

MIDEAST REGION  
INTERNATIONAL ASSOCIATION FOR ENTEROSTOMAL THERAPY

Newsletter Vol. 1 No. 1  
April 1976

Editor, Bette S. Lowe, R.N., E.T.  
Nurse Clinician in Urology  
University of Michigan  
Room C5578, University Hospital  
Ann Arbor, Michigan 48109

REASONS FOR NEWSLETTER

This newsletter is intended to bring members closer together, and to provide a way of sharing our expertise. Put on your "thinking cap," write a letter, make a phone call -- let us really be of assistance to each other and become better acquainted.

IT WOULD BE EASIER  
TO PLAY MY PART IN  
LIFE

IF I HAD A  
COPY OF THE  
SCRIPT



REGIONAL MEETING

The first regional business meeting was held in Dayton, Ohio, on February 21, from 9:00 to 3:30. Thirty-Four members were present. The following proposals were taken by Bonnie Bolinger to the I.A.E.T. Board Meeting in Atlanta:

- 1) That the I.A.E.T. develop descriptive literature of the organization to be used as handouts. These handouts would be particularly useful for the schools to give their new graduates.
- 2) That each region establish a committee to critique those speakers from their region who will be speaking on a national level. This is to be accomplished by a review of the outline of the content of the presentation, as well as the monitoring of the talk itself by one of the committee. The Speakers Bureau members are Norma Gill, Sue Buffin, Ann Ward, Cheryl Van Horn and Sue Hughes.

REGIONAL MEETING (continued)

- 3) That the Mideast Region be divided into two regions. Its present geographical size makes it unfeasible for members to attend meetings and workshops.

Currently, the states in the Mideast Region are: Ohio, Indiana, Michigan, Kentucky, Virginia, West Virginia, Delaware, Maryland, and Washington, D.C.

At the present time, there are 103 E.T.s in our region with 74 paid members. This is the final regional mailing which will be mailed to anyone other than paid members in the Mideast Region.

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March 17th, has been established as E.T. Day. (The start of the first school and first class at CCF.)

\*\*\*\*

If you plan to attend our annual meeting in Pittsburgh, there will be a regional meeting on Sunday, August 8. The definite time will be announced in the next newsletter.

\*\*\*\*

It was suggested that our region might be interested in evaluating products and in sharing these evaluations with the membership via the newsletter. Those of you who have information on new product evaluations, please send it to me.

The Nomination Committee appointed by Sue Buffin and Betty Lowe is Cheryl Van Horn, Trudy Blied, and Sue Hughes. The offices to be filled on the regional level are President-Elect, Secretary, Treasurer, and Trustees. National Offices to be filled are Treasurer, Corresponding Secretary, and Trustees.

REGIONAL MEETING (continued)

A short program followed the business meeting:

"Problem Solving - Sharing Ideas,"  
moderated by Betsy Cornett

"Stoma Clinics - How Do I Begin One,"  
talk given by K. Jane Younger

IMPORTANT NOTICE

The E.T. Journal is in need of original, scientific articles or abstracts written by I.A.E.T. members. Also keep in mind that local workshops and seminars may be potential sources of articles through summaries of presentation and/or lectures by speakers. Of course, we are looking for material related to enterostomal therapy other than descriptions of the "basics" of ostomies and stoma care. News for the national journal should be sent by the 15th of every other month, starting January, March, May, etc.

Send information to:

Kathleen Burns, R.N., E.T.  
Editor, E.T. Journal  
201 E. Walton Place  
Chicago, Illinois 60611  
Work phone: (312) 996-6835  
Home phone: (312) 944-7773

Guidelines are available to submit individual news items.

WORKSHOPS, SEMINARS, AND CONFERENCES

The Mideast Region of the I.A.E.T. presented a symposium on "Colostomy, Ileostomy, Urinary Diversion, and Skin Care" in Dayton, Ohio, on February 20th, with an attendance of 346. Six papers were given, and you will receive copies of these in succeeding newsletters.

The financial success of the symposium is shown by the following figures:

Credit:	\$6,400.00
Expenditure:	2,817.90
Profit:	\$3,582.10

WORKSHOPS, SEMINARS, & CONFERENCES, Cont'd

\*Bonnie Bolinger asked that we send our thanks to Miami Valley Hospital for their assistance with this workshop.

The International Convention of the Spina Bifida Association of America was held in Cincinnati in March. Lana McKinley and Betty Gerth were co-speakers on "The Care of the Urinary Diversion."

A Medical Symposium on Meningocele was held concurrently with the above convention in Cincinnati. Dr. Ananias Diokno from the University of Michigan, Urological Advisor to our region, gave several programs. On his program on "Intermittent Self-Catheterization," he used slides and videotape in which Bette Lowe was on camera. Intermittent self-catheterization is one of the areas of Bette Lowe's expertise, in which she works closely with Dr. Diokno.

Ferguson-Droste-Ferguson Hospital in Grand Rapids held a reunion for all its E.T. graduates on April 9th and 10th. A formal program was given by physicians on Friday; and Saturday was spent in an informal exchange of information between E.T.s.

The Ohio State Division of the American Cancer Society will have their Second Annual Nurse in Oncology Conference in Columbus on May 3-4, at the Faucett Center for Tomorrow. Rachel Ayers will be the keynote speaker. This conference will be a one-day session, repeated the second day. One-half of the workshops will be devoted to ostomy and drainage care. For more information, contact your local Cancer Society Division.

PUBLICATION

The attached article, "Changing Concepts of Inflammatory Disease of the Colon in Children," was reprinted through the permission of Cleveland Clinic (Quarterly) from the Winter Issue, 1975, Vol. 42, No. 4, pp. 309, 310, and 311.

FOR YOUR INFORMATION

Calling Cards: I.A.E.T. calling cards are available from Leonard Spencer, 642 Chester Avenue, Akron, Ohio 44314. Minimum order: 500 for \$13.65 which includes mailing and handling.

FOR YOUR INFORMATION, (continued)

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Calling Cards, cont'd: Delivery is two to three weeks.

Please send your work phone number to Bette Lowe with particular resources at your disposal. Thank you.

Birth Announcement: Sally Thompson's baby, Keith David, made his appearance on Feb. 23. He weighed in at 9 lbs. 1-3/4 oz. Sally would like everyone to know how much she enjoyed the beautiful flowers she received from the membership.

4/12/76  
mv

MEMBERSHIP BOOKLET ADDENDA

See the attached sheet for additions to your membership booklet. Also please note this change of name and address:

NOTE: A special thanks goes to the staff of the Jewish Hospital Stoma Clinic in Louisville, Kentucky, for their assistance in the printing of these materials.

Mrs. Eleanore B. Dick, R.N.  
(Formerly Eleanore Beste)  
Stomal Therapy  
Wilmington Medical Center  
Wilmington, Delaware

NEWS FROM THE STATES & JOB OPPORTUNITIES

I have received no news from the membership to report at this time. If you have items which would be of value and interest to the membership, please send them along.

RESOURCE CORNER

Referrals: There is a growing need between E.T.s for referrals: If you will send me the type of data you require to take care of referred patients, a standard form could be prepared for your use to simplify the exchange of information.

Problem-Solving: If you run into a problem you can't seem to solve, send it along. maybe someone else has faced the same situation, and has found the answer.

## Changing concepts of inflammatory disease of the colon in children

Richard G. Farmer, M.D.  
Department of Gastroenterology

William M. Michener, M.D.  
Department of Pediatrics & Adolescent Medicine

Recent experience with inflammatory disease of the colon in adults has shown a striking increase in the number of patients with transmural colitis (Crohn's disease of the colon, granulomatous colitis) and a decrease in the number of patients with ulcerative colitis.<sup>1</sup> A review of cases of inflammatory bowel disease in children examined at the Cleveland Clinic from 1965 to 1970 documents this trend. Until recently, there has been much confusion concerning the differential diagnosis between ulcerative colitis and Crohn's disease and, thus some patients may have been misclassified. In children the variable natural history of the disease, the hesitance to do repeated roentgenographic studies of the gastrointestinal tract, and the reluctance to subject children to proctosigmoidoscopy have contributed to misclassification of these two diseases. Disregarding the incidence of cancer, it is not known whether the long-term prognosis in the two diseases is widely different. Previous studies have indicated that the prognosis is poor for children who have the onset of inflammatory bowel disease before age 14. The condition frequently requires operations, and there is a greatly increased risk of cancer and a higher mortality than among patients in whom inflammatory bowel disease develops at a later age.<sup>2,3</sup> A recent study from the Mayo Clinic of the long-range prognosis of Crohn's disease following onset in childhood seems to indicate a poor prognosis, and an even higher risk of cancer than was originally thought.<sup>4</sup> Other investigators have not duplicated these results and the controversy continues. However, there does appear to be significantly less incidence of cancer among patients with Crohn's disease than among those with ulcerative colitis.

