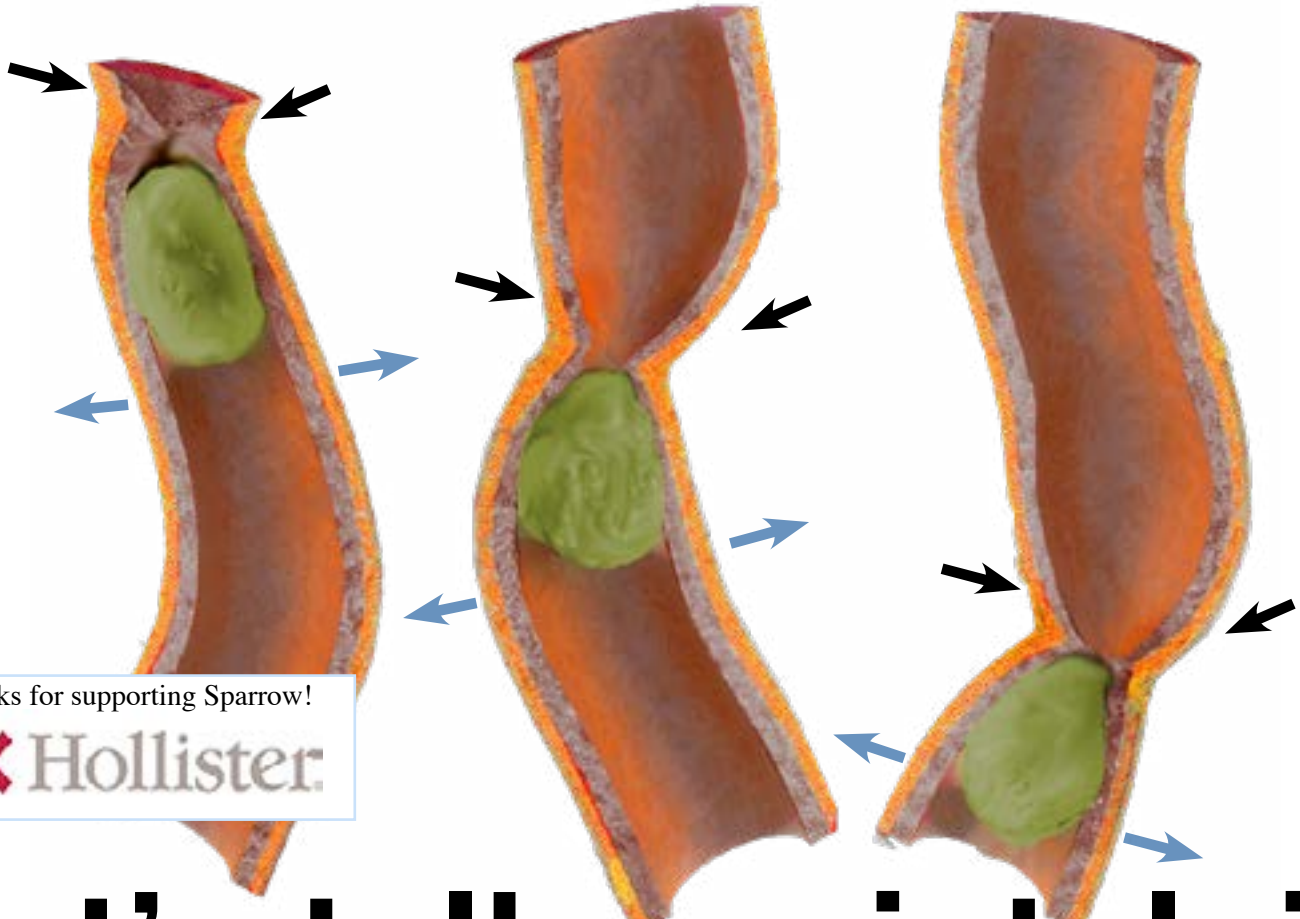


*Peristalsis is crucial for moving intestinal contents towards and through the stoma*



Thanks for supporting Sparrow!



# Let's talk peristalsis

Why does your stoma move without permission? It's a bit scary, funny, and amazing. Credit peristalsis.

