



Welcome Inland Northwest Ostomates!



SPRING



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### WHAZZ UP

*Greetings again to all of you in the Ostomy Communities of the Inland Northwest!*

Geez, don't know about you all, but I will celebrate heartily when our long and cold winter season comes to an end! Since I am writing this in mid-March, maybe we can celebrate spring weather on April 1 when this newsletter comes out!! As often reported since Covid hit three years ago, our regional support groups continue in different directions; some meeting in person, some via Zoom, and others have gone hybrid – both Zoom and in person. One support group, Mid-Columbia-Tri-Cities is seeking volunteers to help restart meetings. If you have benefited from involvement in an ostomy support group, perhaps it is time to step up and help others in leading your community!

In addition to **National Spotlight** and **Regional-Local Ostomy Support Group Activity Reports**, this issue includes several excellent articles: *"Mental Health Tips for Living with a Chronic Health Condition"* by Susie Leonard Weller, *"7 Unexpected Benefits of Having an*

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### REGIONAL OSG MEETINGS \*



Spring 2023 (COVID-19 Time)

The status of in-person OSG meetings remains uncertain and varies for each group. Check with your Ostomy Support Group leader and/or lead WOCN for updates on upcoming meetings.

**Coeur d'Alene, ID:** Support group meetings held in person on the 3rd Wednesday each month at 3 pm in the basement conference room in Kootenai Clinic Interlake Medical Building, 700 Ironwood Dr., Coeur d'Alene, ID:

April 19: Rich Judd, Byram Healthcare.  
May 17: TBA.  
Jun. 21: TBA.

**Lewiston, ID-Clarkston, WA:** Second Monday, January-November, 12:30-1:30 pm, now at Canyon's Church, 717 15<sup>th</sup> St. in Clarkston, WA:

April 10: In person – "Our Stories."  
May 8: In person – "Anatomical Apron."  
Jun. 12: In person – Ostomy Support.

**Palouse - Moscow, ID:** Zoom meetings are usually held at 5:00 pm the first Wednesday each month until further notice. Invitations will be sent out monthly:

April 5: Zoom meet – Ostomy Support.  
May 3: Zoom meet – Ostomy Support.  
June 7: Zoom meet – Ostomy Support.

**Spokane:** First Tuesday each month, January – December, 6:30-8:00 pm via Zoom. Invitations sent prior to each meeting. Call 509-601-3892 with questions:

April 4: Zoom, UOAA & Website, Cheryl Ory.  
May 2: Zoom, Meet, Greet, & Share  
June 6: Zoom, Friends of Ostomates.

**Tri-Cities:** The Mid-Columbia (TriCities) Ostomy Support Group is not active at this time:

>> No meetings scheduled at this time.

**Wenatchee:** >> Regular ostomy support meetings canceled until further notice.

**Yakima:** >> Meetings held second Wednesday bimonthly; 10:00-11:00 am in the Cascade Community Room at North Star Lodge, 808 N 39<sup>th</sup> Ave, Yakima, WA:

May 11: Hollister Rep. – Amanda Boden.  
July 13: TBA.

**NOTE:** Details about each support group's leaders and locations are listed on page 12.

Ostomy,” “*Tips for a Respectful Bathroom Etiquette*,” also by Susie Leonard Weller, and “*When Foods and Drugs Don’t Mix*.” Thank you, Susie, for your wonderful articles and your dedication to informing our ostomy community!

**Check out** our updated regional website - [inlandnwostomy.org](http://inlandnwostomy.org). Visit the website to discover additional local, regional, and national resources. Finally, *please remember* that we at the “InSider” welcome your ideas and input! All ostomates, family & caregivers, and medical staff in our communities are welcome to submit articles, letters, and ideas! ■

## NATIONAL SPOTLIGHT

### Selected Highlights

The UOAA continues its efforts to inform and advocate for the ostomate community in the U.S. and beyond! Plan to attend this exciting and informational event! Registration is open at:  
<https://www.ostomy.org/2023conference/>.

As I had such a wonderful time at the last UOAA National Conference in Philadelphia (2019), I also plan to attend the 2023 Conference in Houston, TX (see announcement below). Of course, with registration, travel, and lodging costs, conference attendance is NOT free. I did a preliminary cost estimate as follows:

**Conference Registration = \$180; Flights = start at about \$500; and Hotel special rate = \$167.31/day incl. taxes.** I plan to stay for three nights, so my **Total = \$1,200**, not including meals. You can also come early or stay over (Aug. 6-15) at the same special lodging rate (normal room rate is \$278.46 after taxes and fees).