Table 1. Crohn's disease in children, 1965-1970

Age at diagnosis, yr	No. of patients
14	28
13	12
12	12
11	11
10	4
9	3
8	2
7	0
6	1
5	1
4	1
Total	75

Table 2. Ulcerative colitis in children, 1965-1970

Age at diagnosis, yr.	No. of patients
14	10
13	10
12	10
11	7
10	3
9	1
8	5
7	2
6	0
5	2
4	1
TOTAL	51

Although inflammatory bowel disease of both the ulcerative colitis and Crohn's disease types is regarded as a disease of young adults, it is relatively unusual in children younger than age 14. In a study of 615 consecutive new cases of Crohn's disease at the Cleveland Clinic during a 4-year period (1966-1969), it was found that 169 (27%) of these patients had the onset of Crohn's disease before age 20. By contrast, only 42 patients (7%) were younger than 15 at the time of the original diagnosis. Therefore, Crohn's disease can be regarded primarily as a condition affecting late adolescence.

At the Cleveland Clinic in the 6-year period (1965-1970), a new diagnosis of inflammatory disease of the colon was established in 126 children younger than age 14. There were 75 with Crohn's disease and 51 with ulcerative colitis. The majority of these children were between the ages of 12 and 14 at the time of diagnosis (52 had Crohn's disease and 30 ulcerative colitis). Fewer patients had onset before age 10 (8 had transmural colitis and 11 ulcerative colitis). Tables 1 and 2 list the ages of the patients at the time of the original diagnosis. During this 6-year period, there was a gradual decrease in the number of patients with ulcerative colitis, and only 12 new diagnoses were established after 1967. In contrast, the number of patients with Crohn's disease increased each year. The diagnostic criteria were those previously documented to differentiate between the two diseases,<sup>1</sup> diagnoses may be difficult for patients with purely colonic disease. Under these circumstances, proctosigmoidoscopy was often the most valuable single diagnostic procedure for differentiation. For patients with ulcerative colitis, the rectal mucosa was found to be uniformly granular and friable and without significant anal canal disease. For patients with Crohn's disease, there was a considerable degree of atypicality to the rectal mucosa, as well as a much higher incidence of changes in the anal canal and perianal region. Of the 51 patients with ulcerative colitis, eight had proctosigmoiditis only. The increasing incidence of proctosigmoiditis in patients with ulcerative colitis has also been observed among adults. In a study which we reported consisting of 276 patients with proctosigmoiditis treated during a 20-year period, it was found that the prognosis was favorable for 90% of these patients and progression of disease occurred in less than 10% of the entire group.<sup>5</sup>

The general observation that the diagnosis of ulcerative colitis is somewhat less frequent and that patients with ulcerative colitis have somewhat less severe illnesses, has also been observed by others.<sup>6</sup> In the group of patients with ulcerative colitis, five had rectal prolapse as a significant early manifestation. Rectal prolapse may be associated with inflammatory

bowel disease or may closely mimic ulcerative colitis in children.<sup>6</sup> When associated with inflammatory bowel disease, rectal prolapse usually occurs in those children with severe muscle wasting.

Of these 51 patients, 11 required colectomy and four had toxic megacolon. Ileorectal anastomosis was performed satisfactorily for six of these patients.

Of these 75 patients with transmural (Crohn's) colitis, 27 required operation. Toxic megacolon developed in three; five underwent successful ileorectal anastomosis.

It is concluded that Crohn's disease in children, as in adults, occurs now considerably more frequently than ulcerative colitis. Further, the disease appears to be more severe, response to medical therapy is less predictable, and operation appears to be required more often than in patients with ulcerative colitis. Although our experience has not indicated an increased risk of cancer among patients in whom the onset of Crohn's disease was in childhood, long-term follow-up studies are clearly required to determine whether the prognosis in Crohn's disease is different from that of ulcerative colitis. Recent clinical experience seems to indicate that such is the case, but the long-term prognosis requires further clarification.

#### References

1. Farmer RG, Hawk WA, Turnbull RB Jr:  
Regional enteritis of the colon; a clinical and pathological comparison with ulcerative colitis. Am J Dig Dis 13: 501-514, 1968
2. Michener WM, Gage RP, Sauer WG, et al:  
The prognosis of ulcerative colitis in children. N Engl J Med 265: 1075-1079, 1961
3. Devroede GJ, Taylor WF, Sauer WG, et al:  
Cancer risk and life expectancy of children with ulcerative colitis. N Engl J Med 185: 17-21, 1971
4. Weedon DD, Shorter RG, Ilstrup DM, et al:  
Crohn's disease and cancer. N Engl J Med 289: 1099-1103, 1973
5. Farmer RG, Brown CH: Emerging concepts of proctosigmoiditis. Dis Colon Rectum 15: 142-146, 1972
6. Traynor LA, Michener WM: Rectal procidentia - a rare complication of ulcerative colitis. Cleve Clin Q 33: 115-117, 1966.

INTERNATIONAL ASSOCIATION FOR ENTEROSTOMAL THERAPY, INC.

MIDEAST REGION

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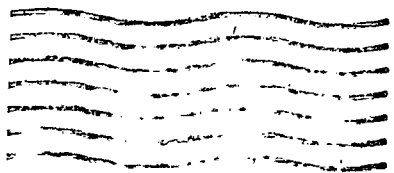
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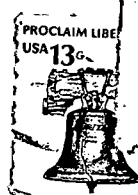
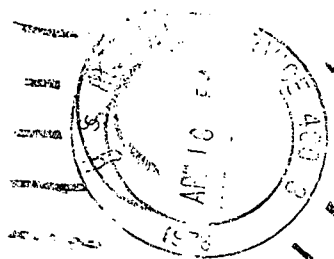
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Dr. Ananias C. Diokno of University Hospital  
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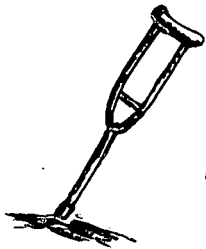


MIDEAST REGION  
INTERNATIONAL ASSOCIATION FOR ENTEROSTOMAL THERAPY

Newsletter Vol. 1 No. 2  
June 1976

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The University of Michigan  
Room C5578, University Hospital  
Ann Arbor, Michigan 48109

To make the Newsletter interesting and useful, and most of all the voice of all the membership, we need to rely on you for information, interesting tidbits to share and problems that you have encountered. Please send any information to me by August 1st.



DON'T LET  
ME DOWN!

I'M DEPENDING ON YOU FOR  
\*\*\* OUR INDEPENDENCE!

If anyone is interested in the committee reports of the I.A.E.T. Board Meeting of February 1976, write to me for a copy.

WORKSHOPS, SEMINARS & CONFERENCES

The E.T. Continuing Education Program given at M.D. Anderson in May will be available in some form in about six months. It has been suggested that our region purchase a copy for the use of the membership.

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Several familiar faces were seen at the A.U.A. Conference in Las Vegas in May. Among the exhibits by Ananias C. Diokno, M.D., Evan Kass, M.D., and Bette Lowe, R.N., E.T., was "A New Approach to Myelodysplasia," which won third place in the Research Division.

One aspect of this exhibit was a videotape by Bette Lowe, "Teaching Intermittent Self-Catheterization." This 15-minute tape, and another 9-minute tape, "Self-Catheterization of Children," are available for purchase or rental.

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A new film by Eaton was shown: "The Ideal Conduit; Stoma Care," By Clarence B. Hewitt, Cleveland, Ohio. (Joan Kerr's hands are on film.)

PUBLICATIONS

Lancet, February 1974, No. 7850, p. 204.

Diseases of the Colon and Rectum (Rodless Loop Colostomy), September 1975, Vol. 18, No. 6, p. 528.

FOR YOUR INFORMATION

For those interested in information regarding the Regents External Degree Program and the College Proficiency Examination, address

RED-CPE Program  
99 Washington Avenue  
Albany, New York 12230

There is discussion regarding having our annual meetings separate from the U.O.A. Some possibilities suggested, which would offer us an opportunity to meet with other professional organizations, would be to meet concurrently with the American College of Surgeons, the American Urology Association, the American Gastroenterological Association, and the Colo-Rectal Surgeons Association.

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Interest has been shown in establishing an educational library for our region, identifying resources available from people in our area. Please send this information to me by September 1:

Papers given  
Articles written  
Audiovisual films made, or that you know are available

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There are now six E.T.s in Louisville who meet monthly as a group working towards standardization, putting on joint programs, etc.

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Linda Gross, Recording Secretary of I.A.E.T. has submitted her resignation from office.

MEMBERSHIP BOOKLET ADDENDA

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See attached sheet.

A copy of an E.T. Referral Sheet is attached.  
Please respond with your comments or questions.

NEWS FROM THE STATES & JOB OPPORTUNITIES

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TRADING POST

Use of a Hollister urostomy drain adaptor for hooking a #10 Robinson catheter from the ureter to a leg bag.

Many E.T.s report that they are beginning colostomy enemas every two days instead of daily, and that patients are becoming regulated just as quickly.