Peristalsis sounds complex, but it's a fundamental process in our digestive system that's particularly important for ostomates. It's also called intestinal motility.

Peristalsis is the wave-like contrac-

tion and relaxation of muscles in the digestive tract. These coordinated movements propel food, fluids, and waste through the gastrointestinal system. Imagine squeezing a tube of toothpaste from the bottom up - that's similar to how peristalsis works in your body.

"Peristalsis exists in ostomates after surgery," said Dr. Jacques Izard, Univer-

sity of Nebraska. "It ensures that the food transits throughout the digestive system. Not always predictable, but you surely know that the output is coming and that you can manage it."

For ostomates, understanding peristalsis is crucial because it directly affects stoma function. Stoma movement is often a result of peristalsis, as *continued pg 3*



We're going techno! [SIGN UP FOR UPDATES](#)

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

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

# Path back from surgery: Core Bracing

Jennifer Baehr, PTA, CPT, PCES, CNFC, visited LOA April 7 and introduced some physical activities to enhance lives after ostomy surgery.

“Connecting with breath and abdominal muscles is a foundation of managing IAP and a return to exercise,” she said. IAP, or IntraAbdominal Pressure which refers to the amount and distribution of abdominal (core) pressure at any given time. Proper management and coordination of core muscles - the diaphragm, pelvic floor, multifidi, and transverse abdominis, will help control fecal output and decrease the risk of hernias, prolapse, and other GI related issues.

Connecting with breathing is the foundation of the exercise journey, she said. Once a person masters focused breathing, then exercise will come easier.

Baehr listed these steps for core bracing and breathing:

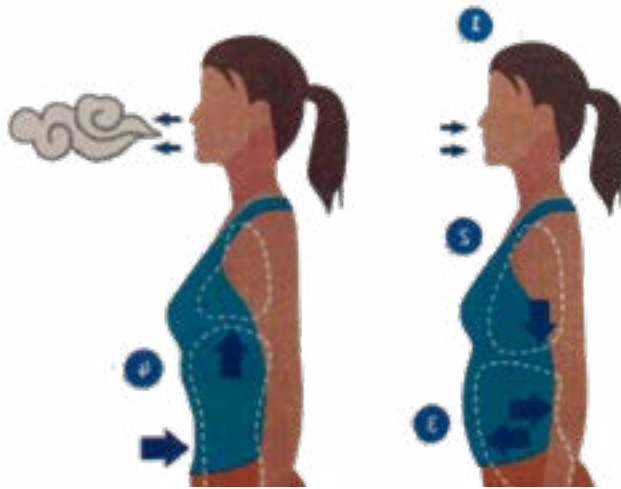
- > **360 degree breathing:** Inhale: feel your chest and belly expand; ribs expand to both sides; and your back expand (into the floor). Exhale: feel everything return to natural rest.
- > **Connecting breath:** Feel your diaphragm and pelvic floor move together as you inhale and exhale.
- > **Transverse Abdominis Engagement:** As you exhale, slowly and softly breath all your air out, feel your lower abdominals firm.
- > **Breathing under a brace:** Maintain your brace while you continue to breathe.

Baehr emphasized hydration, especially for those with ostomies. She said fluid balance can be challenging and recommends adding electrolytes to water, especially during workouts.

“I like to say ‘eat your water’ meaning choosing food that help hydration...melons, oranges, broccoli or anything that works well for your stoma. Milk is actually one of the best hydration liquids, if you can tolerate.”

## How ya hydratin’?

Check H2ORs  
on Page 6!



1. Slowly take deep breath in
2. Fill your lungs with air
3. Your abdomen expands.
4. Exhale and your abdomen contracts

Always discuss with a doctor.



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## Foods to slow peristalsis

Meat, milk, hard cheese, refined carbohydrates, and white rice can slow peristalsis because they move slowly through the digestive tract. Red meat, which is high in fat and iron, can also make you constipated.

## Foods to stimulate peristalsis

Fiber-rich foods like fruits, vegetables, and whole grains can stimulate peristalsis by adding bulk to the digestive tract. Fiber also absorbs water and lubricates the large intestine, which can soften stools and make it easier to defecate.

*From the Cleveland Clinic*

# Muscles close, open pushing food

it pushes intestinal contents towards and through the stoma opening. This rhythm helps maintain a healthy, functioning ostomy.

