

## What is an ET or WOCN nurse?

An ET nurse (enterostomal therapist) also known as a WOCN (Wound, Ostomy, and Continence Nurse) is a nurse who is certified in the management of an ostomy and who can provide info to patients with ostomies. They are a good source of information for ostomy related issues from skin problems to appliance problems. Additionally, they can give advice on different pastes, tapes, powders, barriers, adhesive removers, etc that would be best suited for you.



## Where do I find an ET or WOCN nurse?

Check with your gastroenterologist or colorectal surgeon for suggestions or try the following area hospitals that have ET departments.

- Duke Medical:

Michelle Rice 919-681-2436  
Jane Fellos 919-681-7743

- Raleigh Com. Hospital:

Linda Martin 919-354-3000

- Rex Healthcare:

Stephanie Yates 919-784-2048

- Wake Med. Center:

Leigh Ammons or Melanie Johnson  
919-350-5171

Leanne Richbourg 919-350-6462

- UNC Hospital:

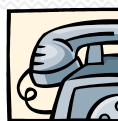
Ann Woodruff or Debbie Arrowood  
919-843-9234

**\*NOTE: most require appointments and/or doctor referrals**

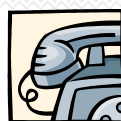
**Visitation program:** Raleigh Area UOA provides a Visitation Program which offers person-to-person support for those who have had or will have ostomy or related surgery. Visits can be via phone or in-person, during the hospital stay, in the home, or some other convenient location. The support often helps new ostomates achieve optimal physical and social rehabilitation. The visitor is an experienced, adjusted, and trained person who has been determined to be qualified to visit, who participates in recertification training regularly, and who maintains current membership with UOA. Visitors comply with the HIPPA Privacy Rules when obtaining referrals from medical personnel. To set up a visit, please contact Stephanie Yates at 919-784-2048 or Donald Meyers at 919-781-0221.

## Tips and facts:

- Call several manufacturers to obtain samples of different appliances and products. This way you can compare products and find the best one for you.
- After surgery the stoma will be swollen, so assess the size and shape of your stoma regularly, as you may need to change the opening size of your wafer.
- Many ostomates choose to carry extra supplies with them in case of an emergency.
- It is estimated that 750,000 Americans are living with an ostomy and that 75,000 new surgeries are performed each year.
- If you are in need of supplies, contact your local UOA chapter, as many keep some donated supplies on hand.



## Contacts:



Dan Wiley	919-806-1679
Allison Cleary	919-387-3367
Bonnie Sessums	919-403-7804
Donald Meyers	919-781-0221
Kathy Bong	919-303-6475
Lula Mangum	919-771-2235
Susie Peterson	919-851-8957
Shirley Peeler	919-787-6036

\*contact any of the above members for information on our group, for support, to set up a visitation, or for further questions or info.

## What are some of the major manufacturers of ostomy supplies?

- Coloplast 888-726-7872  
www.coloplast.com
- Convatec 800-422-8811  
www.convatec.com
- Hollister 800-323-4060  
www.hollister.com
- Microskin 800-582-0707  
www.cymed-ostomy.com
- NuHope 800-899-5017  
www.nu-hope.com

## Where can I order supplies?

- Look in your local Yellow Pages directory under "Medical Supplies," "Surgical Supplies," "Hospital Supplies," "Ostomy Supplies," etc.
  - You can also try a mail order company, some examples:
    - Byram Healthcare 877-902-9726
    - Edgepark Catalog 800-321-0591
  - For those without insurance, the following are some of the lowest cost mail order suppliers and do NOT accept insurance:
    - Bruce Medical 800-225-8446
    - Express Medical 800-633-2139
    - Medical Care Products 800-741-0110
    - National Healthcare 800-847-5715
    - Parthenon 800-453-8898
- \*Be sure to ask your insurance provider for coverage information and covered suppliers  
\*Additionally, if you are paying out of pocket, ask your supplier if they will offer a discount.

