

**Among patients with an ileostomy, readmission rates are high, with approximately 20% readmitted within 30 days, and cumulative readmission rates reported to reach up to 40–50% within the first few months after surgery.**



Thank this Sparrow sponsor!  
**TRIUMPH**  
home health supplies

## Blockage breakthrough

A few too many green beans, or an unskinned apple. They seem innocent—even healthy—but to ostomates, they can cause painful and potentially dangerous blockages.

“I think the early days after surgery are the riskiest,” said Toni, an LOA member and ostomate who spent hours in the emergency room due to a stoma blockage. “You’re still learning your new body. You’re used to eating a certain way. You’re finally out of the hospital, and you just want things to feel normal again.”

Toni had simply eaten a serving of green beans, which prompted the emer-

gency. Her doctor was only vaguely familiar with the condition but was able to slowly relieve the blockage.

Blockages aren’t pleasant. Ostomates may experience reduced output—or no output at all—along with cramps, bloating, nausea, and more severe symptoms. Others may experience watery output, sometimes with a strong odor.

A stoma blockage can resemble gas, constipation, or even a mild stomach bug.

Not all blockages are the same. Partial blockages allow some output, though it may be watery, and symptoms like cramps and swelling may come and go. Complete

blockages are more serious: output stops, pain and swelling increase, and vomiting may occur.

“Thankfully, I’ve only experienced one minor blockage in my five years as an ostomate,” said LOA president Amy. “My prevention plan is to chew food thoroughly. Chew for days! Stay hydrated, and follow foods high in soluble fiber (like bananas) with plenty of fluids.”

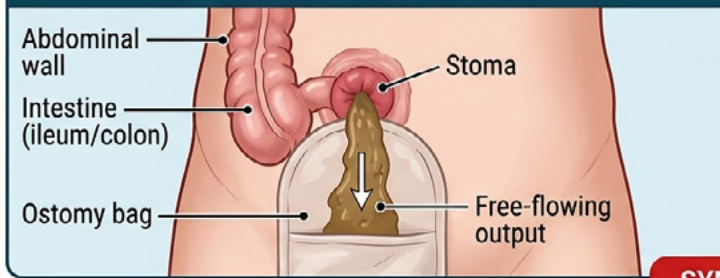
Right after surgery, swelling is common. The stoma often changes size during healing, so extra caution is especially important early on.

According to the NHS, a swollen sto-

*Continued on Page 2*

# MECHANISMS OF BLOCKAGE IN AN OSTOMY

## NORMAL OSTOMY FUNCTION

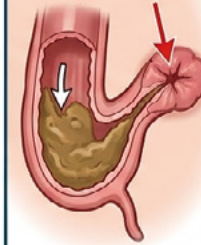


## POTENTIAL CAUSES OF BLOCKAGE

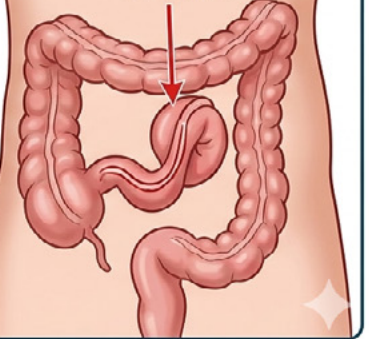
- Food bolus (e.g., corn, nuts)
- Adhesions/scar tissue
- Stoma stenosis
- Hernia

## EXTERNAL/STOMA-LEVEL BLOCKAGE

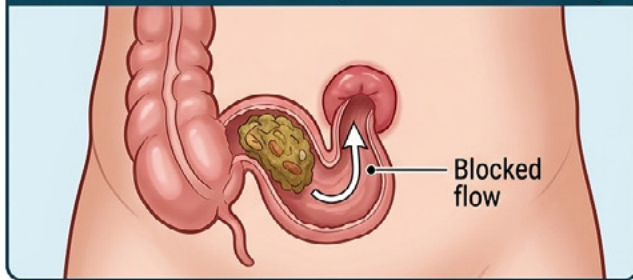
### ① STOMA STENOSIS (NARROWING)



### ② KINKING OR TWISTING



## INTERNAL BLOCKAGE (FOOD OBSTRUCTION)



## SYMPTOMS OF AN OSTOMY BLOCKAGE

- No output or watery output only
- Severe abdominal pain/cramping
- Swollen stoma
- Nausea or vomiting

## Preventing, preparing for blockage *continued from page 1*

ma combined with symptoms such as cramps, nausea, and reduced output may indicate a bowel blockage. The NHS advises that if output slows or stops, and you experience cramps, nausea, or swelling around the stoma, you should contact your WOCN.