“Ostomates are the only ones who see their peristalsis happen outside their bodies,” said Rhonda Soucek, RN BSN CWOCA. “That’s pretty cool. If we don’t have the movement of that smooth muscle, there is no way to propel stool through the colon.”

By understanding peristaltic patterns, ostomates can better anticipate active output periods. This knowledge aids in planning optimal times for appliance changes and emptying, reducing the risk of leaks or skin irritation.

Peristalsis affects the speed at which food and fluids move through the digestive system. For ostomates, who may have shorter digestive tracts, this

can significantly impact nutrient absorption and hydration levels, according to UOAA. Proper peristalsis ensures that the body has enough time to extract necessary nutrients and water from ingested food and drinks.

Awareness of normal peristaltic patterns helps ostomates recognize changes that indicate problems. Alterations in output consistency or frequency could signal potential blockages or obstructions, allowing for early intervention.

The rate of peristalsis influences how effectively medications are absorbed in the body. This is particularly important for ostomates who rely on certain medications to manage their health conditions.

Understanding and working with the body’s natural rhythm can significantly improve an ostomate’s quality

of life. It allows for better planning of daily activities and can reduce anxiety related to ostomy management.

Various factors can affect peristalsis, including diet, hydration, stress levels, and medications. Some medicines can slow down peristalsis, while others can speed it up.

It’s crucial for ostomates to discuss medications with a doctor and/or ostomy nurse, as changes in peristalsis can affect ostomy management.

Beyond medications, ostomates can influence their peristalsis through lifestyle choices. Staying well-hydrated, eating a balanced diet rich in fiber, appropriate to your situation, eating regularly, engaging in regular physical activity, and managing stress can all contribute to healthy peristaltic function.

### Ostomy shape can vary with the wave-like muscular contractions of the intestines, AKA peristaltic movement

Sometimes peristaltic movement stops (particularly after surgery). It’s called Ileus. According to the Cleveland Clinic, this may be due to excessive handling of the intestine during surgery, anesthesia, pain medication and other causes.

## JOIN US!

The [Lincoln Ostomy Association](http://lincolnostomy.org) 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. You can ask questions that you might be embarrassed to ask your doctor or nurse.

<http://ostomynebraska.com/lincoln>

### DID YOU KNOW?

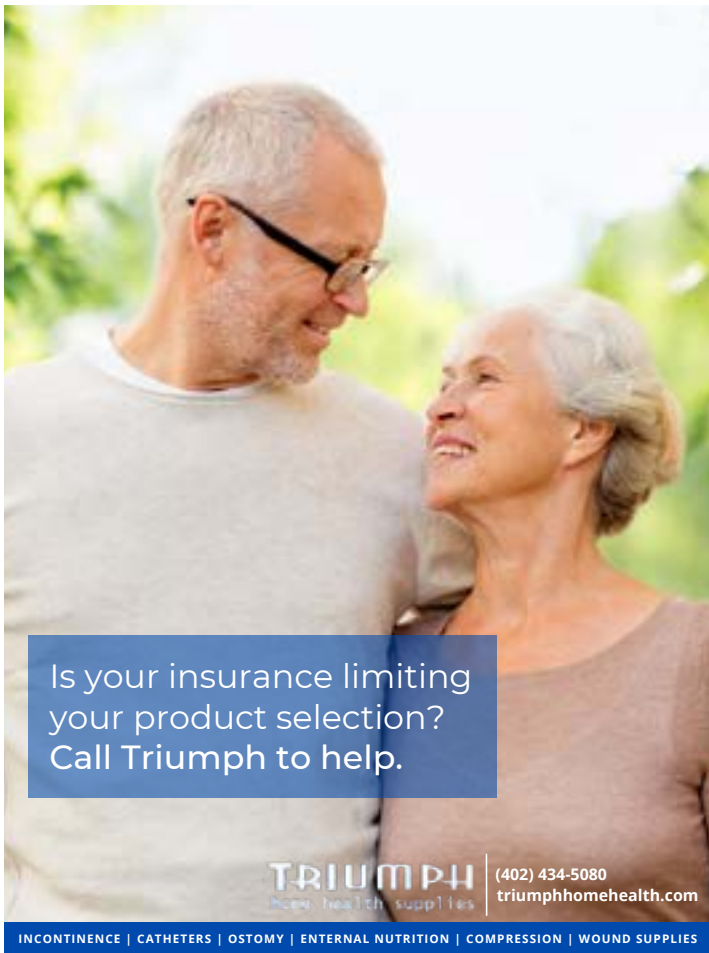
Students who attend LOA meetings often use the time for class credit! and will have more knowledge to help future ostomates. Win Win!

