

Ostomy Innovation: What's next?

While many say ostomy products have stagnated, the signs of innovation are everywhere.

What if your cell phone sensed the volume in your pouch? It could alert you when capacity is nearing full prompting a change. Heck, it could send readings to your doctor when needed. Google it.

What if gas output was ballooning your pouch faster than your filter could release it? Innovation to the rescue.

What if you could measure every crease and wrinkle of your stoma and 3D print the perfect flange to connect to any pouch system on the market? Hit print.

For future ostomates, what if the ostomy surgery was better, using an innovative template helping surgeons ensure every stoma measures well? Coming soon.

This issue of the *Sparrow* will fail to completely cover ostomy innovation. Too much! However, we will cover some fun stuff. So dig in!

Cell phones, Bluetooth monitoring

Coloplast polished their nerd glasses hit the lab and came up with Hey-lo™ which includes a sensor which fits to a baseplate and monitors for leakage sending alerts to a cel phone. Users get

peace of mind with early information for signs of trouble. [Coloplast](#) won the iF design award which is impressive because more than 11,000 entries from 56 countries vied for those awards.

Coloplast is a great friend of [Lincoln Ostomy Association](#) as Coloplast rep Amy Wallace often supports and visits the group to introduce these types of products.

Another sensor, called the ostom-i™ Alert Sensor was introduced recently by 11health.com. The sensor also “talks” via Bluetooth to a phone. It clips on the outside of a pouch.

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We're going techno!

Find this edition of Sparrow complete with links and color here:

<https://ostomynebraska.com/lincoln/> or use this fancy-schmancy QR Code

Doctors recommendations vs insurance

Medicare has done research to figure out how many supplies an “average” person with an ostomy usually needs. If what you need is different, then your doctor must include information on your medical condition to support the need for the type and quantity of items ordered.

If you are working with a WOCN, the nurse may also be able to help you by writing down why you need different supplies than the average ostomate and give that information to your doctor to put in your medical record. This information in your medical record can then be given to your ostomy supply company and or your insurance. It is then the responsibility, under Medicare guidelines, of your supply company to get this information from your medical provider.

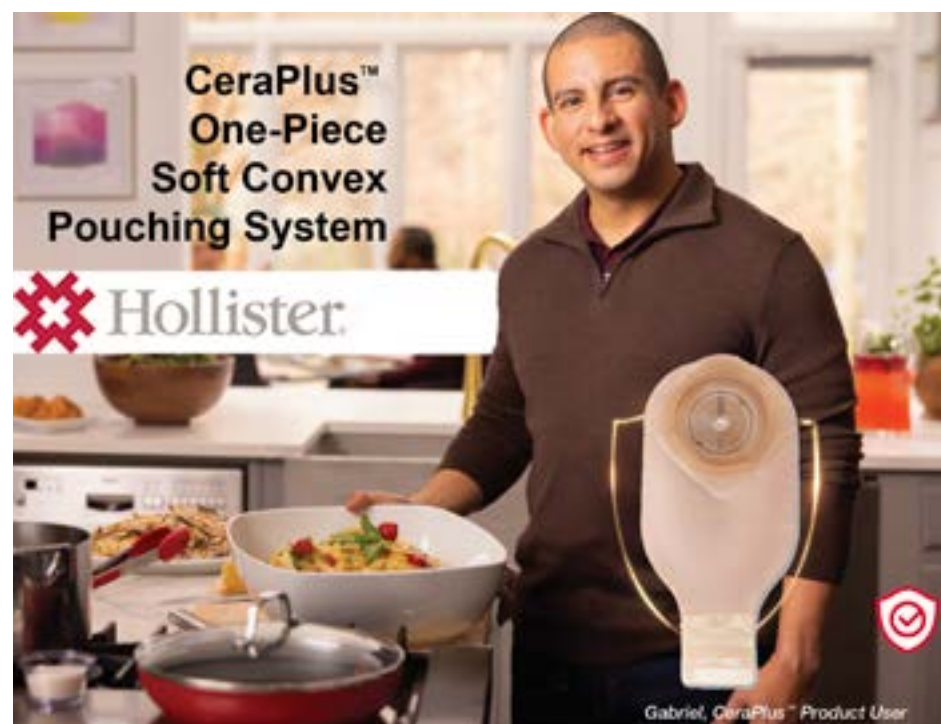
An example of a special situation that would require additional supplies might be that your skin is irritated from frequent leakage of your pouching system due to your stoma being flush to the skin or below the skin. You require frequent pouch changes until your skin can heal. Any request for supplies more than the average amount is marked for review. Just because a person “wants” more is not a good enough reason and those requests for supplies (claims) will be denied. You might have to have detailed notes in your medical record about why you need to use a convex wafer or pouch (such as because you have a stoma which is below skin level, or the stoma opening is at skin level).