### How long can a stoma blockage last?

There isn't a fixed duration, as it depends on the cause and severity. A mild, food-related blockage may improve with safe measures such as warmth, gentle movement, and fluids (if you are not vomiting). However, a more serious blockage can worsen and requires medical attention.

### When is this an emergency? Ask yourself:

- Is output improving or getting worse?
- Is there vomiting?
- Is the swollen stoma increasing in size or changing color?

If you're unsure how long a stoma blockage should last, a safer approach is not to wait through worsening symptoms.

### What happens at the emergency room?

In the emergency room, patients typically present with abdominal cramping, distention, stomal edema, nausea, vomiting, minimal-to-no passage of stool or gas, and dehydration. Unresolved bowel obstructions can lead to perforation and may require emergency surgical intervention.

In the hospital, treatment may involve placement of a nasogastric tube (inserted through the nose into the stomach) to remove intestinal contents, IV fluids, and an ostomy lavage. This procedure involves gently inserting 10–20 mL of warm saline into the stoma using a soft catheter until the blockage is relieved.

### What do experts say about ostomy blockages?

Research shows that readmission rates after ileostomy surgery are high. About 20% of patients are readmitted within 30 days of discharge, with cumulative rates reaching up to 40–50% within the first few months after surgery.

## Osto-EZ-Vent®

#1 preferred venting device for any pouch

- Easy to Attach, Open and Close
- Convenient and Simple
- Provides Comfort, Relief, & Confidence
- Attaches to Any Pouch

Enterprises, Inc.  
Manufactured by  
KEM in the U.S.A.

**kemOnline.com**

for Where to Buy,  
How to Attach and more.

Medicare Code A4366

**888-562-8802**

# Phar-well Phoenix

Unfortunately, UOAA announced the *The Phoenix magazine* has come to an end.

The Winter 2025 issue was its final edition, in both print and digital format.

This in no way will affect your Lincoln Ostomy Association *Sparrow*.

While we recognize the significant loss for many long-time readers and ostomates who relied on it for decades of education and inspiration, your LOA is inspired to carry the torch for you providing ostomy resources and education to thrive and be supported.

the **StomaGenie** experience

## INSTRUCTIONS

- Captures stoma output
- Control pouch change
- Hygiene-friendly process
- Reduce anxiety and stress
- Restore dignity
- Create independence



Place StomaGenie under or over the stoma to capture output, clean and prepare skin.

Once skin is dry, apply new pouch, insert black plug and throw away with used supplies.



SCAN for instructional videos



[info@stomagenics.com](mailto:info@stomagenics.com)  
[www.stomagenics.com](http://www.stomagenics.com)  
 844.696.7866



# Constructing a return to normal after surgery

Jake, a construction worker, near Fremont, Neb., took pride on never missing a day at work. But Crohn's disease nearly killed him.

Weeks of pain turned into an emergency—he was admitted, dehydrated, malnourished, and barely able to stand.

Three weeks in the hospital changed everything. After exhausting every option, Jake made the call: an ostomy. He was terrified. But when he woke up after surgery, something was different—the pain that had ruled his life was suddenly... quiet. For the first time in months, he felt relief.

At home, reality set in. A wife, two kids, and bills that didn't stop. Jake was determined to get back to work fast. Maybe too fast. Long hours, heavy lifting, and a rushed meal—dense, fibrous food he didn't fully chew.

The cramps hit first. Then nothing—no output. His abdomen tightened, nausea



building. By night, he was vomiting.

Back in the ER, doctors recognized a stoma blockage. They started IV fluids immediately. A nasogastric tube relieved the pressure, and a nurse carefully performed an ostomy lavage, gently introducing warm saline into the stoma. It was uncomfortable, slow, and tense.

Then it happened. A sudden rush—loud, messy, unmistakable. The blockage gave way. Output returned, and the

pressure melted almost instantly. Jake felt the relief wash over him just as strongly as after surgery.

A Wound, Ostomy, and Continence Nurse later helped him rebuild—hydration, chewing thoroughly, pacing his return to work.

Jake still works construction. But now, he works smarter listening to his body.



## Something's going right in Beatrice health & hospital-wise

Good news is coming out of Beatrice — namely for the ostomy community that relies on quality local healthcare.

Beatrice Community Hospital (BCH) has had a standout stretch of recognition heading into 2026. BCH was named one of the nation's top general acute care hospitals, earning a four-star rating on Forbes' inaugural "Top Hospitals 2026" list.

It was one of only 10 Nebraska hospitals to make the Forbes ranking.