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INCONTINENCE | CATHETERS | OSTOMY | INTERNAL NUTRITION | COMPRESSION | WOUND SUPPLIES

# Rugby with an ostomy?

Cassidy Bargell’s story is a powerful testament to the resilience of the human spirit and a beacon of hope for ostomates worldwide. A standout rugby player at Harvard,

Bargell’s world was upended in 2021 when she was diagnosed with severe acute ulcerative colitis, leading to a subtotal colectomy and temporary end ileostomy.

For many, such a diagnosis might signal the end of an athletic career. Bargell initially shared these concerns, stating, “After getting an ostomy, it was hard because there are so many conflicting things on the internet about what you can and cannot do.” However, she refused to let her ostomy define her limitations.

Inspired by a male rugby player who continued to play with an ostomy bag and encouraged by her surgeon, Bargell made the courageous decision to return to the sport she loved. “Having a bag, especially in a contact sport, is a completely new challenge. I just had to trust my body and trust myself that I could do it,” she reflects.

Bargell’s comeback is nothing short of remarkable. Not only did she return to play for Harvard, but she also went on to represent the United States in international rugby. Her appearance for the U.S. women’s rugby team against South Africa in March 2024 proved that ostomates can compete at the highest levels of sport.

Beyond her athletic achievements, Bargell has become a role model for the ostomy community.

“You are capable of a lot after them. More than you can do without a bag honestly.” This perspective challenges the notion that an ostomy is a limitation, instead framing it as a potential source of strength and resilience.

Bargell’s journey from diagnosis to international rugby

*Continued Page 5*

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We’re excited to announce that our Annual Ostomy Workshop: Building a Foundation is officially open for registrants!

We encourage you to register for this very hands-on workshop with local WOCN Experts for those that wish to become more familiar with ostomy patient care!

Please click on the image below or this link here for more information and to register! We hope to see you there!!  
<https://app1.unmc.edu/cne/24CE00084/>

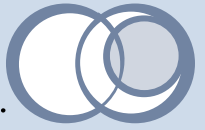


Cassidy Bargell displays her ostomy bag while playing for the U.S. women's rugby team on March 30, 2024, against South Africa. Credit: Summitdaily.com

star encapsulates the essence of ostomy hope. It reminds us that with determination, support, and self-belief, ostomates can not only return to their pre-ostomy activities but can also achieve new heights. Her story serves as an inspiration, encouraging ostomates worldwide to embrace life fully and pursue their passions without reservation.