A request for supplies may have been denied because the information needed was not given to the insurance company or supply company. So then you need to speak with someone to discover what was missing. Sometimes the problem can be found, corrected and then the supply company can resubmit with positive results.

If you receive a denial, you have the right to appeal. The appeal usually has a time limit attached so follow the instructions for an appeal and respond that you want to appeal the denial. If you have non-Medicare insurance you may be able to speak with someone at the insurance company about your denial to figure out why your request was denied as part of the appeal process. You may also contact your insurance customer service and request a case manager to assist with your supply denial.

If you have Medicare, for assistance you can contact your local representative from the Beneficiary of Family Centered Care – Quality Improvement Organization (BFCC-QIO) or call 1-800-MEDICARE to help you understand the appeal process and determine what is still missing from your record. Your supply company may also be able to help you.

Source: <https://www.ostomy.org/know-whats-in-your-medical-record/>



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STEALTH BELT

New technology for modern ostomy

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The idea is to alert people at night in case a pouch gets too full. The accompanying app records volume over time which can be shared with a doctor or WOCN.

Stoma creation

Few 20-year-old students would “have the guts” to approach a surgeon and say, “we found a better way to create a stoma.” That’s what a couple of biomechanical engineering students from UAB did.

Ali El-Husari and Paige Severino spent a year thinking of ways to improve the pouch. That’s a tall order with more than 300 kinds of ostomy bags in the marketplace. They explored the formation of a stoma. Surgeons basically take a piece of intestine and roll it up like a shirt sleeve. The students found little direction for creating a standard stoma. Some literature called for stomas to be flush to the skin and others asked for several centimeters. Some simply said, “make the stoma.” Those who live with a stoma know height is critical. Through interviews and literature study, they designed a structure, like a stent, that surgeons could use as a guide to fold over intestines to a specific height. The students even printed the stoma-making structure on a 3D printer and demonstrated its use using pig intestine.

One demonstration with UAB’s top doctor was a bingo. UAB has embraced the effort, the chief surgeon is on board and ostomy nurses are excited.

Engineers go 3D for ostomy

Ivana Llobet, Jessica Nissen, and Patricia López students from an engineering school in Barcelona, Spain, created a product called Odapt which is a 3D printed disc for an ostomy bag capable of adapting to any kind of stoma or stomach. Their disc is made of biocompatible silicone and is applied with silicone adhesive to the skin.

Simple, effective change tool

[StomaGenie](#) created a product making people say, “duh” why didn’t I think of that? It’s a cartridge that absorbs stoma output during pouch replacement. In November 2012, Liney Guidry, underwent life-saving bladder cancer surgery, resulting in the creation of a stoma for personal

waste discharge. His recovery was marred by difficulties in managing the stoma, leading to frustration, skin irritation, supply wastage, and social isolation. Determined to regain independence, he invented a device that granted him control over his stoma.

Recognizing the need for better ostomy care, his family, including daughter Theresa Johnson, developed [StomaGenie](#), a disposable biodegradable cartridge that covers an exposed stoma, absorbs and contains waste, simplifying pouch changes. This product is covered by Medicare and health insurance for up to 30 cartridges per month and is available through major distributors like Edgepark, 180 Medical, and Amazon.

Venting made easier

Steve Wakefield, an ostomate, was frustrated with leaks and odor and invented the [Osto EZ-Vent](#) gas filter which integrates with current pouches. This was a finalist for the 2019 UOAA Innovator of the Year.

Science of small

[Na’Scent](#) are also good LOA friends. They invented a product that does more than cover up a smell. Na’Scent actually chemically breaks down odor compounds. It was invented by ostomate Lane Benjamin in 2013 with chlorine dioxide technology.