For all of the benefits of the conference, this is a great deal that will improve the life of every ostomate!! ■

## DIVERSION INSPIRATION & HUMOR

(Submissions & ideas welcome)

**Even if you end up between a rock and a hard place, you can still make yourself into something beautiful**



## United Ostomy Associations of America



- ▶ Ask Questions of Top Ostomy Experts
- ▶ Inspirational Speakers
- ▶ Free Stoma Clinic
- ▶ Product Exhibit Hall with 35+ Vendors
- ▶ Surgery Specific Meet & Greets
- ▶ Young Adult and Pediatric Workshops
- ▶ Fun Social Events and Activities
- ▶ Dedicated Sessions for Caregivers
- ▶ IBD & Crohn’s Disease Program

Registration Opens January 1, 2023 - <https://www.ostomy.org/2023conference/>



**Many thanks to Lynn Brink and Carol Nelson for their helpful editorial reviews of this newsletter!**



## REGIONAL-LOCAL OSTOMY SUPPORT GROUPS

### Activities & Announcements

Following are brief reports from each of the seven ostomy support groups in our Inland Northwest Region. Feedback from some groups may be limited depending on their individual circumstance with respect to COVID-19 and group leadership. *Remember, please contact your support group coordinator/leader for up-to-date information!*

- Coeur D’Alene Ostomy Association, ID:** 03/16/2023 - Update from Stefanie Pettit, RN, BSN, WOCN – The Coeur d’Alene Ostomy Association returned to holding in-person meetings on the 3rd Wednesday each month at 3 pm in the basement conference room in Kootenai Clinic Interlake Medical Building, 700 Ironwood Dr., Coeur d’Alene, ID. At our first meeting on March 15, we discussed travel tips for smooth sailing and had a nice meet and greet. The April 19<sup>th</sup> meeting will feature Rich Judd from Byram. If any questions, please reach out to Stefanie Pettit BSN, RN, CWOCN or Nancy BSN, RN, CWON at 208-625-6944, Mondays and Tuesdays 8-4:30.
- Lewiston, ID-Clarkston, WA United Ostomy Support Group:** 3/7/2023 - Update from Adrian Wilson, President – Our support group still meets at Canyon’s Church, 717 15<sup>th</sup> St. in Clarkston, WA, 12:30 to 1:30 pm every 2nd Monday of the month. Recently, we’ve done presentations on nutrition and depression. Samantha used the ostomy *Anatomical Apron* to demonstrate the types of ostomies. We had a huge article, with pictures in the Tribune on. In April I will teach “*Changing an Ostomy*” to the Elite Home Health nurses. Also, I will soon go to the University of Idaho to teach medical students about ostomies. Our support group was recently featured in an excellent article, “*A lifeline after surgery,*” that appeared in *The Lewiston Tribune* ([https://lmtribune.com/golden-times/a-lifeline-after-surgery/article\\_d0f8e14d-d892-5cd8-8354-f2083af052f6.html?utm\\_medium=social&utm\\_source=email&utm\\_campaign=user-share](https://lmtribune.com/golden-times/a-lifeline-after-surgery/article_d0f8e14d-d892-5cd8-8354-f2083af052f6.html?utm_medium=social&utm_source=email&utm_campaign=user-share)).
- Palouse Ostomy Support Group - Moscow, ID:** 03/12/2023 - Update from Judy Reid, President – The Palouse Support Group has enjoyed meeting monthly via Zoom. We plan to continue via Zoom; meetings are usually held at 5:00 pm the first Wednesday each month until further notice. Invitations with specific date and time will be sent out monthly.
- Spokane Ostomy Support Group - Spokane, WA:** 03/27/2023 - Report by Carol Nelson, Facilitator (509-601-3892) – It looks like spring has finally arrived! I’ve seen crocuses, snowdrops, and buttercups all blooming on my walk. They made me so happy to see that there is hope for spring.



Our spring meeting topics are:

- > **April 4<sup>th</sup>** Cheryl Ory, Board President of the UOAA, will give us some information about the organization and a tour of their informative website.
- > **May 2<sup>nd</sup> Meet, Greet, & Share / Discuss** - We’ll begin by checking in with attendees on Glow & Grow, and then move to a Question & Answer session where we’ll entertain questions you might have about living well with an ostomy. Mine the wealth of knowledge learned from months, years, and decades of living with an ostomy.
- > **June 6<sup>th</sup>** Shelly Miller, Secretary/PR Chairperson for Friends of Ostomates-USA will join us to talk about the work this group does sending ostomy supplies in the US and abroad, and how to donate unused supplies that are no longer needed.
- > **Plus**, mark your calendar for our **July 5<sup>th</sup> Annual Ice Cream Social in Manito Park**. Our August 8<sup>th</sup>, and September 5<sup>th</sup> meetings will also be held at Manito Park.

