am not an Ostomate, but would like to be a member and support the organization.

I cannot afford the dues but would like to be a member . (Confidential)

Complete and send with your check or money order for \$20. Please make checks payable to **Raleigh Chapter UOA** and send to: Mrs. Ruth Rhodes, 6616 Rest Haven Dr., Raleigh, NC 27612-2167

ANSWERS TO LAST MONTH'S CROSSWORD

1. **UROSTOMY** - surgically constructed connection between urinary tract and skin
2. **TUESDAY** - day of the week our chapter has its monthly meetings
3. **CONVATEC** - brand of ostomy supplies
4. **VIBRANT** - adj. describing our ostomy community
5. **RECTUM** - the last 15 inches of intestinal tract
6. **COLON** - punctuation mark and more
7. **PERISTOMAL** - referring to area immediately around stoma
8. **BURPING** - belching or releasing air from 2-pc pouch system
9. **IRRIGATION** - bowel cleansing method favored by some colostomates
10. **LASER** - high energy light used for cutting tissue during surgery
11. **REX** - local hospital hosting our ostomy community meetings

12. **DANTHEMAN** - nickname for our local ostomy chapter's president
13. **APPLIANCE** - name for ostomy system
14. **OPAQUE** - nontransparent pouch film
15. **ILEUM** - last section of small intestine
16. **COLITIS** - inflammatory condition of the large intestine
17. **POLYPOSIS** - genetic condition resulting in numerous polyps in large intestines
18. **UOAA** - organization replacing UOA
19. **FIBER** - essential for digestion. found in fruits, veggies, and whole grains
20. **AXIAL** - Computerized "...." Tomography, non-invasive computerized x-ray examination
21. **SPHINCTER** - muscle that permits continence



6616 Rest Haven Drive
Raleigh, NC 27612-2167

THE BY-PASS

NEXT MEETING: Tuesday, December 6
PROGRAM: Holiday Social! Bring a loved one,
bring something good to eat!