Ostomate hydration technology

[H2ORS Oral Rehydration Solution](#) was developed over 30 years ago by the World Health Organization to help reverse dehydration. Its remarkable effectiveness is why it continues to be used today, in lieu of sports drinks and even IV therapy, to save millions of lives every year. Ostomates often suffer short bowels and require more water, more hydration to make up for it.



From left to right, Jessica, Ivana and Patricia, Odapt project managers

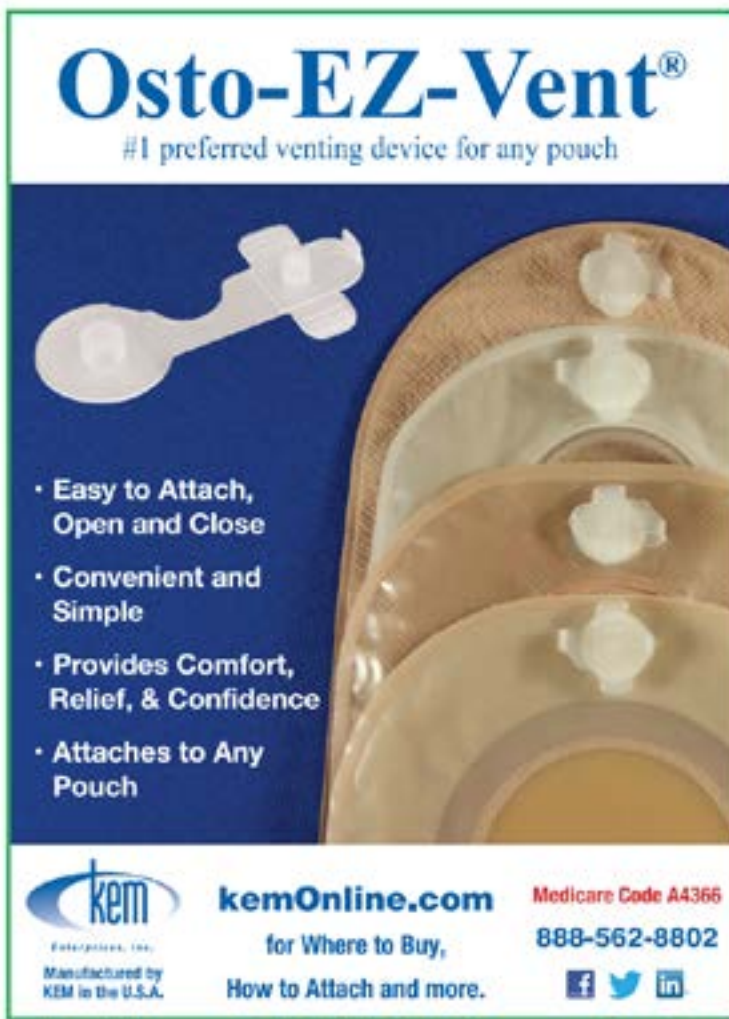


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2-piece compatibility

by Adam Page, Medical Monks

Are two-piece systems, which consist of a barrier and a pouch, compatible between manufacturers?

Nope, but color matching helps clear confusion.

"The magic question is – simply put – how do you know the barrier and pouch you're purchasing will fit together?" said Adam Page, or Medical Monks. "At Medical Monks, we get these questions daily basis, so clearly it's something that confounds many new ostomates."

It starts with the barrier. Catalogs tend to list an abundance of barrier measurements, which can lead to confusion, he said. Most will have a minimum of two: one for the barrier opening and one for the flange. The flange is what matters for matching.

"You'll want to measure the diameter of the stoma at its widest point," he said. "Some choose a barrier with a pre-cut opening to matches their stoma size." For new ostomates, Page suggests cut-to-fit barriers.

With a barrier in mind, ostomates should choose a pouch. This is when the flange measurement comes into play. Page said most major ostomy lines use a color-code system to match flanges.

ALWAYS have to make sure the two pieces are made by the same manufacturer. A Hollister barrier will never fit with a ConvaTec pouch. Another good rule of thumb is that alike product lines will generally fit together. For example, any Hollister New Image pouch will fit with any Hollister New Image barrier with a matching flange.