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Reports are that Peri-wash (three squirts used) to clean reusable pouches makes them last longer, remain more flexible and controls odor.

Many times the use of MOM and Karaya powder, then spraying with Rezifilm aids in better adhesion of a pouch, as well as acting as a skin barrier.

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Sween Cream and skin ointment is a big help for "urine scald" in incontinent patients. Sween Cream, used sparingly and rubbed in well is helpful in healing excoriated skin. This can be used under an appliance.

Karaya washers last longer if painted with an adhesive such as Skin Bond.

PITTSBURGH CONFERENCE

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Warming Stomahesive between two hot washcloths or on a lamp is an aid in better adhesion (be careful it does not become too hot).

This year being an even year, we will be electing a Corresponding Secretary, Treasurer, and five Trustees. Those persons leaving office will be:

\*\*\*

A straw on the tip of a bottle of karaya powder works great for getting it up around the stoma where you want it, especially when you are trying to do it through a pouch with a narrow opening.

Corresponding Secretary - Bonnie Bolinger  
Treasurer - Beryl Evans  
Board of Trustees - Fran Anderson  
- Charles Blackburn  
- Vicki Jensen  
- Beverly Johnson  
- Rhoda Sponaugle

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X-Ray film is an excellent material to use in making stoma patterns.

Three of our regional E.T.s are running for office in the Interantional Association:

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A card for documenting instructions for colostomy care is very helpful. This is especially true for points that are not normally charted. It is headed "Discussion Pointers & Discharge Checklist" and insures complete instructions before the patient is discharged.

Corresponding Secretary - Bonnie Bolinger  
Trustee on the Board - Betty Gerth  
Trustee on the Board - Marilyn Spencer

\*\*\*

Slate of officers for Regional Board to be elected in Pittsburgh:

Office: President-Elect  
Helen M. Arend, R.N., E.T.  
Bronson Methodist Hospital

Slate of Officers, continued

Helen Arend, R.N., E.T. cont'd:

Curriculum Vitae:

Present Position - Certified Enterostomal Therapist since October 1973. Currently employed full time at Bronson Methodist Hospital, Kalamazoo, Michigan.

Professional Education - Graduated from Milwaukee County General Hospital School of Nursing. Attended Marquette University and University of Wisconsin. Currently enrolled at Western Michigan University. E.T. Certification from Ferguson-Droste-Ferguson School of Enterostomal Therapy.

Previous Experience - Medical and Surgical Staff Nurse; Private duty Nursing; Charge Nurse, Emergency Hospital; Clinical Instructor in School of Practical Nursing.

Office: President-Elect

K. Jane Younger, R.N., E.T.  
Jewish Hospital

Curriculum Vitae:

Present Position - Certified Enterostomal Therapist since October 1972. Currently employed full time at Jewish Hospital, Louisville, Kentucky, as Associate Director for Clinical Nursing, Director of Jewish Hospital Stoma Clinic.

Professional Education - Graduate of Norton Memorial Infirmary School of Nursing, 1964. Received BSN from Indiana University, 1971, and MSN from University of Kentucky, 1973. E.T. Certification from Ferguson-Droste-Ferguson School of Enterostomal Therapy.

Previous Experience - Medical and Surgical Staff Nurse; Staff Nurse, Recovery Room; Head Nurse; Nurse Clinician; Associate Dir. for Clinical Nursing; Director Stoma Clinic.

Office: Secretary  
Carolyn Matthews, R.N., E.T.

Curriculum Vitae:

Present Position - Part-time Enterostomal Therapist Hackley Hospital, Muskegon. Contract with Visiting Nurses Association to see stoma patients.

Professional Education - Edward W. Sparrow Hospital School of Nursing, Lansing, Mich. Enterostomal Therapy Certification from Ferguson-Droste-Ferguson School of Enterostomal Therapy.

Previous Experience - Director of Nurses in a skilled Nursing Care Facility for 2 yrs. Instructed in R.N. Schools of Nursing for a total of three years. Worked on a Surgical Unit as Charge Nurse and later as team leader.

Office: Treasurer

Sue Hughes, R.N., E.T.  
Jewish Hospital

Curriculum Vitae:

Present Position - Certified Enterostomal Therapist since October 1974. Currently employed full time at Jewish Hospital Stoma Clinic, Louisville, Kentucky.

Professional Education - BSN from Spalding College, Louisville, Kentucky. Enterostomal Therapy certification from Ferguson-Droste-Ferguson School of Enterostomal Therapy.

Previous Experience - Staff Nurse, Medical and Surgical Units; Nurse Clinician, Jewish Hospital Stoma Clinic.

Office: Trustee

Trudy Blied, R.N., E.T.  
Leila Post Hospital

Curriculum Vitae:

Present Position - Enterostomal Therapist at Leila Post Hospital, Battle Creek, Mich.

Professional Education - Madison General Hospital School of Nursing, Madison, Wisc. E.T. certification from Ferguson-Droste-

Slate of Officers, continued

Trudy Blied, R.N., E.T., cont'd:

Professional Education, cont'd -

Ferguson School of Enterostomal Therapy.

Previous Experience - Staff Nurse; Head Nurse for three years in an abdominal surgical unit at University of Wisconsin Hospitals. Visiting Nurse Service of Calhoun County, Inc., Battle Creek, for two years.

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Office: Trustee  
Marilyn F. Pekol, R.N., E.T.

Curriculum Vitae:

Present Position - Enterostomal Therapist at Grant Hospital, Columbus, Ohio.

Professional Education - Diploma of Nursing, M.D. Johnson School of Nursing, Elyria, Ohio. Certified Enterostomal Therapy Program, Ferguson-Droste-Ferguson Hospital, Grand Rapids, Michigan.

Previous Experience - Huron Road Hospital, Cleveland, Ohio, Surgical Nursing; Ohio State University Hospitals, Medical Intensive Care Nursing; Euclid Genville Hospital, Medical-Surgical and Coronary Care Nursing, Grant Hospital, Columbus, Ohio 1971.

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Office: Trustee  
Jean W. Fitzgerald, R.N., E.T.  
Wilmington Medical Center

Curriculum Vitae:

Present Position - Wilmington Medical Center, Department of Nursing, as Stoma Therapist - Nurse Instructor.

Professional Education - Graduated from Massachusetts Memorial Hospitals (now University Hospitals) Boston, Mass., 1946. (3 year Diploma Program) Enterostomal Therapist certification from Ferguson-Droste-Ferguson School of Enterostomal Therapy.

Previous Experience - Private Duty Nurse (1961-1966); Industrial Nurse for Brown Co. (1955-1961). Employed by Bronson Methodist Hospital, Kalamazoo, Michigan in April 1970 - elevated to position of Supervisor, Enterostomal Therapy from November 1971 until resigning in August 1974, at which time she relocated to Delaware.

-----  
Office: Trustee  
Sally J. Thompson, E.T.

Curriculum Vitae:

Present Position - General Manager of Worldwide Ostomy Center, Inc., Akron, Ohio. Staff Enterostomal Therapist at Akron Children's Hospital. Consultant Enterostomal Therapist to five other hospitals in Akron.

Professional Education - University of Akron. Enterostomal Therapist certification from Cleveland Clinic.

Organization Experience - 1972-1973, Secretary, Akron, Ohio Chapter of the United Ostomy Association. 1975-1976- Secretary, Midwest Region, a Division of I.A.E.T., Inc.

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See you at the Regional Meeting in Pittsburgh on August 7th at 8:00 P.M.

\*\*\*

This newsletter is typed and printed at the Jewish Hospital, Louisville, Kentucky.

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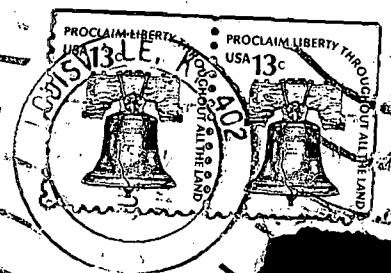
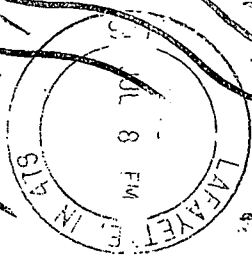
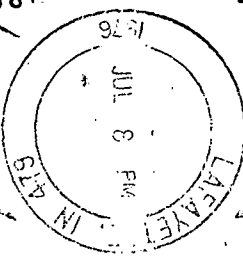
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~~St. Elizabeth Hospital and~~  
~~Medical Center~~  
~~1501 Hartford Street~~  
Lafayette, Indiana 47905

1424 Warren Pl.

## SIMPLE ANATOMY & ILEOSTOMY

John L. Rombeau, M.D.  
Special Fellow  
Department of Colon & Rectal Surgery  
Cleveland Clinic Foundation  
Cleveland, Ohio

### DEFINITIONS

Ileum - The third portion of the small intestine, extending from the junction with the jejunum to the ileocecal valve.