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# OSTOMY ACADEMY

Education for every ostomate

Past Ostomy Academy Recordings and more

<https://www.ostomy.org/ostomy-academy/>

- Mid-Columbia Ostomy Support Group - Tri-Cities, WA:** The Mid-Columbia Ostomy Support Group is NOT active at this time. Unfortunately, we still have not found someone to lead yet. Feelers are out there, but there will be nothing this upcoming quarter at this time. Volunteers? Call 509- 942-2266. Wayne Pelly informed the UOAA that the support group is inactive.
- Confluence Health Ostomy Support Group - Wenatchee, WA:** 03/10/2023 – Tyree Fender, CWOCN – Currently, we still can’t hold meetings and our members did not want to do a zoom meeting. I am hopeful we can have something by summer.
- Yakima Ostomy Support Group - Yakima, WA:** 3/9/2023 – Kanista Masovero, CWOCN – Meetings held second Wednesday bimonthly; 10:00-11:00 am in the Cascade Community Room at North Star Lodge in Yakima. We are now officially known as MultiCare Yakima Memorial Hospital! Our January support meeting with Katie St. John, our dietician, was about staying hydrated. She demonstrated homemade Gatorade. Alex Harrison from Convatec was here for our March meeting to show us new products and answer questions. May 11 we will host Amanda Boden from Hollister. July 13 TBA. Thanks, Kanista ■



## StomaGenie®

(844) 696-7866

[info@stomagienics.com](mailto:info@stomagienics.com)

[www.stomagienics.com](http://www.stomagienics.com)



### What is the purpose for StomaGenie?

To cover a stoma during a pouch change, contain output and cleanly dispose of once change is complete.



### Is StomaGenie covered by insurance?

YES! You are allowed up to 30 cartridges per month and is available through all major ostomy supply distributors.



### Is StomaGenie for me?

StomaGenie can be used with any manufactured pouch. Urostomies, ileostomies and fluid colostomies can all benefit.



### How do I order StomaGenie?

You can order it through your ostomy supply distributor, Amazon or Medical Monks.

**Please call us with any questions!**

## QUARTERLY ARTICLES & TIPS

### Mental Health Tips for Living with a Chronic Health Condition

By Susie Leonard Weller, Spokane Ostomy Support Group

**Editor’s Note:** Susie recently gave an outstanding presentation on this topic during a Zoom meeting (March 7, Spokane Ostomy Support Group). The presentation, using Power Point slides, was followed by an in-depth conversation about how attendees are dealing with their own health conditions and associated mental health challenges. For those who are interested, Susie’s slides can be accessed by contacting her at [weller.susie@gmail.com](mailto:weller.susie@gmail.com).



Although ostomy surgeries are lifesaving, they are not always easy to live with. Many Ostomates experience shock and trauma after surgery—particularly if they weren’t expecting it. Some are grieving the lifestyle they had previously taken for granted. Research shows that 48% of ostomates experience anxiety, and 42% are depressed after their surgery. So, if you’re feeling stressed, this is a very common reaction. At the same time, increased challenges require greater skills!

Our mental health directly relates to our physical health. Stephanie Brenner, a permanent ostomate, Licensed Social Worker, and owner of Chronic Illness Psychotherapy, LLC, shared her mental health tips through the UOAA Academy in January 2022. She recognized that people cope with their ostomy in diverse ways depending on why they needed an ostomy, the quality of their circle of support, the timing of when they had their surgery, and their opinion about their ostomy.

Stephanie referred to an *Ostomy Adjustment Inventory* with 23 questions that assess the quality of life. The three key categories address the level of acceptance, ability to cope with distressing feelings, and the amount of social engagement. (FYI--I can provide more details about these 23 indicators if desired. They are also related to a 43 Questionnaire Assessment from the City of Hope re: Ostomy Quality of Life)

Some fear being stigmatized due to their ostomy, so they limit their social interactions. If you were enjoying relatively good health before your diagnosis, it can be difficult to accept that now you’re living with a chronic health condition. Or, if you have been sick for a long time, you might be grieving that you never had the opportunity to enjoy an ordinary life.

The good news is that research demonstrates that by increasing your network of social support, such as participating in an Ostomy Support Group, you can improve the quality of your life. As you grow, you may even contribute by helping other new ostomates. Patricia Fennell, MSW, LCSW-R, and author of *The Chronic Illness Workbook*, provides practical tips for strengthening your mental well-being. By choosing to face your fears and pain, you can learn to make new choices that support a satisfying life with meaning and purpose.

During Susie’s presentation, she summarized tips from *The Chronic Illness Workbook* and integrated them with her own research on resiliency skills. David Kessler, a colleague of Elisabeth Kubler-Ross, has expanded our understanding of the grief process to include an additional phase of finding meaning and purpose in the midst of loss. Being of service to others is one of the quickest ways to transform depression by delighting in what you CAN do.