*Courtesy Summitdaily.com*

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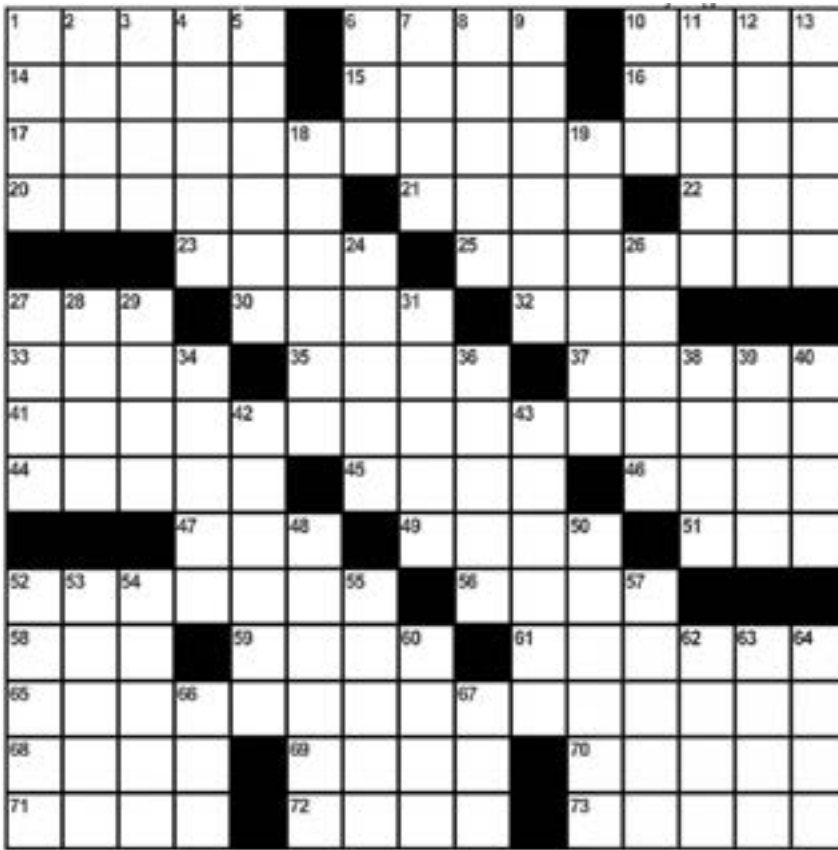
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- 1) One submitting a 1040
- 6) Handle a pressing situation?
- 10) Emend a manuscript, e.g.
- 14) Jeweler's glass
- 15) Vegetarian staple
- 16) Coastal raptor
- 17) B
- 20) First and 15th of each month, for some
- 21) Big Indian
- 22) The "p" in mpg
- 23) Barely gets (with "out")
- 25) Powerball, e.g.
- 27) Roman goddess of abundance
- 30) Newts in transition
- 32) Drone, e.g.
- 33) Casting need
- 35) Large, footed vases
- 37) Control, symbolically
- 41) BE
- 44) Extra
- 45) Not much
- 46) Cosecant's opposite



- 47) "\_be an honor"
- 49) Dance instructor's instruction
- 51) Ground cover
- 52) Thriller subjects, sometimes
- 56) Many-stringed instrument
- 58) It begins 1 enero
- 59) Part of "a.m."
- 61) Cause to expand, as pupils
- 65) 32-Across

- 68) Young winged Greek god
- 69) The "O" in SRO
- 70) Breezing through a test
- 71) Thing for a secretary
- 72) Odor detector
- 73) "Slowly" in music

**Down**

- 1) Gymnast's feat
- 2) Minute amount
- 3) Classic TV redhead
- 4) Lyric poem
- 5) New version of a film

- 6) That thing's
- 7) Big cat's sound
- 8) Butcher's byproduct
- 9) Crackpot
- 10) Always used by a poet?
- 11) Window cover
- 12) Toward the center
- 13) Like some goodbyes
- 18) Beautiful sight to behold
- 19) Casual diner
- 24) Record groove, e.g.
- 26) Abounds
- 27) Eyes, poetically

- 28) Chicks sound like this
- 29) Evening on Mount Etna
- 31) Ignores in a snooty way
- 34) Words of a song
- 36) Common surname
- 38) Graceful wading bird
- 39) Off-limits word
- 40) It coasts through winter
- 42) Deadly
- 43) Reliable
- 48) Castle keep
- 50) Type of scream
- 52) Trimmed a McIntosh
- 53) Nighttime annoyance

# DAD JOKE LOADING...



*Why don't scientists trust atoms?  
Because they make up everything!*

*What do you call a fake noodle?  
An impasta!*

*Why did the scarecrow win an award?  
He was outstanding in his field!*

*What do you call a fish wearing a bowtie?  
So-fish-ticated!*

- 54) Shows wild instability
- 55) Court reporter, for one
- 57) Finish second
- 60) Building additions, sometimes
- 62) Blood-related
- 63) Something to pitch
- 64) By that reasoning
- 66) Inquire
- 67) Burning substance



LeeAnne, CeraPlus™ Product User



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8968	8958	1-1/2" (38mm)	12" (30cm)	5
89611	89511	2-1/8" (55mm)	12" (30cm)	5

PRE-SIZED WITH ADHESIVE BORDER				
Beige™ Stock No.	Barrier Opening	Pouch Length	Box Qty	
8960	3/4" (19mm)	12" (30cm)	5	
8961	7/8" (22mm)	12" (30cm)	5	
8962	1" (25mm)	12" (30cm)	5	
8963	1-1/8" (29mm)	12" (30cm)	5	