Ileostomy - The opening in the last portion of the small intestine, leading to the outside. Extended to include the stoma formed from the ileum outside the body from the skin to the opening.

Stoma - Opening in an organ to the outside, derived from Greek word meaning mouth.

### HISTORY OF ILEOSTOMY

1913 - Brown performed first ileostomy in America.

1931 - Rankin described problems of ileostomy related to excess water loss.

1951 - McKittrick and Warren - stomal dysfunction.

1951 - Lahey placed the ileostomy stoma through a stab wound.

1952 - Brooke described eversion of end of stoma with suture to skin.

1953 - Crile and Turnbull discovered the cause of ileostomy dysfunction was due to inflammation of the exposed serosal surface.

### ANATOMY OF THE ILEUM

The last 12 feet of small bowel.

No morphological division between jejunum and ileum.

Peyer's patches - more numerous.

Narrow diameter.

Mesentery contains much fat and is opaque.

FUNCTION OF ILEUM

Transportation of enteric contents to cecum

Absorption

Na

K

H<sub>2</sub>O

Bile Salts

B12

BACTERIOLOGY OF ILEUM

Coliforms and bacteriodes are indigenous residents of the terminal ileum.

INDICATIONS FOR ILEOSTOMY

Mucosal ulcerative colitis

Crohn's disease

Familial polyposis

Diversion of intestinal contents proximal to an anastomosis

Staging treatment of intestinal fistulae or abscesses

Supra-vesical urinary diversion

CONSTRUCTION OF ILEOSTOMY

Location of stoma

Abdominal wall aperture . 3.5 centimeters

Ensure good blood supply

Length of ileal exteriorization - 6 centimeters

Fixation of mesentery

Primary maturation of stoma



E.T. REFERRAL SHEET

NAME:

ADDRESS:

PHONE NUMBER:

BIRTH DATE:

OCCUPATION:

MARITAL STATUS:

Problems since surgery:

Impotent:

DIAGNOSIS:

TYPE AND DATE OF SURGERY:

Where performed:

Name of surgeon:

Pathology report:

Length of illness:

CHRONIC DISEASE (Diabetes, Heart Condition, etc.)

PHYSICAL HANDICAPS:

REHABILITATION POTENTIAL:

MOTIVATION:

DEVICES TRIED:

Which being worn now:

PATIENT'S PROBLEMS:

USEFUL INFORMATION FOR YOUR FILE

Please send me information to add to this list, including if you see outpatients on a referral basis and which hours you work. This will be of benefit to many E.T.s and patients.

Carolyn L. Matthews  
16857 Timberdunes Drive  
Grand Haven, Michigan 49417  
Cover: Ottawa and Muskegon County  
Visiting Nurse Association: Muskegon 725-5025  
Home: 842-0817

Charlene Hutchinson  
Little Traverse Hospital  
Petoskey, Michigan 49791  
(616) 347-7373

Mrs. Judith A. McClutchy, R.N.  
St. Mary's Hospital  
2320 N. Lake Drive  
Milwaukee, Wisconsin 53201  
Nursing Service: 271-2325  
Home: 2244 N. 62 Street  
Wauwatosa, Wisconsin 53213  
771-8095

Debi Poage  
St. Margaret's Unit  
759 Vermont

1-913-621-0700

Providence Unit  
1818 Tekomee

1-913-621-5335

# MID-EAS DROPPER

VOL. I

CONFERENCE ISSUE

NO. 3

## focus

### NEW NAME

We're no longer nameless. MID-EAS DROPPER was chosen from many entries as the name for the Mid-East Newsletter. The winning name was suggested by Mary Lou Castillo of Springfield Ohio.

### WE'VE MOVED

Our newsletter (central office!) has relocated from Ann Arbor, Michigan, to southwestern Michigan where Helen Arend and Trudy Blied carry on as co-editors.

A standing ovation goes to BETTY LOWE who did such a tremendous job as first editor. Betty, you really "got it all together" in a very professional manner and we hope you will continue to share your information with us. The purpose of regionalization is to foster communication among E.T.s and of course, your newsletter is one vehicle for such communication. Please use it to share your experiences, problems, ideas and expertise. "Helpful Hints" often turn

into new methods of stomal management. **SHARE YOUR IDEAS.** Scientific articles related to stoma care, surgical techniques, current research etc. not only broaden our base of knowledge but stimulate us to work toward methods of management and control at one time believed impossible. **SHARE YOUR KNOWLEDGE.** You are the "front line" in stomal care. Your knowledge and expertise is important. Get out your typewriter and SHARE IT.

Please send all communication to Helen, in Kalamazoo, or Trudy in Battle Creek. We'll be waiting to hear from you.

A  
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M  
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## PRESIDENT'S MESSAGE

The Mideast Region has been organized officially for just a little over one year. Through the efforts and contributions of many people we have accomplished a great deal: built a substantial treasury from nothing, conducted a workshop thereby hopefully providing 350 nurses and medical personnel with an enlightened knowledge and attitude about stoma care, planned to increase public awareness of E.T.'s by arranging the dedication of March 17 as Enterostomal Therapy Day in all regional states, divided the large membership into two strong groups to better meet our objectives--only a few accomplishments.

Being such an active group of people, it is not surprising to find baseball fans, cheerleaders, song writers and song birds among us too. A versatile group indeed.

As we begin another year, I think it is a good idea to reexamine our purpose as Enterostomal Therapists individually and collectively. Sometimes I wonder! Then other times I know. We came into being out of concern for the ostomy patient and an eagerness to stimulate his potential for quality living. As a region, our purpose is to teach, to assist, to support each other in our efforts toward rehabilitation of the ostomate.

There are limits to what one E.T. can do physically, mentally, and emotionally. I know we hate to admit the truth sometimes. However, in

that admission, we can gather strength from our comrades. We have uncovered many talents among our people but I am certain not even 75 percent of our natural resources have been tapped.

Let's begin.

If there is a technique you have developed which makes a difference in your care, share it.

If there is a problem which hinders your performance, expose it.

If there is a puzzle missing, even one piece, ask for help.

Rallying together, we find so much.



Joan Kerr

---

### MIDEAST REGION I.A.E.T.

OFFICERS August 1976-August 1977

PRESIDENT--Joan Kerr

PRESIDENT ELECT--Jane Younger

SECRETARY--Helen Arend

TREASURER--Sue Hughes

TRUSTEES--Trudy Bleid-Publications

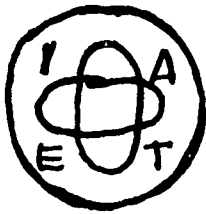
Juanita Jenkins-Membership

Sally Thompson-Legislative

---

THANKS BETTY.....

Everyone in the Mideast Region gives a special thanks to our first president Betty Gerth. Her enthusiastic leadership has gotten us started, well established, and nationally recognized. In one short year we have a sizeable bank account, a beautiful banner, distinctive personal emblems, an original song, and a nice banquet memory. We wouldn't have done it without you, BETTY.



## CONFERENCE 76, OVERVIEW

The E.T.---TEACHING and LEARNING.... focus of this conference provided not only information on new techniques and research but also emphasis on teaching, which is really what we're "all about". Teaching may encompass many forms: a one-to-one relationship with patient and/or family or staff member; a formal or informal classroom situation; use of the written word in describing a new procedure or technique; intangibles such as motivation or perception. "TEACHING", Dr. A.J. McAdams in a discussion of current goals of the ET and patient care states that the patient must understand the physiology and anatomy of the intestinal tract as it relates to his disease and that the absence of his colon and/or rectum will not alter his basic health. "The greatest objections to an artificial stoma are raised by those who don't have one, and don't need one to stay alive".

"PATIENT TEACHING", Eileen DePastino explained that teaching is most effective when done in a broad conceptual framework. Patient education is a powerful rehabilitation tool. Basic learning principles are: perception, concept development,

motivation, readiness to learn, conditioning and active participation. New Learning must be based on previous knowledge. Procedures should be taught with unerring consistency, be simple and concise with the same concepts and language. Teaching is defined as "modification of inadequate behavior". Teaching skills were outlined. The written word may be elusive to many of us when actually putting our thoughts down on paper. Reha Grubb on "MEDICAL WRITING" outlined the steps to successful communication in scientific literature. In our "specialty area" where so little has actually been written, and much of what is in print is already obsolete, we have an obligation to share our knowledge. Mrs. Grubb defines a writer as, "a person who has something to say, and prefers to say it in writing". "A good writer needs comprehensive knowledge of her subject, must be an avid reader--and have a little talent!" The would be writer must be aware of the pitfalls in writing as well as his responsibilities. Mrs. Grubb discussed manuscripts and methods of finding a publisher. She cautions the writer to be prepared to take criticism.

"PATIENT TEACHING APPROACH TO PELVIC EXENTERATION", Ruth Bernistky presented a thorough program to teaching the patient having two stomas following radical pelvic surgery. Patients who qualify for pelvic

exenteration are carefully evaluated before surgery and only one in four candidates qualify after reaching the operating room.. Contraindications are many and the postop complication rate is high. Thorough and accurate assessment of the patient is a must in planning and implimenting the teaching of this patient.