Listed below is a summary of some follow-up resources:

- Recognize the six **Phases of Grief & Adaptation**
  - Phase 1:** Shock, Panic, and Overwhelmed by Trauma.
  - Phase 2:** Defense, Retreat, Denial, & Depression.
  - Phase 3:** Increase in Activity & Skills in Managing their Ostomy\*  
(\* This can sometimes delay the grieving process until later)

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**Phase 4:** Acknowledge, Feel, Release, & Integrate Frozen Emotions.

**Phase 5:** Adapt & Accept.

**Phase 6:** Find Meaning and Serve Other Ostomates.

Sources:

- Lisa Caraffa, Ph.D. Psychologist, Speech at a UOAA Convention, Patricia Fennell, MSW, LCSW-R, author of *The Chronic Illness Workbook*.
- David Kessler, author of *Finding Meaning: The 6<sup>th</sup> Stage of Grief* (<https://grief.com>).

• **Additional Resources on This Topic**

- Download Susie’s FREE booklet “*From Grief to Resiliency: 10 Tools for Living Well with an Ostomy*” at [https://susieweller.com/ebook\\_download.html](https://susieweller.com/ebook_download.html).
- Stephanie Brenner, LCSW-R, is an ostomate and a chronic illness counselor who gave a presentation on “Why Mental Health Matters for Ostomates” in January 2022 through the UOAA Academy. Her contact information is through <https://chronicillnesspsychotherapy.com>.
- *The GastroPsych Rome Foundation* sponsors a GastroPsych Directory that supports those working with patients with DGBI (Disorders of Gut Brain Interaction.). Visit <https://theromefoundation.org>.
- *The Chronic Illness Workbook: Strategies and Solutions for Taking Back Your Life* by Patricia A. Fennell, MSW, LCSW-R ([https://www.goodreads.com/book/show/1362074.The\\_Chronic\\_Illness\\_Workbook](https://www.goodreads.com/book/show/1362074.The_Chronic_Illness_Workbook)). ■

## 7 Unexpected Benefits to Having an Ostomy

By Allison Rosen, The University of Texas, MD Anderson Cancer Center.  
via Triangle Newsletter, Jan.-Feb. 2023.

The first few years after my stage II colorectal cancer diagnosis were pretty rough. I was in and out of the hospital with infections, chained to the toilet by bowel issues and crippled by social anxiety. This is not how I envisioned my life going at age 32.

I was one of those people who really, REALLY did not want a permanent ostomy. I resisted the idea of getting one for a long time because, in my mind, there was still such a negative stigma attached to it. After multiple surgeries, hospital stays and sepsis infections, though, I finally gave in and let my doctors create a permanent ileostomy for me in 2016.

I was surprised by how dramatically my life changed for the better once I had an ostomy. It took some time to accept my body’s changes and the new way it functioned. But once I did, it opened my eyes to all the things I could do that I hadn’t been able to do before. I finally started to live again.



Here are seven unexpected benefits of having an ostomy.

**1. I’ll never hold up the bathroom line again.**

Before my ostomy, I always used to have to sit in the aisle seat on an airplane, so I could get to the restroom quickly. I was also very aware of the beverage cart’s location and got stressed and worried whenever it blocked my path. Colorectal cancer is more than a physical disease; it impacted me mentally, too. My anxiety was high all the time. Now, I can sit by the window, admire the view and just relax and enjoy the flight.

I also never have to worry about being caught short when I’m out with my friends. I can eat, drink, and laugh at the movies, ballet, symphony or on road trips — and not have to wonder where the restroom is (unless I have to pee!). Because ostomy pouches are always “on,” I could be sitting just about anywhere “going to the bathroom,” and no one would be the wiser.

That also means I’m one of the quickest people in and out of the bathroom. It only takes me a minute to empty my pouch. I don’t even have to sit on the toilet seat!

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## 2. Goodbye, hours spent on the toilet.

My stool is collected in a pouch outside my abdomen, without any conscious effort on my part. So, I no longer spend hours on the toilet because I’m constipated or have diarrhea.

I did have to figure out my diet early on and adjust what I ate to normalize my output. But even when that’s looser than I’d like it to be, I still don’t feel any sense of urgency. I just empty my pouch more frequently, increase my fiber intake and use an over-the-counter anti-diarrheal medication until things settle down.

## 3. Gas is no longer an issue.

The first few months after my ostomy surgery, I noticed it would sometimes make little random noises. I had no control over when and where this happened. Because of my ostomy’s location, though, it was easy to pass it off as my stomach growling because I was hungry.

Now, it hardly ever makes a sound. It also has a filter to release gas odorlessly. So, I don’t have to worry about making excuses or embarrassing myself. And, since I don’t pass gas in the usual way, I can’t be blamed for a smelly room either. You’ll just have to admit it was you — or blame the dog.