Psychology of Music shows a link between listening to classical and instrumental music and improved mental health. The study found that people who listened to this type of music experienced lower anxiety, depression, and stress levels. In addition, classical and instrumental music have also been found to improve cognitive function and help with pain management.

JOIN US! Lincoln Ostomy Association

The [Lincoln Ostomy Association](#) provides critical tools that people with an ostomy need to build their lives. LOA, and this newsletter, *Sparrow*, is a link to latest supplies, treatments and a community of others who can provide support and experience.

UOAA suggests ostomates get in touch with other

people with ostomies. Whether it's a support group, like the Lincoln Ostomy Association or on-line, getting advice from people who've been there is a great way to boost your confidence.

You can ask questions that you might be embarrassed to ask your doctor or nurse.

Did you know?
Nursing students seek ostomy knowledge & class credit through LOA?

Students who attend LOA meetings often use the time for class credit! and will have more knowledge to help future ostomates. Win Win!



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LOA challenge

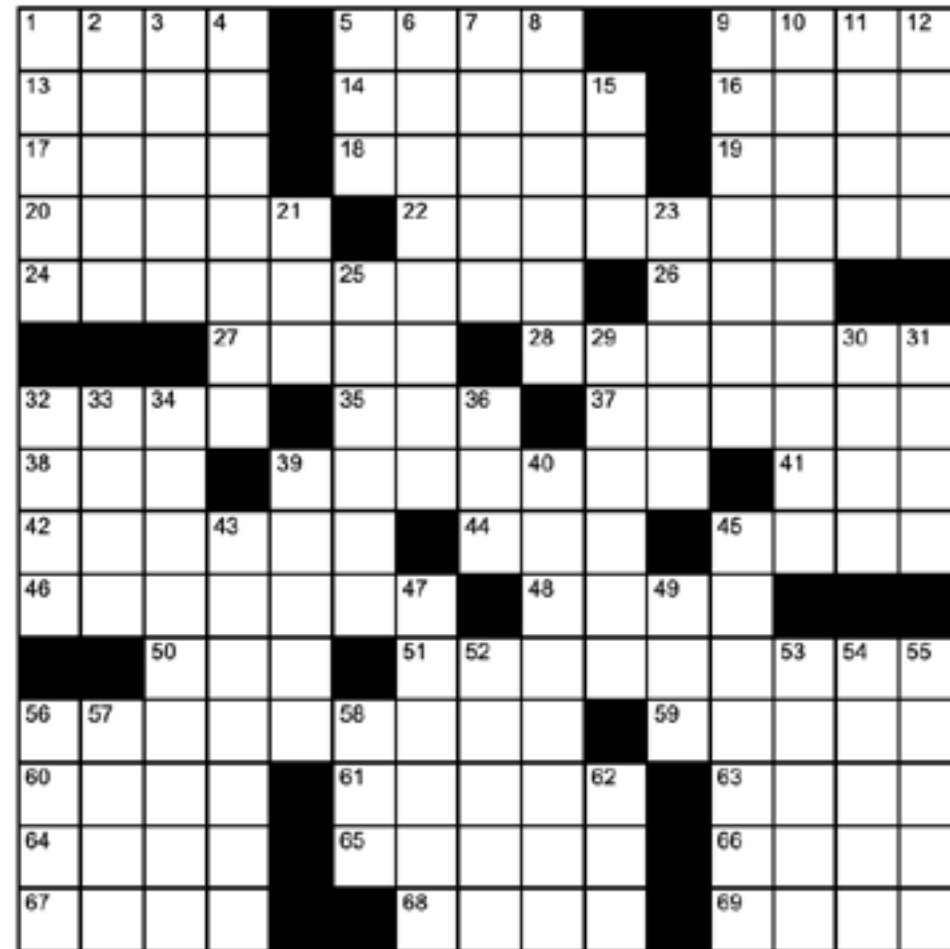
Across

1. Little terror
5. Wet bar?
9. Knife wound
13. ___ of thumb
14. Church V.I.P.
16. Bounce back
17. Soon, to a bard
18. Throw for a loop
19. Garbage hauler
20. Complex unit
22. Deadly mushroom
24. Schongauer work
26. Toni Morrison's "___ Baby"
27. Tabloid twosome
28. Noble position
32. Retro phone feature
35. Established
37. Indigenous
38. Not quite right
39. Full of bounce
41. Fishing equipment
42. Like cows and sows
44. Campaign pro
45. Shrek, for one
46. Bomb
48. Certain tide
50. Computer capacity
51. Emphatic
56. New Year's Eve staple
59. X, in math
60. Tim Conway film, "The Billion Dollar ___"
61. Factory
63. Quitter's word
64. Word sung on 12/31
65. Concise
66. Flu symptom
67. Arborist's concern
68. Numerical suffix
69. Give the eye