"Forbes is a credible source the public can trust. It's an honor to be listed as one of their best hospitals," said BCH CEO Rick Haraldson. "Our mission is to serve this region with quality healthcare close to home and we are proud of the trust our communities place in us."

That kind of recognition matters for ostomates. The Forbes methodology places its greatest weight on clinical outcomes — including mortality and readmission rates — and adjusts those results for social drivers of health, with outcomes carrying 55% of the overall score. Becker's Hospital Review In other words, the ranking reflects how patients actually do — not just how a hospital markets itself.

BCH was also named a Top 100 Critical Access Hospital in the nation for the second consecutive year by the Chartis Center for Rural Health, one of 15 Nebraska critical access hospitals to earn that distinction for 2025.

## Gastroenterology Specialties P.C.

4545 R Street  
Lincoln, NE 68503

The physicians and staff of *Gastroenterology Specialties* and *Lincoln Endoscopy Center* specialize in the diagnosis and treatment of disorders of the esophagus, stomach, intestines, gallbladder, liver and pancreas; including colon cancer, irritable bowel syndrome, acid reflux, liver disease, Crohn's Disease and more.

*Stop in, give us a call, or visit our website!  
We're here for all your digestive needs!*

[www.gidocs.net](http://www.gidocs.net) 402-465-4545

For Lincoln Ostomy Association members in the Beatrice area, strong local hospitals with expanding specialty services mean better access to the surgeons, wound care nurses (we see you Makayla!), and post-operative support that ostomates depend on — right in their own backyard.



*Wound & Ostomy Services*  
at Beatrice Community Hospital with  
**Makayla Wiese**  
APRN, CWOCN  
*Call to schedule today!*  
**402-223-7275**  
  
U.S. Highway 77 North | 4800 Hospital Parkway | Beatrice, NE

## Hard-e-hars

- I'm reading a book about anti-gravity. It's impossible to put down.
- Why did the scarecrow win an award? Because he was outstanding in his field.
- What do you call cheese that isn't yours? Nacho cheese.
- I only know 25 letters of the alphabet. I don't know y.
- Did you hear about the guy who drank invisible ink? He's at the hospital waiting to be seen.
- What did the ocean say to the beach? Nothing. It just waved.
- I used to hate facial hair. But then it grew on me.
- Why don't scientists trust atoms? Because they make up everything.

## Output stuck at top?

Thick output at the top of a pouch or stoma can cause the “traffic jam” at the top of the pouch. It causes leaks and even the dreaded blow-out. To prevent this problem consider adding lubrication to the top of the inside of your pouch such as gel or even cooking oil.

You want the output to easily slide to the bottom of the pouch. Thick output might be a sign that you’re not drinking enough water. Some liquids like apple or grape juice might loosen output in some as well.

Ask your doctor or WOCN who might prescribe something or offer other solutions.

## Slowing your output

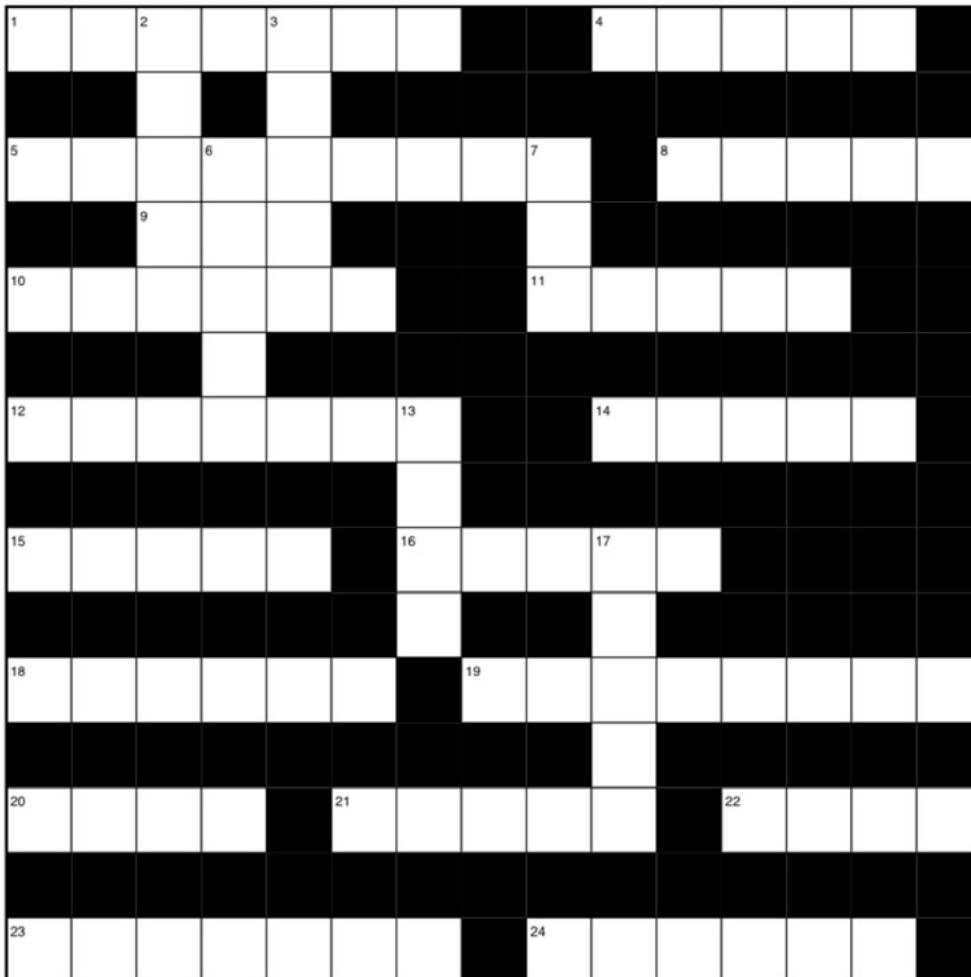
How can you slow down output for the pouching system change?