"INSERVICE PROGRAM PLANNING", Debra Broadwell outlined fixe steps to planning an effective inservice program as follows: 1. Determine the needs of the projected audience, 2. Develop goals, 3. Establish behavioral objectives, 4. Plan methodology --content outline, tentative schedule, proposed faculty, utilize visual aides, 5. Program evaluation according to stated behaviorobjectives.

"THE ET--LEARNING--", Richard Lippincott, M.D., a psychiatrist, who has had extensive experience with the ostomy patient thru the stoma clinic at New England Deaconess hospital states that emotional problems must be viewed in a structural concept, using a rational approach. 1. Define the problem. 2. Collect all relevant data. 3. Develop a theoretical solution. 4. Develop system to observe outcomes. Problem definition must recognize the stages of grieving necessary for stoma acceptance, pre-existing problems, such as personality disorders, alcohol abuse, family and social problems and economic consideration.

Data collection is not only defining facts but recognizing information available thru visual and verbal communication, as well as the symbols of "body language". Data collection can only be accurate when an attitude has been established, which will lead to mutual decision making in establishing goals for rehabilitation. Strategy, as applied to theoretical solutions must provide an enviornment for experimentation--humans learn most by making mistakes. Provisions for observing outcomes must be made to reinforce early teaching and support. This can be managed with phone contact or out patient visits.

Dr. J.G. McGregor, Jr.: "USE OF THE FIBEROPTIC COLONOSCOPE" explained the construction and operation of the fiberoptic colonoscope, outlined preparation of the patient, both physical and psychological, and detailed the procedure. We were also given a tour of the colon via pictures taken through the colonoscope. The colonoscope is an expensive diagnostic tool requiring continued maintainance and a highly skilled operator. It is useful in diagnosing all colon disorders and actually in the treatment of some disorders, such as polyps, without subjecting the patient to the hazards of a major surgical procedure.

"UPDATE ON INFLAMATORY BOWEL DISEASE", Herb Sparling, M.D. reviewed CUC and Crohn's disease as to pathology, clinical course, and related problems. Etiology of IFBD remains unknown.

Crohn's disease has recently been transferred to mice which refutes the current theory of auto-immunity.

Irwin Gelernt, M.D. discussed current research on a magnetic implant. The "MACLET MAGNET POUCH DEVICE", was designed to hold an appliance without adhesives. This device would seem to have exciting implications for the future of stoma care and management. In Germany approximately 150 humans have been fitted with the Maclet appliance reporting 75-80% continency of stool and flatus with no evidence of rejection or inflammation. Patients must be carefully selected with special attention to pre-op stoma site selection. To date, this device has been used only with a permanent sigmoid colostomy. Clinical trials have just started in the U.S. No cost figures are available.

#### "DEALING WITH THE TERMINAL PATIENT"

Joy Ufema RN, who has worked intensively with dying patients shared her philosophy of dealing with the dying patient and related many of her personal experiences in this area. "To die well, we must first live well. We must help our patients find a semblance of worth for a life that has been well lived, and will soon end. We all have options about how we will die--hollering all the way, making the best of it or making it a positive experience. We must ask patients what they want and give them dignity in helping them to achieve this goal."

A pleasant surprise during the conference was an unannounced speaker who took time out from a vacation and made a rush trip from Houston to speak about "SURGICAL INTERVENTION OF THE IMPOTENT MALE". Dr. Frank Gerow defined the etiology of impotence and indications for surgical intervention as well as contraindications. Dr. Gerow is a plastic surgeon who has devised a new penile implant of soft, pliable silicone. The prosthesis is designed to fit on either side of the corporal septum and will not affect the urethra. Insertion is accomplished through an oblique incision to avoid the vascular structure, and patient discomfort following the procedure is minimal. Average length of hospitalization is 4-5 days. No cost figures are available at present but Dr. Gerow indicated the overall cost would be considerably less than that of other penile prosthesis currently in use, and the possibility of post-op complications are considerably reduced by comparison. This prosthesis is available, though nothing has been written about it to date.

Case presentations by IAET members included a discussion of the use of Epigard for various parastomal problems, decubitus care, fistula management and the use of a specially designed faceplate for management of the prolapsed stoma. The ET rap sessions on Sunday evening were well attended and

provided a good opportunity to share problems and solutions in a relaxed, informal manner. Most of us found little time for sightseeing or shopping but many were thrilled to view the grand panorama of Pittsburgh's "Golden Triangle" (where the Allegheny and Monongahela rivers meet to form the Ohio), either from the riverboat or one of the many fine dining spots on top of Mount Washington. Did you know that Pittsburgh has over 700 bridges? The conference committee is to be applauded for planning a fine program to meet our needs, and thanked for the countless hours of work which go into behind the scenes preparation. Rooms were well ventilated; audio systems worked; luncheon menus were varied, well prepared and efficiently served; all sessions were conducted as scheduled on the program. Truly, Conference 76 was one of the best ever!

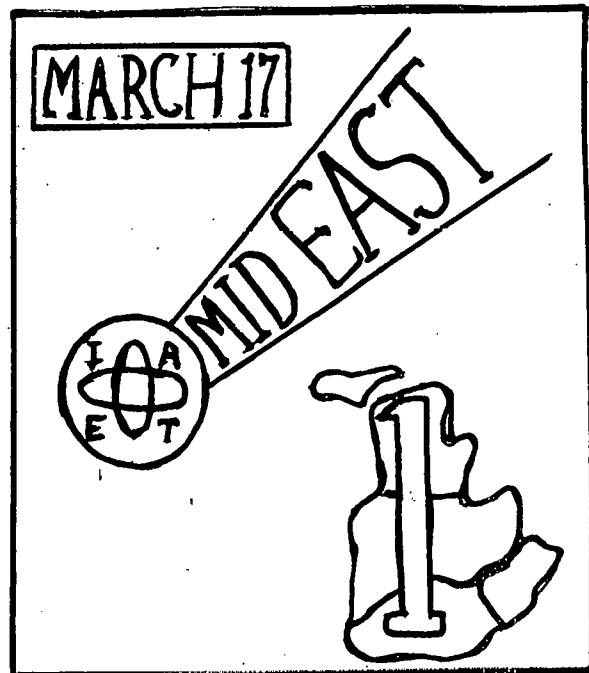
Trudy Blied

#### MIDEAST REGION DUES

The dues for the Mideast Region are \$5.00, and are to be paid no later than December 31st. Payments should be sent to:

Sue Hughes, Treasurer  
 %Stoma Clinic  
 Jewish Hospital  
 217 East Chestnut St.  
 Louisville, KY 40202.

Your promptness and cooperation will be appreciated. Let's support our region first by paying our dues. Remember I.A.E.T. Membership is required for regional membership.



MIDEAST BANNER

"First" region was first again with a new banner at the conference in Pittsburgh. Designed by Betty Gerth and recreated in felt in red, white, and black, by Margie Dreffer (Cincinnati).

#### UNITED OSTOMY ASSOCIATION CONFERENCE

"Birth and Rebirth" was the theme of the 14th annual United Ostomy Association conference at the William Penn Hotel in Pittsburgh August 12, 13 and 14, 1976. Hosting in the "Spirit of '76" were the Pittsburgh chapter and the Great Lakes Region. The spirit was depicted by hosts and hostesses in Bicentennial costumes.

Again it was thrilling to be with so many people from the United States, Canada, and even further who gathered to learn, to help one another, and to have fun. Excellent workshops were held continuously and selection was often difficult, because two or more interesting lectures might be



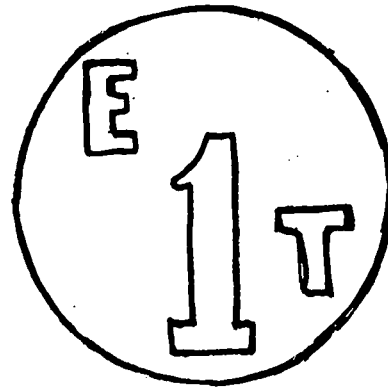
scheduled at the same time.

One of the meetings most beneficial to me was a youth rap session. Originally planned as a closed meeting they allowed us to monitor it after we convinced them we needed their input so that we could help and understand our young patients. About 50 young people under 30 years gathered to exchange ideas and to give and receive assistance. Generally they felt that nursing employees need to be better educated in Ostomy care and that the general public badly needs to be better informed <sup>about</sup> ostomies. They felt that age should not be used as an excuse not to take the responsibility for one's self. All agreed that parents are the main determinant in a child's adjustment to ostomy surgery. If parents treat the child normally and support him in individual development, he will adjust accordingly. Much discussion about dating and mating helped not only the young people, but also the spectators.

Social events which many enjoyed at the conference were a wine and cheese reception, baseball game, the U.O.A. Luncheon, Three Rivers dinner cruise, buffet luncheon, race track trip, and of course, the U.O.A. Banquet on Saturday night.