Down

1. Hold steady
2. Talk at length
3. Follow follower
4. Plant stem extension
5. Mermaid's milieu
6. Veteran
7. Annex
8. Animal fur
9. Type of psychology
10. Word in a 1978 John Irving book title
11. "Get lost!"
12. Kennel cry
15. Primary color
21. Cereal grass
23. Dogcatcher's catch
25. Evening bell
29. "Brokeback Mountain" director
30. CBer's term
31. Dole (out)
32. Tip, as a hat

33. Brainchild
34. Deserving of respect
36. Word of advice
39. Dry spell
40. Mumbo-jumbo
43. Pie preference
45. Type of illusion
47. Young raptor
49. It may be framed
52. Capture
53. Likeness
54. Locale
55. Aromatic compound
56. Chew the fat
57. Rush follower
58. Envelope abbr.
62. Half a score



Ostomy emotions

Almost every patient goes through four phases of recovery following an accident or illness that results in loss of function of an important part of the body. The patient, along with the family, goes through these phases, varying only in the time required for each phase. People may experience the various phases of adaptation in a different order and at varying rates. Some people may skip certain phases entirely and some may move up and down at different times.

These phases are shock, denial, acknowledgment and resolution.

Shock usually occurs immediately after surgery. The patient is unable to process information and may be tearful, anxious and forgetful. This phase may last from days to weeks.

Defense or retreat phase may last for weeks or months and delays the adaptation process. During this phase, the individual denies or minimizes the significance of the event and defends himself against the implications of the crisis. You may note the avoiding of reality and "wishful" thinking.

As the patient moves to the next step of acknowledgment, he begins to face the reality of the situation. As you give up the existing old structure, you may enter into a period, at least temporarily, of depression, of apathy, of agitation, of bitterness, and of high anxiety.

Finally adaptation. During this phase, the acute grief begins to subside. The patient copes with their situation in a constructive manner and begins to establish new structures. They develop a new sense of worth. This phase may take one to two years.

"In a moment of decision, the best thing you can do is the right thing to do, the next best thing is the wrong thing, and the worst thing you can do is nothing."

— Theodore Roosevelt

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Lincoln Ostomy Home

LOA welcomes calls from ostomates, especially new people, with questions on everything from, "how do I shower?" to "what about clothes?" Call our visitation specialists above (Denise & Marie).

Meetings (Let's meet, shall we?)

In person meetings are at a church at 8230 South St., starting at 1:30 p.m.

Upcoming meetings will be announced at ostomynebraska.com/lincoln

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

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[General Surgery Associates](#)

Amanda Paprocki, RN, BSN, CWOCN

"Are not two sparrows sold for a penny? Yet not one of them will fall to the ground outside your Father's care. And even the very hairs of your head are all numbered. So don't be afraid; you are worth more than many sparrows."

ostomynebraska.com/lincoln

Lincoln Ostomy Association Sparrow

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Lincoln, NE 68521

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Cool, calm & aware

When to seek medical assistance from [UOAA](#)

Most of those with ostomies are finely tuned to changes in their bodies, but a review of signs to seek help never hurts. You should call the doctor or ostomy nurse when you experience anything out the ordinary or have:

1. severe cramps lasting more than two or three hours
2. a deep cut in the stoma
3. excessive bleeding from the stoma opening
(or a moderate amount in the pouch at several emptyings)
4. continuous bleeding at the junction between the stoma and skin
5. severe skin irritation or deep ulcers
6. unusual change in stoma size and appearance
7. severe watery discharge lasting more than five or six hours
8. continuous nausea and vomiting; or
9. the ostomy does not have any output for four to six hours and is accompanied by cramping and nausea