## 4. Outdoor adventures, ostomy style.

I recently took my dream trip to South Africa with a dozen women from all over the United States. Together, we explored Cape Town and the Winelands district, went on safari in the Gondwana Game Reserve and climbed Table Mountain. I saw penguins and zebras just feet away from me in the wild. It was my dream trip that finally became a reality.

I never would’ve felt comfortable doing any of that without my ostomy. When you’re high up in the mountains or way out on the savannah, you have to make do with what you have and “pop a squat” if you need to go to the bathroom. Like most people, my fellow travelers had to pull down their pants and underwear and risk getting bitten by insects and inadvertently exposing themselves while they did their business. I just inched my waistband aside and emptied my pouch.



## 5. My childhood dream of looking like a doll became a reality.

Growing up, I played with dolls a lot and always wanted to look like one in particular. Little did I know that once I was an adult, I actually would resemble her, at least in one way.

My entire large intestine, rectum, and anus had to be removed to treat my colorectal cancer, so the place where my anus used to be is now sewn up. I have what is known as a “Barbie butt” in the ostomy community.

## 6. There is a whole community of ‘ostomates’ out there.



I was very hesitant to tell the first guy I dated seriously after the ostomy that I had one. But I finally did when I knew things were going to get physical. It turned out that my boyfriend’s grandfather had had one, too, so he knew exactly what it was and wasn’t bothered by it at all. I had no idea how common ostomies were.

I was also astonished to discover how supportive strangers could be. To help break the stigma of ostomies, I finally built up the courage to post a picture and video of myself on social media with my ostomy pouch showing. The feedback was amazingly positive. Millions of people viewed the video, and hundreds of thousands commented. Many were fellow “ostomates” or knew someone who was.

Having an ostomy is not glamorous. But sharing it so openly was liberating. It made me realize that there’s a whole community of people out there like me, and many have become friends who “get it.”

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## 7. I have a new excuse to accessorize!

It's sort of a tradition in the ostomy community to give your ostomy a name since it's your constant companion and will never leave you. When I went on a surfing trip with a group of cancer survivors, they helped me accept my ostomy and name it “Fill,” after I described its function. Right now, he's got a pouch cover on that says, “√UR :” (check your colon). It's my way of building awareness around colorectal cancer prevention.

The pouches themselves are usually pretty plain – either white or tan. But you can dress them up any way you want – by hiding them under bright, colorful covers as I do, decorating them with glue and sequins, or even painting them with your own designs. I see mine now as another excuse to accessorize!

## Making peace with my ostomy.

I'll be the first to admit that it's not easy to come to terms with having an ostomy. Accidents can happen, especially in the beginning, when you're still figuring out what works for you. But with the help and support of your care team, ostomy nurses, ostomy supply companies and other ostomates, you can deal with the challenges just like I did –

**one day at a time.** ■

## Tips for a Respectful Bathroom Etiquette

by Susie Leonard Weller



When away from home, many ostomates fear using a public or a guest bathroom when visiting

friends and family. Concerns about embarrassing odors or having an accident can limit where ostomates choose to travel. Thankfully, there are multiple ways to reduce these anxieties.

Carol Nelson, Spokane's Ostomy Support Group Facilitator, recently led a well-attended Zoom meeting on this topic. She shared ideas from the Winter 2023 issue of the *Phoenix Magazine* on “Ostomy Hygiene.” It encouraged ostomates to experiment with a wide variety of ways to empty their pouch. Although most ostomates sit frontwards on the toilet, you can also straddle the toilet bowl backward by facing the tank. Others prefer to stand or kneel in front of the toilet. Some use alternative receptacles such as a closed-end disposable pouch, or a biodegradable pouch liner, such as Colo-Magic®.

You can avoid “splash-back” by lining the toilet with toilet paper before emptying your pouch. If you're in a public restroom, place the disposable toilet tissue seat liner into the toilet before draining your bag.

If there's any stool residue remaining after flushing, use a toilet cleaning brush to remove it. I prefer using a dedicated flexible rubber spatula to clean the toilet bowl because it doesn't leave any unsightly stool on the brush. When I'm away from home, I use a travel toothbrush with a carrying case to clean up any waste residue. I also carry a small spray bottle of Lysol® to sanitize the toilet seat, if needed. Bottom line - leave the toilet very clean for the next person using it.