Many of us were very surprised and delighted to find the city clean and the air clear and truly Pittsburgh showed off some of the most magnificent night scenes ever seen. It was a great conference!

Helen Arend



All Mideast members present at the Pittsburgh Conference were wearing bright red, black and white felt emblems under their identification badges. The whole conference knew where WE were from. Mary Lou Walker's children made them for us.

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#### I.A.E.T. BANQUET

The annual I.A.E.T. Banquet this year will be well remembered by everyone, and the Mideast Region deserves much of the credit. We were first when we formed our region last year and we "firsted" more things this year with our banner, gifts, and song.

The banquet was preceded by the United Surgical officers reception. Short speeches by Patricia Zollars, our national president; Archie Vinitzky, I.O.A. president; Kathy Burns I.A.E.T. Quarterly editor followed the dinner. Al Priest presented the United Surgical scholarship.

As hosts, our big, bright banner had a prominent position in front as our new president, Joan Kerr, presided over the installation of the new national officers. Each officer was given a red, white, and blue bouquet of flowers. The outgoing officers

were presented with the gift of a pin with the I.A.E.T. insignia and the office held.

Last, but definitely not least, everyone from our Mideast Region gathered in front of the stage to sing the new song, especially written by our first president, Betty Gerth.

E.T.SONG

tune: "I'm a Yankee Doodle Dandy"

We're the ded-i-cated E.T.'s  
We stand together, yes indeed.  
We're real live people who have  
one concern  
The rehab and care of those in  
need.  
The ostomate is our main reason  
To meet with banners all unfurl-  
ed.  
We work together, share and learn  
To reach toward higher goals  
We are the E.T.'s of the World!



Mark  
your calendar for  
the Mideast Region  
Louisville Confer-  
ence and Meeting  
February 11&12, 1977

Thanks to Bronson Methodist Hospital  
for printing this and the next 3  
issues of the newsletter at no cost  
to the Mideast Region.

NEW PUBLICATIONS

THE NURSING CLINICS OF NORTH  
AMERICA September 1976  
"Care of the Ostomy Patient"

THE AMERICAN JOURNAL OF NURSING  
September 1976  
"Nursing the Patient with a Continent  
Ileostomy"--Arlene Wentworth,  
Barbara Cox

NURSING 76 July 1976  
"Vantage Point"--Mary Baum

THE AMERICAN JOURNAL OF NURSING  
August 1976  
"Third-Party Payment for Patient  
Education"--Beatrice Nordberg,  
Lynelle King

SURGERY, GYNECOLOGY AND OBSTETRICS  
"The Use of Stomahesive in the Care  
the Skin of Enterocutaneous Fistulas"  
--David D. Knighton, B.S., Kathy  
Burns R.N., and Lloyd Nyhus M.D.

MAYO CLINIC PROCEEDINGS  
June 1976  
Entire issue devoted to articles on  
Impotence, Penile Prostheses, and  
Bladder Retraining.

EDITORS

Trudy Blied, R.N.  
Leila Hospital  
300 North Avenue  
Battle Creek, Michigan  
49016

Helen Arend, R.N.  
Bronson Methodist Hospital  
252 E. Lovell St.  
Kalamazoo, Michigan  
49006



## MIDEAST REGIONAL MEETING

Date: August 7, 1976

Place: Wm. Penn Hotel, Pittsburgh, Pa.

Presiding: Betty Gerth, President

Attendance: 36

Betty Gerth called the meeting to order at 8:20 p.m.

### Old Business

A motion was made by Janet Long and seconded by Sue Hughes to approve the minutes as sent out.

Jane Younger, Treasurer, gave the balance of our treasury at \$2964.77.

A proposal was made to the membership that we give the Mid-atlantic Region \$125 to begin their region. A discussion followed and Bonnie Bolinger made the motion that we up this token to \$325. The motion was seconded by Norma Gill. The vote was unanimous that we do so.

Sue Buffin gave the report for the membership committee. We have 65 paid members after the split and a possible 92 members. The membership committee will continue in the same manner except that a follow-up letter will be sent to prospective members. A discussion followed as to how to get the inactive people involved. The following ideas were suggested.

- 1) A second letter should be sent if the prospective member does not join the first time (by Norma Gill). Jane Younger said this is already being done.
- 2) A campaign should be started to get E.T.'s involved who aren't in National. (by Sue Buffin)
- 3) An active E.T. in an area could contact an inactive person to get them involved. (by Bonnie Bolinger)

### Publications Committee:

Betty Gerth reported in the absence of Bette Lowe that Bette would like more input to the newsletter. A report on our ideas for the newsletter will be given by Betty Gerth to National. Norma Gill suggested that we send Bette Lowe a letter thanking her for the fine job she has done on our newsletter.

### Speaker's Review Board:

Norma Gill reported that the idea behind this is to make talks more professional. The Board (Norma Gill, Sue Hughes, Sue Buffin, Cheryl Van Horn, and Ann Ward) reviews the talk and suggests constructive criticism. This Board reviews only those lectures which will be given by an E.T. who is representing I.A.E.T. and the region. The purposes and objectives of the Speaker's Review Board were read, and a discussion followed.

### Nominating Committee:

Reported on by Sue Hughes. The National Nominees from our region are: Marilyn Spencer and Betty Gerth, Trustees, and Bonnie Bolinger Corresponding Secretary.

The Nominating Committee consisted of Sue Hughes, Trudy Blied, and Cheryl Van Horn. Three different mailings were necessary due to rejections.

The nominees are:

Helen Arend  
Jane Younger      President Elect

Trudy Blied  
Jean Fitzgerald  
Marilyn Pekol      Trustees

Sally Thompson

Carolyn Matthews-Secretary

Sue Hughes-Treasurer

Due to the fact that many members will not be present until our next meeting, elections will be held then pending also a change in the by-laws. This proposal for a change in the by-laws regarding elections will be made by the Board at the next meeting (8-10-76).

### By-Laws Committee:

This committee was reported on by Joan Kerr. The proposed By-Laws changes were read and reviewed (submitted June 1976)

Article IV Section I changes were discussed, voted on and approved.

Article III Section II changes were discussed, voted on and approved.

A.C.S. funding may not be necessary since we're doing so well on our own.

The following E.T.'s were appointed to send a letter to their governor regarding "E.T. Day":

Indiana-Alvada Ahnafeld

Ohio-Lana McKinley

Kentucky-Marjorie Rose

Michigan-Natalie Dutch

W. Va.-Nancy Martin

It was announced that the Regional Reps and our Board would participate in the Induction Ceremony. A discussion on whether or not our region should pay for the tie-tack pins and dye cast for the induction ceremony followed. A motion was made by Bonnie Bolinger and seconded by Alvada Ahnafeld in favor of our buying these pins was made. The vote was unanimously in favor.

It was announced that Marge Dreffer made our regional banner, and Marylou Walker's children made our regional I.D.'s.

Bernadette Smith was given a round of applause for her fine work in the Ferguson training school.

Bibliographies are still for sale for \$5.00 each. They are available in the Regional Suite.

Our meeting was visited by Pat Zollars, Evonne Fowler, Kay Carlson, and Art Engle. Evonne introduced Art Engle I.A.E.T.'s executive director. Evonne praised our Regional Newsletter. Kay Carlson gave a report on Ongoing Education. A copy of her report was given to each region.

#### New Business

A tentative site and time for our next meeting will be decided for our next meeting will be decided on 8-10-76.

A motion for adjournment was made by Alvada Ahnafeld, seconded by Harriett May. The motion was carried, and the meeting adjourned.

Respectfully Submitted,

Sally Thompson  
Secretary

## MIDEAST REGIONAL MEETING

Date: August 10, 1976  
Place: Wm. Penn Hotel, Pittsburgh, Pa.  
Presiding: Betty Gerth, President  
Attendance: 35

### Old Business

Regarding elections: Joan Kerr reported that elections should coincide with the National Meeting requiring a change in our by-laws. The proposed change is as follows:

#### Article V Section I

Officers of this Region shall be elected at the annual membership meeting of this Region and shall consist of the following: President, President-Elect, Secretary and Treasurer.

A vote was taken, and it was unanimously decided to adopt the proposed by-law change.

#### Elections:

President-Elect- There were no nominations from the floor. A motion was made by Harriett May and seconded by Marilyn Pekol that nominations be closed. The motion was carried.

The vote for President Elect was cast. Jane Younger won the election.

Secretary- Helen Arend was nominated by Sue Buffin, seconded by Harriett May. Helen Arend accepted the nomination.

Kathleen Wood made a motion that nominations be closed, seconded by Marylou Walker. The motion was carried. The vote for secretary was cast. Helen Arend was elected.

Treasurer- Bernadette Smith made a motion that nominations be closed, seconded by Trudy Blied. The motion was carried. Sue Hughes was elected unopposed.