Many ostomates eat marshmallows or peanut butter about 30 minutes before the task. Other foods that will thicken stool include:

- Applesauce | Boiled rice or noodles
- Creamy peanut butter | Tapioca pudding
- Bananas | Peeled potatoes | Toast

## Airports are hard enough...

Airport scanners might detect your pouch, however, you should not have to show your pouch empty or full. You may be asked to rub your hand against the pouch on the outside of your clothes, but that should be the extent of the exam. Consider having a Travel Communication Card provided by the UOAA, designed to simplify communication about your medical needs in a discreet way. Review the security guidelines and carry-on rules laid out by the Transportation Security Association, check out [www.ostomy.org/Ostomy\\_Travel\\_Tips.html](http://www.ostomy.org/Ostomy_Travel_Tips.html)



### ACROSS

1. Nebraska football team nickname
4. Surgical opening on the abdomen
5. Lincoln's famous historic dining & arts district
8. Nebraska's beloved beef sandwich chain
10. Dick \_\_\_\_, 46th U.S. VP born in Lincoln
11. Ostomy collection bag
12. Nebraska's state capital city
14. Oscar-winner Hilary \_\_\_\_, born in Lincoln
15. Drainage system; also what an ostomy manages
16. Nebraska is the \_\_ capital of the world
18. Surgical diversion that creates a stoma
19. SE Nebraska city with a Forbes 2026 top-rated hospital
20. Nebraska's #1 crop
21. Nebraska's largest city
22. Neighboring state to the east of Nebraska
23. Lincoln is the state \_\_ of Nebraska
24. Get moving — what active ostomates do!

### DOWN

2. Fashion sense — or what a well-fitted pouch system has
3. Remove completely — like old adhesive residue from skin
6. Frantic, chaotic — NOT how ostomy care should feel
7. Best in class — like BCH on the Forbes 2026 list
9. \_\_ Vegas — city with world-class ostomy supply stores
13. Eat a snack — something ostomates do joyfully after surgery
17. Colorful, tough lizard — as resilient as ostomates

**Born in the right time...**In the 1700s, ostomy surgery was extremely rare and risky. Colostomies were usually performed as a last resort for severe intestinal blockages or injury. Without anesthesia, antiseptics, or modern surgical tools, survival rates were very low.



## Ileostomates should prioritize B12

Vitamin B12 keeps the body's nerve and blood cells healthy and prevents anemia, a condition that can cause fatigue and weakness.

Vitamin B12 is produced by microorganisms and is found almost exclusively in animal-based foods such as fish, meat, dairy, and eggs.

Normally, B12 is absorbed in the terminal ileum—the last part of the small intestine. For proper absorption, it must bind with intrinsic factor, a protein produced in the stomach.

For ileostomates who have had their colon removed and part of the terminal ileum resected, the key concern is whether vitamin B12 can still be adequately absorbed.

In urostomates, about 6–8 inches of terminal ileum are often removed and used as a urinary conduit. In continent urostomies, even more intestinal tissue may be used, increasing the risk of deficiency.

Some individuals do not consume enough B12, while others cannot absorb it effectively—both lead to deficiency.