I've tried diverse ways to manage odor by using external, and

### DIY Poo-Pourri Spray for Ostomates

#### How to Make Poo-Pourri Spray for a 2 or 4 oz Bottle

1. Find a clean 2 (or 4) oz spray bottle.
2. Add 1 (or 2) tablespoons of Rubbing Alcohol (or Vodka) into the spray bottle.
3. Combine 20 (or 40) drops of Essential Oils (see below) depending on the size of your bottle
4. Shake to mix thoroughly.
5. Add 1 teaspoon of vegetable glycerin or dish soap.
6. Add distilled water to the spray bottle, enough to almost reach the rim.
7. **Shake well** — until you're confident that all of the different liquids are dispersed evenly throughout.

#### Possible Essential Oil Combinations include:

- 15 drops of lavender.
- 10 drops of lemongrass.
- 15 drops lime.
- 10 drops of Wintergreen or Siberian Fir Oil.
- 10 drops of vanilla essential oil.
- 10 drops of lavender essential oil.



#### How to Use the Poo-Pourri Spray:

- Simply spray 3–4 pumps into the toilet bowl, misting the water with this essential oil spray prior to using the bathroom. BONUS: This also works as an effective air freshener for after bathroom use as well.
- How does poop spray work? Essential oil-based bathroom sprays leave a film on top of the water that is said to trap odors from bodily waste and keep them below the surface. As waste hits the film and enters the water, a pleasant bloom of essential oil fragrance is released into the air, not only masking unpleasant odors but also leaving a pleasant smell behind!

Continued next page.





also internal deodorizers. These include lubricating liquids, as well as Devko® tablets that go inside the pouch. Or, you can chew deodorizing tablets, such as Devrom®, that are taken internally. Various ostomy manufacturers provide sprays that absorb odor, not just mask them with another scent. Many ostomates like the Poo-Pourri® brand of deodorizers which is sprayed into the toilet before emptying the bag. (See the sidebar for a recipe to make your own deodorizer.)

However, my most helpful resource has been using a mini portable air purifier with a HEPA Filter. Although it's rechargeable, I leave it plugged into an outlet in my bathroom. (It's about \$40 from Amazon; visit [pureenvironmental.com](http://pureenvironmental.com) for details.) It has three speeds for efficiently clearing the air and odor. Often, I will use a combination of the air purifier with a deodorizing spray.

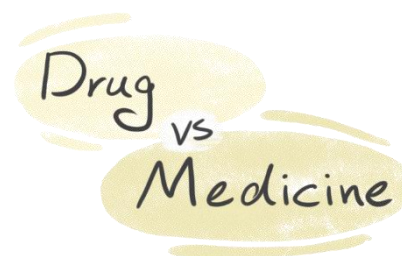
These tips were put to the test during the Winter Holidays when six adults were using our one bathroom for six days. Thankfully, there were no complaints! It's true that it takes a few extra minutes to clean up a toilet and deodorize the bathroom after every emptying. However, choosing to practice respectful bathroom etiquette maintains relationships and supports easier visits away from home. ■

## When Foods and Drugs Don't Mix

By Lindsay Moyer, Nutrition Action, July 18, 2018

<https://www.nutritionaction.com/daily/what-to-eat/when-foods-and-drugs-dont-mix/>

A leading expert explains how the wrong combo could dampen a drug's effect...or deliver a heftier dose. Joseph Boullata is a professor of clinical nutrition at Drexel University and a pharmacy specialist at the Hospital of the University of Pennsylvania. An expert in nutritional pharmacotherapy, Boullata has edited a handbook of drug-nutrient interactions for clinicians. He spoke with Nutrition Action's Lindsay Moyer:



**How can a food interfere with a drug?** — Sometimes, it's because of similarities in the way that the body handles foods and drugs. Or it's because the chemistry of the food or the drug. For example, taking a drug with a meal can increase or decrease the absorption of the drug.

**So, the drug might not work?** — Right. Certain antibiotics, for example, do a great job of binding to minerals like calcium. When the antibiotic does that, it's not going to be completely absorbed. And neither is the calcium. That's a big deal if somebody is taking an antibiotic for an infection. I remember a patient who had a urinary tract infection and was taking one of those antibiotics—ciprofloxacin—and nobody had told her how to take it. She was taking it with yogurt every day. The infection didn't get any better, and then became resistant to the antibiotic. Eating yogurt a few hours later would have been fine.

**How can foods interfere with how the body handles drugs?** — The body tends to think of most drugs as foreign or toxic compounds and is always trying to figure out how to get rid of them. Enzymes make slight changes to the structure of the drug—usually to make it more water soluble—so you can get rid of it through bile or urine. That's what we mean when we say that the enzymes metabolize the drug.

**And some foods can affect one of those enzymes?** — Yes. Grapefruit juice is a good example. It contains a number of compounds that can destroy one of the main enzymes, cytochrome P450 3A4. If that happens, any drug that would normally be metabolized by that enzyme—which is about 50% of all the drugs we have—wouldn't be fully metabolized. That would increase the amount of drug in the body.