## Useful Websites:

www.uoa.org	www.j-pouch.org
www.ostomates.org	www.wocn.org
www.raleighUOA.org	



# United Ostomy Association, Inc.

The United Ostomy Association (UOA) is a volunteer-based health organization dedicated to assisting people who have had or will have intestinal or urinary diversions: colostomy, ileostomy, or urostomy (ileal conduit) and continent diversions.

## Raleigh Chapter

*offering support to people facing ostomy surgery, to people with ostomies, and to their families and friends.*



## Meetings:



7:30pm: 1st Tuesday of each month  
(September – June)

## Location:

Rex Hospital  
Surgical Waiting Room  
(just off of the main lobby)  
4420 Lake Boone Trail, Raleigh

## Additional Info:

For additional info, please send an email to  
raleigh-uoa@earthlink.net



## FREQUENTLY ASKED QUESTIONS:



**Should I bathe with or without my pouch?** You may bathe with or without your pouching system in place. If you choose to bathe without your pouching system, try to find a time when the bowel is less active. You can also leave your pouch on while bathing.

**Can I swim?** YES!!!! If you are still hesitant, take a bath with your pouch on, this way you can see how your pouch holds up to water. Some people choose to put waterproof tape around their wafer (sometimes called "picture-framing") for extra protection and others just wear it as they normally do.

**Can I travel?** Many people with ostomies find no limitations to traveling. Be sure to take along enough supplies to last the entire trip plus some extra. A good rule of thumb is to double what you would normally use in that time frame. If traveling by plane, carry your extra supplies in your carry on, so that you don't have to worry about lost luggage. When traveling by car, keep your supplies in the coolest part, and avoid the trunk or back window ledge.

**How often and when should I change the pouch?** The adhesiveness and durability of pouching systems vary. Anywhere from three to seven days is to be expected. Itching or burning are signs that the wafer should be changed. Changing too frequently or wearing one too long may be damaging to the skin. Some people find it helpful to eat a few marshmallows prior to changing their appliance, helping to slow down output. Also, changing the appliance in the morning prior to a meal sometimes yields less output.

**Will I need to change my diet?** Unless your doctor suggests limitations, food consumption can stay the same. Though, it is important to CHEW CHEW CHEW!!!! Introduce foods back into your diet a little at a time and monitor the effect of each food on the ostomy function. Some less digestible or high roughage foods are more likely to create potential for blockage problems (i.e., corn, coconut, mushrooms, nuts, raw fruits and vegetables). Also, drink plenty of fluids while eating.

**When should I seek medical assistance?** You should call the doctor or ostomy nurse when you 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.

\*The FAQ section is paraphrased from [www.uoa.org](http://www.uoa.org)

## Types of Ostomies:

**Colostomy:** A surgically created opening in which the colon is brought through the abdominal wall to form a stoma through which digested food passes.

**Temporary colostomy:** May be required to give a portion of the bowel a chance to rest and heal. When healing has occurred, the colostomy can be reversed and normal bowel function restored.

**Permanent colostomy:** May be required when a disease affects the end part of the colon or rectum.

**Reasons for surgery:** Cancer, diverticulitis, imperforate anus, Hirschsprung's disease, trauma.

**Ileostomy:** A surgically created opening in which the small intestine, ileum, is brought through the abdominal wall to form a stoma through which digested food passes. An ileostomy may be performed when a disease or injured colon cannot be treated successfully with medicine.

**Reasons for surgery:** Ulcerative colitis, Crohn's disease, familial polyposis.

**Urostomy (Urinary Diversion):** A surgically created opening in the abdominal wall through which urine passes. A urostomy may be performed when the bladder is either not functioning or has to be removed. There are several different types of surgeries, but the most common are ileal conduit and colonic conduit.

**Reasons for surgery:** Bladder cancer, spinal cord injuries, malfunction of the bladder and birth defects such as spina bifida.

\*The Types of Ostomies section is paraphrased from [www.uoa.org](http://www.uoa.org)

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### DISCLAIMER:

All information contained herein is presented expressly for informational purposes only. In no way is any of the material presented in this document meant to be a substitute for professional medical care or attention by a qualified practitioner, nor should it be construed as such. ALWAYS check with your doctor if you have any questions or concerns about your condition, or before starting a new program of treatment.

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