Signs of Vitamin B12 Deficiency

- Extreme fatigue
- Pins and needles sensations
- Forgetfulness and mood changes
- Altered taste
- Vision problems
- Loss of appetite
- Mouth ulcers
- Ringing in the ears

Recent research from 2025 studies highlights improved screening for B12 deficiency in ostomy patients, emphasizing routine monitoring and early supplementation. New sublingual and injectable therapies show better absorption outcomes, especially for those lacking terminal ileum function, improving long-term neurological and energy-related health outcomes.

**CeraPlus™  
One-Piece  
Soft Convex  
Pouching System**

**Hollister.**

*Gabriel, CeraPlus™ Product User*

**convatec  
Natura®**

**For fewer leaks  
and healthier skin.**

Discover a fit that adapts to you.  
Request a sample of Natura® with  
Moldable Technology™ today.

AP-77412-GBL-ENG-v1



# IS YOUR OSTOMY SUPPLY COMPANY TRULY LOCAL?

Triumph Home Health Supplies:  
Lincoln's Ostomy Experts.



## WE MAKE SWITCHING EASY



We simplify everything  
and personalize  
your service.

## WE OPTIMIZE YOUR CARE

- Insurance & coverage optimization.
- Brand matching & expert selection.
- Personalized support & product specialists

## HAVE YOU HEARD?

Transanal Irrigation (TAI) is a clinically proven, **non-surgical** method to help manage bowel function with confidence. Contact us today to learn more!

**TRIUMPH**  
home health supplies

**LINCOLN-OWNED & OPERATED**  
4540 N 56th Street  
Lincoln, NE 68507  
(402) 434-5080



LINCOLN OSTOMY ASSOCIATION

President Amy 620-341-3811
Secretary Beverly 402-525-9271
Communications John 402-310-3496
Treasurer Joe Frey
Director Rhonda Soucek
Director Jacques Izard
Director Tera Norris

Lincoln Ostomy Home

LOA welcomes calls from ostomates, especially new people, with questions on everything from, 'how do I shower?' to 'what about clothes?' Start with an email lincolnostomy@gmail.com

Meetings (Let's meet, shall we?)

In person meetings are at a church at 8230 South St., starting at 2 p.m. updates at ostomynebraska.com/lincoln

June 7

Andrew Kauffmann from Convatec

September 13 & December 6

(TBA)

Contact, Advertise

Contact or visit LOA to learn more about support group meetings, ostomy products and educational opportunities. Sparrow is a quarterly publication for the Lincoln Ostomy Association. If you'd like to advertise or to submit an article, email lincolnostomy@gmail.com

Ostomy Nurse Contacts

Beatrice Community Hospital
Makayla Wiese, APRN, CWOCN
Bryan Medical Center 402-481-2018
Cindy Skinner RN, BSN, CWOCN
CHI Health St. Elizabeth
Rhonda R. Soucek, RN BSN CWOCN
Nicole Carmine, RN BSN, CWOCN
rhonda.soucek@commonspirit.org
General Surgery Associates
Amanda Paprocki, RN, BSN, CWOCN

Website

ostomynebraska.com/lincoln

Email

lincolnostomy@gmail.com



Lincoln Ostomy Association Sparrow

3553 N 89th St
Lincoln, NE 68507
lincolnostomy@gmail.com

Ostomy surprisingly common nowadays

More than 750,000 people in the U.S. live with an ostomy, and 130,000 new ostomy surgeries are performed every year, according to SIIL Ostomy. Nebraska Medicine puts the range even higher, estimating that 725,000 to 1 million Americans have a temporary or permanent ostomy.

With roughly 2 million Nebraska residents making up about 0.6% of the US population, that means an estimated 4,500 to 6,000 Nebraskans live with an ostomy at any given time, with several hundred new surgeries happening in Nebraska each year.

Colon cancer is the second leading cause of cancer-related deaths in Lancaster County. Nebraska's incidence and death rates of the disease exceed the national average. According to KOLN, state screening rates are low, with only 64% of Nebraskans are current on their screenings.

Lincoln-Lancaster County Health Department partners each March with the Lancaster County Crusade Against Colon Cancer to offer free at-home screening kits at pharmacies across Lincoln as part of a statewide push to catch the disease earlier.



Longitudinal pilot collection of samples in ostomates

VOLUNTEERS NEEDED



We are seeking ostomy volunteers to participate in a research study to help understand ostomy health.

The study is under the direction of Jacques Izard, PhD.

Our study involves ileostomates and colostomates:

- Answer a few questionnaires,
Self-collect stool samples with at-home kits.

Volunteers will be compensated for their participation.

Please call 402-559-8256 or email GIResearch@unmc.edu with any questions

IRB#0459-25-EP