**So drinking grapefruit juice means you get a bigger dose of a drug?** —Not always. Here's the kicker: Compounds in grapefruit juice can also inhibit some transporters that help some drugs get into and out of cells. The transporters are there for our normal physiologic substances like glucose and vitamins. But it turns out that a lot of drugs use one or more of those same transporters. So, for some drugs—like the allergy drug fexofenadine, or Allegra—grapefruit and some other fruit juices can actually reduce the amount that gets absorbed when taken together.

Continued next page.

**Which other juices?** — Some of the same or similar compounds are in orange and apple juice and in green tea. But they tend to be in higher concentrations in grapefruit juice. And the way that grapefruit juice can totally take out an enzyme might mean that its interactions are more likely to cause side effects than the other juices.

**Why do labels on many drugs say to avoid alcohol?** — It depends on the medicine. Alcohol can affect the central nervous system, the liver, and the kidneys. So, for example, if somebody is taking an antidepressant that also affects the central nervous system, alcohol may amplify the drug’s side effects like drowsiness and dizziness. Or, if somebody has several drinks every day, that can eventually increase the enzymes that metabolize a lot of medications.



**Because the enzymes are revved up to metabolize the alcohol?** — Yes. In that case, the medicine might not have a chance to do its work before the enzymes break it down. On the other hand, a binge drinking episode has the potential to curb blood flow to the liver, which can reduce metabolizing enzymes. So, you’re not clearing the drug and have a greater risk for side effects. It’s a complicated story.

**How do vitamin K-rich foods like leafy greens affect warfarin, or Coumadin?** — Many people on warfarin were told to never eat leafy greens. But that has changed. Warfarin works to thin the blood in part by blocking vitamin K, which the body needs to make blood clot. So, if you consume a lot of vitamin K, you’re countering what the warfarin is doing. But it would take a lot of vitamin K to do that.

**Is the most important thing to be consistent from day to day?** — Yes. The dietitians I work with don’t recommend any decrease in patients’ leafy greens. For example, if they like to have collard greens on a regular basis, then go ahead. Some anticoagulation clinics actually give patients a vitamin K supplement. They found that if somebody’s intake is very consistent, it makes it easier to manage warfarin.

**Do people on some blood pressure drugs have to avoid potassium-rich foods?** — Most people don’t have to worry. One group of medications causes your body to hold on to potassium. Those are drugs like ACE inhibitors, angiotensin II receptor blockers, and potassium-sparing diuretics. But it’s really hard to get too much potassium from your diet. Your body is going to clear whatever you get from food unless you have poor kidney function. It’s rare to tell people to avoid consuming too much, because foods that contain potassium, like fruits and veggies, are really good for you.

**So, you don’t need to stop eating bananas or yogurt?** — Right. However, people who take those drugs should avoid potassium supplements and salt substitutes made of potassium chloride, unless there is a medical reason to take them. Multivitamins typically have too little potassium to matter.

**Do some diuretics cause you to lose potassium in your urine?** — Yes, but in most cases, people are given a potassium supplement along with the drugs. Otherwise, they might have to eat several bananas every day to get an adequate amount. And bananas wouldn’t supply much of the chloride that the diuretics deplete.

**Are older adults more likely to have food-drug interactions?** — The short answer is yes. It’s hard to generalize, but they’re more likely to be taking more medications for chronic ongoing conditions and have several diseases going on. Unfortunately, as we age our body’s ability to compensate for things like food-drug interactions tends to be less efficient.

**How can you avoid an interaction?** — It’s important to follow instructions for taking any drug. But if you’re starting a new medication, take the time to ask the pharmacist about it. Pharmacists want to spend time talking to people about their medicines and how to use them appropriately. For a lot of busy primary care physicians, it’s just not in their wheelhouse. ■





## Get Ostomy Answers!

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 or call 800-750-9311

### IMPORTANT OSTOMATE SUPPORT CONTACTS & LINKS

**Providence Sacred Heart Outpatient Ostomy Clinic** - M-F 8:00-2:00 (509-474-4950). Leave a message if you don't reach someone live; appointments & MD referral required; No walk ins; Can be seen for follow up, checkup, questions, problems.

**MultiCare Deaconess Hospital - Wound Center** – Outpatient Ostomy Patients seen on Thursdays and Fridays, time slots at 1100, 1300, and 1415 (509- 473-7290); appointments & MD referral required.

**Spokane Ostomy Visitor Program** - If you would like to speak to someone who has an ostomy contact Carol Nelson (509-601-3892; [carol@nelsonwheat.com](mailto:carol@nelsonwheat.com)) to arrange a call or visit.

**Kootenai Health Medical Center – Outpatient Wound/Ostomy Care** – (208-625-6944) - 2003 Kootenai Health Way, Coeur d'Alene, ID.

