



# *The Austi-Mate Journal*

Ostomy Association of Austin Monthly Publication  
P. O. Box 143383 Austin, Texas 78714

[www.austinostomy.org](http://www.austinostomy.org)

Gethsemane Lutheran Church  
200 West Anderson Lane, Austin, Texas 78752

Monthly meetings are cancelled until further notice.  
Stay safe, stay healthy, and get vaccinated!!

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This Bi-monthly newsletter is  
available online at

[www.austinostomy.org](http://www.austinostomy.org)

The Ostomy Association of Austin is a volunteer based Non-Profit Health Support group dedicated to providing mutual aid and education, information and advocacy for persons and their families who have had or will have ostomy surgery. It is our vision to educate, empower and inspire through information and mutual support in all phases of life.



We're looking forward to the time when we can safely be together again and meet in person. Our Board will discuss this in late May to make some decisions. More information will be shared on our website and in the July/August Newsletter.

As we prepare for the Texas heat., it is critical that we Ostomates stay hydrated. Here are a few tips.

## **Tips for Better Hydration**

Source: Ostomy Connection of Charlotte Newsletter

**Sip or drink fluids slowly** throughout the day to stay hydrated - do not 'chug' fluids, especially right before a meal. Drink 8 oz. of fluid each time you empty your pouch. Drink enough water/fluids to keep your urine clear.

**Urine should be yellow 'tinged'**, not the color of apple juice. Urostomates will see mucous strands in the urine; however, focus on the color, not the clarity. Evaluate your GI tract's response to electrolyte drinks. Many commercially available products contain sugar which can be irritating to the GI tract.

**Start Your Day Right!** Drink a glass of water when you wake up. Your body loses water while you sleep, so you are naturally dehydrated in the morning. A glass of water when you wake helps start your day fresh.



Have you paid your dues?

## Air Travel Tips from UOAA and the TSA: Coronavirus Information



UOAA communicates directly with the Transportation Security Administration (TSA) in the interest of making travel easier for all those traveling with an ostomy. No person living with an ostomy should ever be discouraged from traveling, whether for work, to see family and friends, take a vacation, or on a journey around the world. With our tips and latest guidance from the TSA, you'll be empowered with the knowledge to help make your next travel experience a positive one.

**1. Be Prepared: Pack ostomy supplies in at least two places – carry-on and checked luggage.** Take extra supplies in case you are stranded where supplies may not be available. For domestic flights, scissors are allowed in your carry-on luggage as long as the cutting edge is no longer than 4 inches (2.4 inches within Canada, check other foreign nation rules). Consider having pre-cut pouches for convenience and international travel. And of course empty your pouch before arriving for a trip. Be aware that the 3-1-1 Liquids Rule (also see TSA Video) requires that items classified as liquid, gel, aerosol, cream or paste must be carried in containers no larger than 100 mL (3.4 ounces). If your medical condition requires larger quantities and must be carried on board the plane they are allowable, but must be declared at the security checkpoint and require additional screening.

**2. Request Passenger Support:** Travelers with disabilities and those with medical conditions such as an ostomy who have concerns about airport screening should contact TSA Cares at least 72 hours before travel: toll-free at (855) 787-2227 (Federal Relay 711) or email TSA-ContactCenter@tsa.dhs.gov. TSA Cares agents provide callers with information about what to expect during screening so that travelers may better prepare. They can also provide a flight itinerary and will coordinate assistance available from a Passenger Support Specialist (PSS) and/or customer service manager at the airport. Airports differ on the level of assistance offered.

**3. Get a Notification Card:** Download our printable travel communication card. This is NOT a special security pass but it is a way to communicate discreetly to agents that you have an ostomy. You can also show a note from your physician explaining any of your medical conditions.

**4. Consider TSA Pre-Check:** You may find shorter lines and wait times by enrolling (for a fee) in TSA Pre✓®. Passengers still undergo screening at the checkpoint, but they do not need to remove shoes, laptops, 3-1-1 liquids, belts, or light jackets during the screening process at participating airports. TSA Officers may still swab your hands for explosives or do a pat-down.

**5. Arrive Early:** All travelers should arrive at least two hours early for domestic and three hours early for international flights. Allow plenty of time to empty your pouch if needed to help ease the security screening process.

**6. Communicate at the Start:** At the beginning of the screening process inform the TSA officer that you have an ostomy pouch attached to your body and where it is located. You may provide the officer with the TSA notification card or other medical documentation to describe your condition.