HCPCS A5057  
Key Features: CeraPlus™ Skin Barrier (extended wear), Integrated AF300™ Filter, Lock 'n Roll™ Microseal Closure

CUT-TO-FIT FULL HYDROCOLLOID BARRIER				
Ultra-Clear Stock No.	Beige™ Stock No.	For Stomas Up To	Pouch Length	Box Qty
—	89518	1-1/2" (38mm)	12" (30cm)	5
8195411	8195111	2-1/8" (55mm)	12" (30cm)	5

HCPCS A5057  
Key Features: CeraPlus™ Skin Barrier (extended wear), Integrated AF300™ Filter, Lock 'n Roll™ Microseal Closure

**One-Piece Soft Convex Urostomy**

CUT-TO-FIT WITH ADHESIVE BORDER				
Ultra-Clear Stock No.	For Stomas Up To	Pouch Length	Box Qty	
84134	1" (25mm)	9" (23cm)	5	
84138	1-1/2" (38mm)	9" (23cm)	5	
841311	2-1/8" (55mm)	9" (23cm)	5	

PRE-SIZED WITH ADHESIVE BORDER				
Beige™ Stock No.	Barrier Opening	Pouch Length	Box Qty	
8412	3/4" (19mm)	9" (23cm)	5	
8413	7/8" (22mm)	9" (23cm)	5	
8414	1" (25mm)	9" (23cm)	5	
8415	1-1/8" (29mm)	9" (23cm)	5	

HCPCS A4430  
Key Features: CeraPlus™ Skin Barrier (extended wear), Anti-Reflux Valve, Multi-Chamber Design, Soft Streamlined Tap, Drain Valve Indicator, includes one adapter

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CUT-TO-FIT WITH ADHESIVE BORDER				
Stock No.	Flange Size	For Stomas Up To	Box Qty	
11702	● 1-3/4" (44mm)	1" (25mm)	5	
11703	● 2-1/4" (57mm)	1-1/2" (38mm)	5	
11704	● 2-3/4" (70mm)	2" (51mm)	5	

PRE-SIZED WITH ADHESIVE BORDER				
Stock No.	Flange Size	Barrier Opening	Box Qty	
11903	● 1-3/4" (44mm)	7/8" (22mm)	5	
11904	● 1-3/4" (44mm)	1" (25mm)	5	
11905	● 2-1/4" (57mm)	1-1/8" (29mm)	5	
11906	● 2-1/4" (57mm)	1-1/4" (32mm)	5	

HCPCS A4407  
Key Features: CeraPlus™ Skin Barrier (extended wear), Flexible design, Floating Flange

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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.
Aug. 4 - Dan Keim, Hollister
Sept 8 - Leslie Schuh, Coloplast
Oct 6 - Jenny Gow, Buttomy Bear Charity
Nov 3 - Mikayla Wiese, APRN, CWOCN
Dec 1 - Christmas Party
updates 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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Nicole Carmine, RN BSN, CWOCN
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Amanda Paprocki, RN, BSN, CWOCN

Website

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Email

lincolnostomy@gmail.com

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



Baehr delivers PT knowhow

Lincoln Ostomy Association meetings continue to bring value, most recently with Jennifer Baehr, PTA, CPT, PCES, CNFC. Jennifer joined the group April 7 and tailored her talk to ostomates exercise and hydration. She encouraged work on the diaphragm, pelvic floor, and multifidi muscles to aid in stability of the spine and pelvis. "These muscles help with stability of the spine and pelvis," she said. "After ostomy surgery, these muscles get weak and lose some neurological connection. She encouraged work on breathing, deep core coordination, and soft tissue extensibility (massage). Jennifer is a physical therapist assistant at Empower Physical Therapy in Lincoln and owner of LIV FIT.

"Time with a certified trainer like Jennifer not only improves your health, it can be a real morale builder following the challenges of ostomy surgery," said Amy Fairchild, LOA president "Building up your strength builds your confidence too. It's great to be able to take charge of your situation and steer it towards something better."

(See more tips page 2 of Sparrow).