**Gritman Medical Center – Ostomy Services** - 700 S. Main Street in Moscow, Idaho (208-882-4325); appointment needed.

**Kadlec Medical Center - Outpatient Ostomy Clinic**- M-Th 8:00-4:00 (509-946-4611 ext.: 1365562); appointments & MD/provider referral required.

**Ostomy Support Facilities - Lewis-Clark Valley –**

**Tri-State Wound Healing (Ostomy Clinic)**, Clarkston, WA – Call 509-758-1119 – referral not required.

**St. Joseph Wound Care/Ostomy Dept.**, Lewiston, WA - Seeing inpatient and outpatient ostomy patients M-F with appointment - Call 208-750-7379

**United Ostomy Associations of America (UOAA)** - (800-826-0826); P.O. Box 525, Kennebunk, ME 04043-0525.

Link: <http://www.ostomy.org/Home.html>.

**Phoenix Magazine** - (800-750-9311); The Phoenix Magazine, P.O. Box 3605, Mission Viejo, CA 92690.

Link: <http://www.phoenixuoaa.org/> (get a free sample copy).

**Primary Producers of Ostomy Products:**

> **Hollister** 1-888-808-7456

> **Coloplast** 1-888-726-7872

> **ConvaTec** 1-800-422-8811

<http://www.hollister.com/>

<http://www.coloplast.us/Ostomy>

<http://www.convatec.com/ostomy/>



## INLAND NORTHWEST OSTOMY SUPPORT GROUPS Regular Support Group Meeting Schedules\* and Contacts Eastern Washington & Northern Idaho

(\* **Due to COVID-19** precautions, hospitals have been unable to host regular support group meetings.  
Current schedules are listed on page 1.

Call your support group contacts to verify meeting times, agendas, locations, or via Zoom)

(Also, check the “Inland Northwest Ostomy Support Groups” website: <http://inlandnwostomy.org>)

### Coeur d'Alene Ostomy Association, ID (# 409):

- Contacts: Stefanie Pettit BSN, RN, CWOCN; Nancy Luckey RN, BSN, CWON; at 208- 625-6944 - Kootenai Outpatient Wound Clinic.

### Lewiston-Clarkston Ostomy Support Group, WA/ID (# 134):

- Contacts: Adrian Wilson, President at 509-254-3404; or Tri-State Memorial Hospital, Wound Healing (Ostomy Clinic), 1221 Highland Ave, Clarkston, WA.
- Meetings: Held monthly in person, January-November, 12:30 to 1:30 every 2nd Monday of the month, at Canyon’s Church, 717 15<sup>th</sup> St. in Clarkston, WA.

### Spokane Ostomy Support Group, WA (# 349):

- Contacts: Carol Nelson - Facilitator, Visitation Program at 509-601-3892, [carol@nelsonwheat.com](mailto:carol@nelsonwheat.com).
- Meetings: Held via Zoom from 6:30-8:00 pm on the first Tuesday each month (November-June), and in person in Manito Park from 6:30-8:00 pm (July-October).

### Mid-Columbia (Richland) Ostomy Support Group, (TriCities), WA (# 278):

- Contacts: Lindsey Lewis, RN at 509- 942-2266, Nancy Serna, CWON, or Sara Koontz CWON; or Wayne Pelly (Visitation Chairperson) at 509-943-3223.
- Meetings: None planned at this time. Check online at <https://education.kadlec.org/registration/11-wellness/94-support-group-ostomy>.

### Palouse (Moscow) Ostomy Support Group, ID (# 462):

- Contacts: Judith (Judy) Reid, RN, MS, CWON, President at 509-330-1265; Linda Loomis, at 509-998-1309; or Frances Newcombe, BSN, RN, CWON at 208-301-4981 or 208-882-4325.
- Meetings: Currently held first Wednesday each month via Zoom; February – December; 5:00-6:00 pm.

### Confluence Health (Wenatchee) Ostomy Support Group, WA (# 398):

- Contact: Tyree Fender, RN, BSN, CWOCN at 509-433-3212.
- Confluence Health Central Washington Hospital, 1201 S. Miller St., Wenatchee, WA.

### Yakima Ostomy Support Group, WA:

- Contact: Kanista Masovero, RN, CWOCN at 509-575-8266 Virginia Mason Memorial Ostomy/Wound Care Services.
- Meetings: Held second Wednesday bimonthly; 10:00-11:00 am in the Cascade Community Room at North Star Lodge, 808 N 39<sup>th</sup> Ave, Yakima, WA:

>> Please let us know of errors that need to be corrected or of changes need to be made to the ABOVE information:  
([SOSG.Input@gmail.com](mailto:SOSG.Input@gmail.com)).