**7. Understand Protocol:** TSA agents are professionals tasked with keeping you and fellow passengers safe. Be cooperative and respectful and know that their requests and actions are usually standard procedures. You should expect to be screened without having to empty or expose the ostomy through the advanced imaging technology, metal detector, or a pat-down. If your ostomy pouch is subject to additional screening may be required to conduct a self pat-down of the ostomy pouch outside of your clothing, followed by a test of your hands for any trace of explosives.

**8. Expect a Pat-Down:** Additional screenings are not uncommon as the TSA heightens security. TSA has recently consolidated pat-down procedures into one standardized procedure. You may also undergo a standard pat-down of areas that will not include the ostomy pouch.

**9. Know Your Rights:** Remember that you can request a private screening (along with a travel companion) and a chair, at any point in the process. You can also always request to speak with a

Supervisory TSA Officer about any concerns. You should not be asked to expose your ostomy or remove clothing in sensitive areas—this is not allowed. If an incident occurs, report it to the TSA and follow up with UOAA to ensure proper action is taken to resolve the issue after TSA reviews the security footage.

**10. Spread the Word/Foreign Travel:** Encourage other people you know with an ostomy to follow these guidelines and not let fear of the unknown or a prior negative experience discourage them from enjoying travel. People with an ostomy frequently fly all over the world without incident. If traveling to a foreign country it is a good idea to have critical ostomy information written in their language. One of the 70 member associations of the International Ostomy Association (IOA) may be of help with this translation, local security procedures, as well as with locating supplies while visiting their country. The European Ostomy Association provides a dictionary of ostomy terms in 19 languages (link provided courtesy of the European Ostomy Association).

### Ask the Ostomy Nurse

Linda Coulter has been a Certified Wound Ostomy & Continence Nurse



#### Skin Cleansing

**Question:** I've had my colostomy for two years. I've always used regular hand soap to clean around my stoma each time I change my pouch. I just read that I should only use water and NO soap. This doesn't seem right, but it was in an email from Hollister. What do you recommend? K.D.

**Answer:** Whether to use soap or not is a debate among stoma nurses. In my ostomy nurse education, I was taught to use soap, specifically soap that does not contain lotion or oil. In other words, a non-moisturizing soap was recommended. Lotions and oils in the soap can build up on the skin so that the baseplate doesn't adhere well. This leads to a shortened wear time and leaks. However, soap helps clean stoma output, tape residue and adhesive remover off of the skin. If not removed from the skin, stoma output can cause skin breakdown and adhesive remover can cause a sensitivity reaction and decrease pouch adhesion. Tape residue is unsightly because it collects fuzz from clothing which looks dirty.

I was surprised to learn that nurses in other programs were taught to not use soap. In fact, stoma nurses who recommend using soap are in the minority. So why is there this discrepancy? It has to do with the natural pH of the surface of human skin which is slightly acidic. This "acid mantle" protects the skin because it is a barrier to bacteria. If the pH rises, the skin doesn't protect as well against bacteria. Most soaps tend to raise the pH of the skin, making it less acidic, and therefore more susceptible to bacteria and possible infections.

When I learned this, I was concerned. Had I been unintentionally harming my patients? So I did a some research and found that yes, soap can raise the pH of the skin, but this affect lasts for only about two hours. If alkaline soap is used every day, there is some evidence that this may negatively affect the natural protective barrier of the skin. However, pouches are usually kept in place for tree to seven days, giving the skin lots of time to recover its protective pH level.

As far as I understand, these are the two sides of the soap debate. I still teach new ostomates and their family members to use lotion-free soaps, followed by a good rinse with water. For those with sensitive skin I teach them to either use only water or a pH balanced skin cleanser which are readily available.

*Linda Coulter has been a Certified Wound Ostomy & Continence Nurse for 10 years. In addition to working with hundreds of people with stomas, she has trained several WOC nursing students at the R.B. Turnbull Jr. School of WOC Nursing. Linda has presented nationally and internationally on ostomy related topics. From her home base at University Hospitals' Ahuja Medical Center, Linda is active in raising Ostomy Awareness, and works to distribute ostomy supplies to people in need throughout the world.*

## How Coaching & Technology Reduced Hospital Readmissions Rates: A Research Study about the Benefits of Perioperative Self-Management Support for Ostomates UOAA Digital Article

Ostomates are not only dealing with intestinal concerns but are also at risk for a multitude of complications. Data shows that 38% of ostomy patients find themselves back in the emergency room or being admitted within the first 90 days post operatively [1]. This is one of the highest rates of readmission when compared to other types of surgery. The most common cause for re-admission is dehydration, at approximately 40% of post ileostomy readmissions [2]. We also know that 84% of ostomy patients develop skin issues. The causes of these can be chemical, mechanical, or microbial, and possibly avoidable.