Trustees- Jane Younger nominated Juanita Jenkins, seconded by Sue Buffin. Juanita accepted the nomination.

Bernadette Smith nominated Natalie Dutch, seconded by Marilyn Spencer. Natalie accepted the nomination.

A motion that nominations be closed was made by Lana McKinley, seconded by Kathleen Wood, motion carried.

The vote for Trustees was cast. Juanita Jenkins, Trudy Blied, and Sally Thompson were elected.

#### Newsletter:

A name for our newsletter is needed. Suggestions were: Mid-East Log, Mid-East Scuttlebut, Mid-East Info., Mideast Newsletter, Mid-E's Messenger, Mideastoma, Mideast Scope, and Mid-Eas Dropper. A vote was cast, Mid-Eas Dropper winning. (Mid-Eas Dropper suggested by Marylou Castillo)

The Louisville, Ky. E.T.'s volunteered to host our next meeting. The Board will decide on a time later.

### New Business

A committee is needed to get some things ready for the installation ceremony. Helen Arend and Trudy Blied volunteered.

The Mideast Region will sing their song after the installation ceremony is completed.

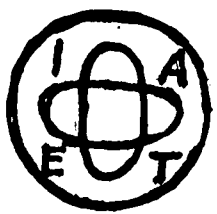
Jane Younger suggested we charter a plane for San Diego. This will be discussed later.

It was announced that dues are payable now for January.

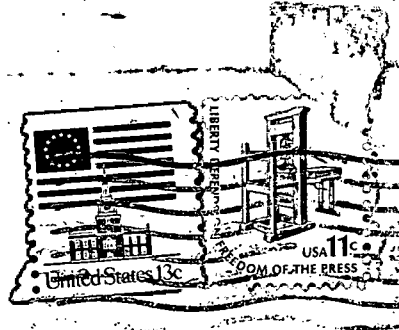
A motion was made by Bernadette Smith for adjournment and seconded by Shirley Dungan. The motion was carried and the meeting adjourned.

Respectfully submitted,

Sally Thompson  
Secretary



Enterostomal Therapy Department  
 Bronson Methodist Hospital  
 252 E. Lovell St.  
 Kalamazoo, MI 49006



Mrs. Harriett May  
~~St. Elizabeth Hosp. &~~  
~~Medical Center~~  
~~1501 Hartford Street~~  
 Lafayette, IN 47905

1424 Warren Pl.



1976

# MID-EAS DROPPER

VOI. I

WINTER ISSUE

NO. 4

## FROM THE DESK OF...

*Jan*

The fall has raced by in high gear. I would like to share some experiences and thoughts of the chase.

The most unusual, outstanding, exciting experience was my trip to London, England where I attended the International Ostomy Association (I.O.A.) meeting. Just prior to I.O.A.'s convening on October 7, 1976, a group of E.T.'s representing the U.S.A., Canada, England, Australia, South Africa and Germany met together to share some experiences, to discuss difficulties and successes and most of all to explore the question, "Is there benefit to be found in our meeting together regularly?"

The congregation of E.T.'s was not a per chance occurrence. It was conceived and implemented by none other than our own constant instigator, prodder, teacher, Norma Gill. To her question above came a positive response in the formation of the World Council of Enterostomal Therapist (for Progressive Education). (Incidentally, the Mid-East Region was certainly well represented - besides Norma and I, Pat Zollars and Anne Ward were also present.) Those E.T.'s present found there is a great deal we can learn from each other. The World Council can be instrumental in bring better ostomy care to people throughout the world. Representatives of the major international companies who manufacture ostomy equipment joined the afternoon session and are very enthusiastic about the potential for the council.

The World Council has tentative plans for meeting in San Diego in 1977 to begin a more structured organization. In the meantime, Norma Gill is the acting chairperson of the Council and I am the secretary.

Coming up in February is the Mid-East Regional Nursing Workshop and semi-annual membership meeting. The agenda for the meeting is in this issue of the Easdropper. There may be some points to which you would like to speak; some business for which you will want to prepare. Participation is the key to progress. I am counting on all members to participate.

One area for discussion and feedback in the idea of a training workshop for ostomy visitors. The Cleveland Clinic E.T.'s have been working with the Cleveland Ostomy Club members in establishing a formal visitors program that will begin next year. I am interested in setting up such a program sponsored by the Mid-East Region. Some of you may already have such a format and are implementing it regularly - terrific. Will you share with the group your work and experience? The advantages I see are a standardized basic format, contributions from many experienced people, an up-grading of visiting presently being done, resource for new E.T.'s and new clubs. Please give this idea some time and thought - good or bad. Bring any existing material with you to Louisville. In the meantime, have a HAPPY HOLIDAY!!

**DON'T DELAY!**

NAME AND ADDRESS CHANGE

Sue Hughes plans to have a new regional mailing list available at the meeting in February. It will be mailed to members unable to attend. If you have a name and/or address change please send to Sue Hughes exactly as you wish it to appear on the list as soon as possible. This list will be available to paid members only.

MIDEAST REGION DUES

The dues for the Mideast Region are \$5.00, and are to be paid no later than December 31st. Payments should be sent to:

Sue Hughes, Treasurer  
Stoma Clinic  
Jewish Hospital  
217 East Chestnut St.  
Louisville, KY 40202

Your promptness and cooperation will be appreciated. Let's support our region first by paying our dues. Remember I.A.E.T. Membership is required for regional membership.



**MEMO**

Although we know our Mid East Region is #1, and many things are going on, we are not getting huge sacks of mail with reports of what our E.T.'s are doing. Perhaps you're feeling your news simply isn't Earth Shaking or worthy of appearing in print. NOT SO. Remember all the good ideas you picked up at the last Ostomy Conference you attended, simply by our round table discussions, talking to other E.T.'s over lunch or dinner? This newsletter is intended to serve as a vehicle for such communication and depends upon your input to be really effective. We were pleased to receive a copy of the minutes of the monthly meeting of the Cincinatti E.T.s with information which will be passed on to you.

New in this issue is our "Dear Ettie" column suggested by Joan Kerr. Do you have a problem relating to stoma management, skin care, staff motivation, physician recognition or hospital politics? "Ettie" will guarantee a response to your question by an

authority in any particular area related to Enterostomal Therapy. If you are shy about seeing your name in print you may remain anonymous or sign yourself the "Boys from Yale", the Fonz, or anything that suits your fancy. We all face new challenges daily, have problems with no obvious solution, despite all our efforts.

Ettie is ready and waiting to help you. All you have to do is ask! Please send your quires to Helen or Trudy. We know that if you have as many problems as we do the next few months should produce a regular avalanche from the post office.

*Trudy  
& Helen*

## IMPORTANT

### BOARD OF TRUSTEES MEETING

Mid East Region  
Thursday, February 10, 6 PM  
Hospitality Suite, Executive Inn  
Louisville, Kentucky

GREAT LAKES REGION  
UNITED OSTOMY ASSN.  
Regional Conference  
April 16&17, 1977  
Airport Ramada Inn  
Detroit, Michigan



## new ARRIVALS

Jane Beerck, RN, ET  
1460 Cosmo Court  
Dayton, Ohio 45432

Marquise Kriete, LPN, ET  
1518 Delmar Court  
Louisville, Kentucky 40216

Janice Joseph, BSN, ET  
133 12th Street  
Lexington, Kentucky 40505

### NAME AND ADDRESS CHANGE:

Lucille M. Haines  
P.O. Box 33  
Lafayette, Indiana 47902

Juanita Ferry LPN ET (old)  
Louisville, KY

Juanita Simon LPN ET (new)  
2729 Timberly Apt. 1A  
Indianapolis, Indiana 46220



### EDITORS

Trudy Blied, R.N.  
Leila Hospital  
300 North Avenue  
Battle Creek, Michigan  
49016

Helen Arend, R.N.  
Bronson Methodist Hospital  
252 E. Lovell St.  
Kalamazoo, Michigan  
49006

Dear Ettie.....

Dear Ettie,

What is Keratosis; what causes it; and what can we do for it?

Troubled ET

Dear Troubled ET,

Keratosis is any horny growth such as a wart or callosity. This is a circumscribed thickening of the skin and hypertrophy of the horny layer due to friction, pressure or other irritation.

Keratosis around the urinary stoma is caused by constant bathing of the skin in urine. It is characterized by small warty areas, a small warty ridge or a horny collar around the stoma which can be as much as  $\frac{1}{4}$ " high.

It does not seem to be known why some urostomates never develop this problem, while others may develop this skin reaction quite some time after surgery. Usually the opening in the appliance is too large or there is fairly constant leakage of urine underneath the device.

Success has been attained by the use of an appropriate face plate to apply pressure. This area is often tender and sore to the touch so that the pressure sometimes causes discomfort for about 24 hours, but usually relief is immediate. The addition of a firm snug-fitting gasket such as a Perma-type washer is of benefit in applying pressure next to the stoma.