Ostomates also have significantly increased healthcare costs, especially when affected by peristomal skin complications, and leakage [2]. It is known that 25% of ostomates develop renal failure within two years. The complications these patients encounter require 7x more outpatient visits than the average patient. And 29.1% of ostomates experience readmission which costs approximately \$16,000 per patient [1]. These statistics show that specialized care for these patients is imperative to improving patient outcomes in this patient population.

A recent study published by the American Society of Colon and Rectal Surgeons shows how one company, 11 Health and Technologies, is utilizing a novel care approach to improve the quality of life and outcomes in this type of patient. The company developed alfred: SmartCare, a unique care model designed to meet the specialized need of ostomates.

The program consists of a SmartBag and SmartWafer, mobile application, patient coaches (who were/are also ostomates, trained to support this type of patient) and the nursing team. The patient wears the SmartBag and SmartWafer, which submits data to the mobile application and clinical dashboard. The data is visible to the patient, their coach, the nursing team and the patient's clinicians to be used to identify trends and abnormalities in the values. The patient can see how much output they have expressed and what the temperature is of their peristomal skin. These data points can help to curtail oncoming hydration issues or infections. When abnormalities are identified, the coach can work with the patient to provide education and can escalate issues to the nursing team for medical guidance.

In the study, the outcomes of 66 new ostomates from 19 different states were monitored for the first 30 post-operative days. The study showed that close monitoring of ostomy output volume as well as perioperative self-management support can significantly reduce the rate of hospital readmissions in the first 30 days after ostomy surgery.

Patients and healthcare providers should be open to the use of innovative programs that use remote monitoring along with telehealth, as they can be beneficial in improving the outcomes of patients in the immediate post-operative period.



To read the full study, visit the Diseases of the Colon & Rectum online at:

[https://journals.lww.com/dcrjournal/Citation/2020/12000/Improved\\_30\\_Day\\_Surgical\\_Outcomes\\_in\\_Ostomates.1](https://journals.lww.com/dcrjournal/Citation/2020/12000/Improved_30_Day_Surgical_Outcomes_in_Ostomates.1)

[1] Tyler, J. A., Fox, J.P., Dharmarajan, S., Silveira, M. L., Hunt, S. R., Wise, P. E., Mutch, M. G. (2014). Acute health care resource utilization for ileostomy patients is higher than expected. Diseases of the Colon & Rectum, 57(12), 1412-1420.



Borders:

All Ostomy types

Colostomy-related

Ileostomy-related

Urostomy related





## Feel Bloating? 5 Odd Reasons for Your Stomach Pain

Cleveland Clinic March, 2021

Have you ever wondered why you sometimes feel bloated after a meal even when you didn't stuff yourself? Certain foods and drinks — or the ingredients in them — can cause you to feel more bloated than others. Registered dietitian Anna Taylor, MS, RD, LD, CDCES, explains which foods and ingredients cause problems and why.

### 1. Excess Salt (that you may not even taste)

When you eat foods that are high in salt, your body holds onto fluids you eat and drink. That can make you feel bloated. But putting down the salt shaker may not solve your problem. Taylor says the most sodium, by far, in the typical American diet comes from processed foods, restaurant foods and convenience foods. "If you cut down on these, you should see a difference with less bloating," says Taylor. She says often, these foods don't even taste salty, but they're full of sodium as a preservative. Pizza, sandwiches, cold cuts, canned soups, bread rolls and bagels are some of the biggest places salt hides. These are part of "salty six" — the main six contributors of sodium in the American diet, Taylor says.

### 2. Too Much Fat

Foods that are high in fat can sometimes cause bloating because they're slow to digest. So instead of eating a fatty, greasy meal like fried chicken or onion rings, try a low-fat option like grilled chicken and salad.

### 3. Soda and Carbonated Drinks

Drinking carbonated beverages can often cause you to swallow excess air, which leads to bloating. "That air has to go somewhere, and once it passes from the stomach to the intestines, it can't escape your body as a burp," says Taylor. Instead of carbonated beverages, increase your intake of water. Not only will it relieve your bloating from carbonation, studies show increasing your water intake can help you lose weight if you're trying to.

### 4. High Fructose Corn Syrup

High-fructose corn syrup, a type of corn-derived sweetener used in soda and some fruit drinks, is also a surprising ingredient in other foods that don't even taste sweet, such as some breads. That's why it's important for you to read food labels. In large quantities, it can cause gas, bloating and abdominal pain for some people. This is because your body can't absorb it quickly enough.