It is suggested that the face-plate be changed every 2-3 days at

which time a 20 minute soak using  $\frac{1}{2}$  vinegar  $\frac{1}{2}$  water solution is applied to the area.

This condition is readily controlled by the above method. Frequent checkups are advised.

Betty Lowe

Dear Ettie,

I have this "problem" patient and others that are similar. Mrs. X irrigates her sigmoid colostomy every day. However, often she starts to have small "pellet" like stool come out inbetween her irrigations. Then she really becomes constipated. Then, when she or I try to irrigate her the results are poor and very painful, cramps develop. She feels nauseous, etc. What do I do?

Mrs. R. Plug

Dear "Plug";

The pellets indicate that the person is or will become very constipated. Another indication is often "loose" stool; smelly. A person may be nauseous, too. The stool is sometimes classified as diarrhea but is merely an "overflow" over the impacted fecal matter. When water is used, it is trapped behind the stool, which causes severe cramps. The mixture of cotton seed oil and Aqueous Aerosol OT (1 qt.) inserted slowly into the colostomy will not cause cramps. One should try to get at least a pint in, then one must leave the oil (as much as will stay in) in the colon for

Dear Ettie continued--

24 hours. Never irrigate again right away. This softens the stool. In 24 hours repeat the same again. No matter how constipated the patient is, two or three times of using this technique will cause the stool to soften and spill out. It can be used via rectum for same reason.

Norma Gill

Dear Ettie,

When I have patients with fistulas with copious liquid drainage, I have a lot of problems. The nurses just can't empty the pouch often enough, and it comes off, because it gets too heavy. Can you help?

Miss Too Heavy

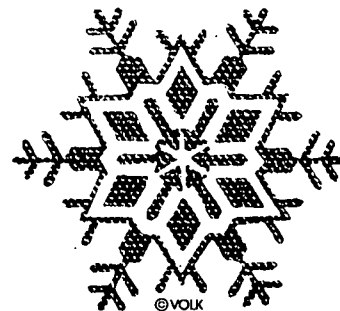
Dear Too,

I have found that the best way to handle this problem is to connect the bottom of the drainage pouch to a bedside drainage bag. If you use a graduated connector, you can gather the pouch bottom around it and secure it with a cut rubber band, tied. This method can be used as long as the drainage is thin enough to go through the tube. This saves a lot of nursing time and helps keep the pouch on longer.

Helen Arend

Note: These questions and solutions for "Dear Ettie" have been solicited. We hope that the next issue will have some authentic ones--from you. Send them in early so we have time to get to our experts for the answers.

The Editors



#### NEW PUBLICATIONS

"Effective Colostomy Irrigation"  
Surgery, Gynecology & Obstetrics  
June 1976 Volume 142 pp905-909  
Smith, Mazier et al

Nursing 76 Volume 6 #9 September issue  
"The Ostomy Patient Really Needs You"  
Dericks and Donovan p. 30

"Radiation Therapy:How You Can Help"  
Carolyn St. John Elliot p. 34

"Patients with Colorectal Cancer:How  
to Assess and Meet Their Needs"

Time Magazine October 18th 1976 Issue  
"HHH Cystectomy" p. 100-102

Newsweek Magazine October 18, 1976 Issue  
"Humphrey's Operation" p. 87

Current Problems in Surgery Dec. 75  
"The Creation and Care of Entero-  
cutaneous Stomas"

New UOA Brochures--by Linda Gross

"Ileostomy-an Introduction"  
"Sigmoid Colostomy-an Introduction"  
"Transverse Colostomy-an Introduction"  
"Urostomy-an Introduction"

The Necessary Bag-video tape by Kathy  
Burns  
University of Chicago Medical Center

MIDEAST REGION I.A.E.T.

OFFICERS August 1976-August 1977

PRESIDENT--Joan Kerr

PRESIDENT ELECT--Jane Younger

SECRETARY--Helen Arend

TREASURER--Sue Hughes

TRUSTEES--Trudy Bleid-Publications

Juanita Jenkins-Membership

Sally Thompson-Legislative

MIDEAST REGIONAL CONFERENCE AND MEETING  
LOUISVILLE, KENTUCKY  
FEBRUARY 11, 12, 1977



LET'S HAVE A GOOD ATTENDANCE

HAPPENINGS--

From the Cincinatti Area

The ET's in Cincinatti area meet monthly to discuss goals, common problems, etc. Fees in this area are reported as follows: home visit on own time-20.00 Hospital Visits:

Bethesda North	10.00/1/2hr.
Jewish	12.00/visit
Christ	12.00/visit

Jackie Kunkle has a slide series on the use of Amphogel, Karaya and Skin prep. We have no information as to whether or not these are available for copy. If interested we suggest you contact Jackie.

A Urological workshop will be held in Indianapolis in early Dec.

From SW Michigan

Helen Arend and Trudy Blied planned and presented a program "The Art of Self Defense-for the Ostomate" to the UOA chapters in Battle Creek and Kalamazoo for their November programs. The program was well received and will be repeated from time to time.

From Ann Arbor

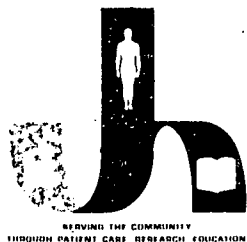
Bette Lowe has been flying around the country spreading the word: Oct. 11-14 ACS in Chicago exhibiting "New Approach to Myelodysplasia". This exhibit won 3rd place in Research Division at A.U.A. in Las Vegas in May 76.

November 11 in North Bergen, New Jersey, participated in I.U.S. sponsored Mid Atlantic Region Urology Workshop.

November 19: Kansas City Kansas, 2nd Annual Ostomy Care Seminar -- joint presentation with Dr. Diokno.

November 30: Indianapolis at AUA Seminar. Panel Member: "Stomal Problems and their Prevention" and ISC Presentation.





**Jewish hospital**

217 E. CHESTNUT STREET LOUISVILLE, KENTUCKY 40202

November 30, 1976

Dear Mideast Region Member:

Just a reminder of the annual Mideast Region Symposium in Louisville, Kentucky, Friday, February 11, 1977. The program is being held at the Executive Inn which is adjacent to Standiford Field Airport. The quoted room rates are \$22.00 for single and \$28.00 for double. A copy of the program is enclosed.

0.8 CEU's have been granted for this program. Arrangements have also been made for CEU's in Michigan, West Virginia, Ohio, Indiana and the LPN Association. 8.0 CEU's have also been awarded by the Indiana Pharmacy Association.

On Saturday, February 12, 1977, is the General Business meeting. The schedule is as follows:

8:00 A.M. - 12:00 P.M.	Business
12:00 P.M. - 1:00 P.M.	Luncheon
1:00 P.M. - 2:00 P.M.	Speaker
2:00 P.M. - 3:00 P.M.	Questions and Answers
3:00 P.M.?- 5:00 P.M.?	Problem Solving Session (This will be left up to the group)

The luncheon will cost approximately \$4.65 a person. The speaker after lunch will be a Louisville attorney, Mr. William O. Guethlein. He will speak on the legal implications of nursing.

For those coming in from out of town please let me know ahead of time so I may make room accommodations.

Sincerely,

Jane Younger, R.N.  
Program Coordinator

JY/eks



MIDEAST REGION SYMPOSIUM  
Louisville, Kentucky  
Friday, February 11, 1977

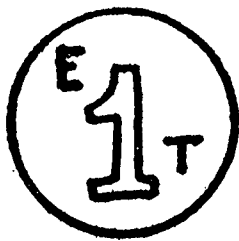
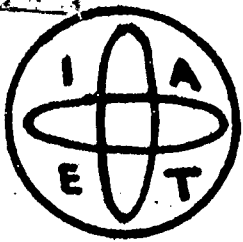
THE EXECUTIVE INN  
(Adjacent to Standiford Field Airport)

STOMA CARE

7:15 - 7:45 A.M.	REGISTRATION
7:45 - 8:00 A.M.	WELCOME
8:00 - 9:00 A.M.	"URINARY DIVERSION: WHY, WHEN, & HOW?" Dr. Mohammad Amin
9:00 - 10:00 A.M.	"ILEOSTOMY: WHY, WHEN, & HOW?" Dr. Gehrig M. Robinson
10:00 - 10:30 A.M.	COFFEE BREAK
10:30 - 11:30 A.M.	"COLOSTOMY: WHY, WHEN & HOW?" Dr. Martin H. Max
11:30 - 12:00 A.M.	SHOW AND TELL
12:00 - 2:00 P.M.	LUNCH (2 SEATINGS) Exhibits displayed to group not at lunch
2:00 - 3:00 P.M.	"MANAGEMENT OF A COLOSTOMY" Sue Hughes, R.N.
3:00 - 4:00 P.M.	"MY PATIENT HAS AN ILEOSTOMY" Trudy Blied, R.N.
4:00 - 5:00 P.M.	"URINARY DIVERSION - FROM CRADLE TO ROCKING CHAIR" Bonnie Bolinger, L.P.N.

---

Y'all come



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