### 5. Dairy Products (for some people)

Maybe you know you're lactose intolerant, or you just suspect that you are. But, if you are lactose intolerant, you can feel bloated after eating high-lactose foods such as ice cream or milk. Depending on the severity of your intolerance, your body won't be able to break down the lactose easily, so you'll likely experience gas, abdominal pain and bloating. Top foods that cause bloating

There are certain foods that can cause you to feel more bloated than others. Some of the most common culprits include:

- Cruciferous vegetables such as broccoli, cauliflower and cabbage.
- Beans. Other legumes, like soybeans, peanuts, and lentils, tend to not be as bloating.
- Onions.
- Carbohydrates.
- Carbs can cause you to feel overly full. But the reason for that is twofold. For one thing, the average stomach is only about the size of your fist. Although it's able to stretch to accommodate more food, eating a large portion can definitely make you feel bloated, says Taylor.

Finally, Taylor says "When you eat more than what your body needs for fuel, it stores those extra calories as glycogen," she says. Glycogen attracts water, so large portions of carb-heavy foods cause you to retain fluid. This magnifies that bloated feeling.



## Yearly Anniversaries: May & June 2021

Sadie Faught, 32 and Linda Schmeltekopf, 61



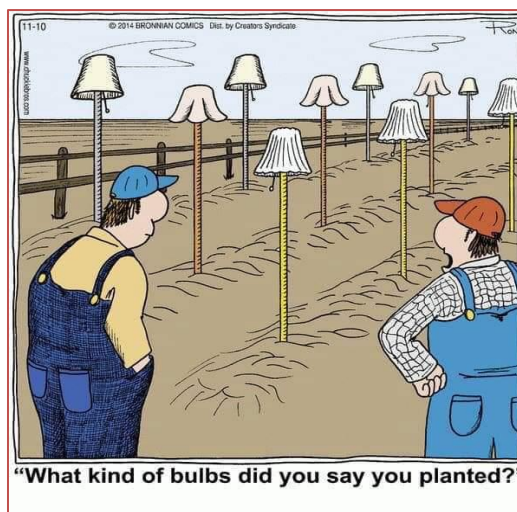
### Problem-Solving Clinic **CLOSED**

The Ostomy Problem Solving Clinic remains closed for in person visits during this pandemic period.

- Many folks have reached out to Karen Hollis, RN, CWON via text and have been assisted during this time.
- Text Karen at **512-785-7448** for assistance. Send a text first and include your name. Send photos if you can as that will help in identifying the problem. Phone calls and facetime visits can be set up as needed.
- Don't suffer alone if you are having issues with your ostomy.

John de la Garza, is one of three finalists as a Bladder Cancer Advocacy Network "Beacon of Hope" award recipient

John and Dorothy have been OAA members for years. Congratulations John ~ what an honor!!



Are you in need of donated supplies? We have **plenty** available!

Please contact Carol Laubach, (512-339-6388) and indicate what type of ostomy you have, brand preference, size, and whether it's a one or two piece. This will help to get you the best fitting supplies possible.

We are a health support group, a non-profit, tax-exempt 501(c)(3), organization of volunteers whose purpose is to provide mutual aid and education to persons who have ostomies and their families. Membership fees and donations are tax deductible.



The information contained within our newsletters is for informational purposes only and may not be applicable to everyone. **Please do not follow any medical advice in our Newsletter without first checking with your physician or Wound Ostomy Continence Nurse.**

## OAA Membership Application

Name \_\_\_\_\_  
Ostomy Type \_\_\_\_\_ Surgery Date \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_  
Year of Birth \_\_\_\_\_ Email \_\_\_\_\_  
Spouse/Relative/Partner/Friend Name \_\_\_\_\_

I do \_\_\_\_ I do not \_\_\_\_ give permission for my name to be included in our newsletter or membership directory.

Signature \_\_\_\_\_

Date \_\_\_\_\_

Annual Dues:

\$25 \_\_\_\_\_ Ostomate

\$15 \_\_\_\_\_ Spouse/Relative/Partner/Friend/Other

\$25 \_\_\_\_\_ Professional

Mail Application to:

Ostomy Association of Austin

P.O. Box 143383

Austin, TX 78714

### Newsletter Preference: Check one

\_\_\_\_\_ Printed version via US mail

\_\_\_\_\_ Email notification/download to your computer via website [www.austinstomy.org](http://www.austinstomy.org)

Membership benefits include:

- Monthly support & informational meetings
- Social events
- The Austi-Mate Bi-Monthly Newsletters



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