MID-EAS DROPPER

VOL. XVII MARCH 1983 NO. 1

President's Letter for Mideas Dropper - February, 1983

Dear Friends:

Hope you all are enjoying a busy, productive 1983.

I am pleased to announce that the recipient of the first Mideast Region Bernadette Smith Memorial Scholarship Award is Bess Liversidge, R.N., of Oak Harbor, Ohio. Bess is in Enterostomal Therapy training now at Roswell Park Memorial Cancer Institute and will be finishing her training on March 18. After training, her E.T. education will be utilized at her place of employment, the Ottawa County Health Department, as well as in a small local hospital. Bess is thrilled that her five-year dream of becoming an E.T. is finally a reality. Congratulations, Bess, and the best of luck from your Region.

Juanita Jenkins and Nancy Martin are diligently working on our November Regional Meeting in Charleston, West Virginia. Sounds like their program is going to be a super one. We also have a committment from Rita Kirschner and her committee in South Bend, Indiana, to host the 1984 November Regional Meeting. Thanks to you all!

Help is needed from you Indiana E.T.'s! We are desparately seeking a replacement for the position of liaison to the Indiana State Nurses Association. We all know how important it is to obtain third-party reimbursement. Harriett Johnson-May has put a lot of hard work into this area in the past, so PLEASE, if you are a member of I.S.N.A., consider this important position. Contact me for more information.

Thanks to Marilyn Spencer and Cleveland Clinic for designing the new cover of the Mid-Eas Dropper. It's beautiful!

Keep up the good work, Mideast Region! I certainly do appreciate everyone's hard work and support.

Sincerely,

Sally

MIDEAST REGION I.A.E.T. OFFICERS

PRESIDENT:	*Sally Thompson*
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	W. Patrick Mazier, MD *Ferguson Clinic* *Grand Rapids, MI*
	Joseph Rinaldo Jr., MD *Providence Hospital* *Southfield, MI*

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If I treat you--I can help you today.
If I teach you--I can help you for a lifetime.

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Condolences to Betsy Hewitt in the recent death of her husband, Ralph. A memorial fund has been established: Ralph Hewitt Memorial Fund
Liberty Presbyterian Church
7080 Olentangy River Rd.
Delaware, OH 43015

CALENDAR OF EVENTS

March 15 & 16, 1983 - Cleveland Clinic Presents "Advances in Oncology" Cleveland, Ohio

March 25, 1983 - Cleveland Clinic Presents "Current Concepts in Enteral Nutrition" Cleveland, Ohio

April 22-23, 1983 - The Ohio Valley Lake Erie Association of Cancer Centers
9 a.m.-5:30 p.m.
The Fawcett Center for Tomorrow
2400 Alentangy River Rd.
Columbus, Ohio
*Nominal registration fee

April 18-21, 1983 - American Urological Association Allied 14th Annual Assembly
Riviera Hotel
Las Vegas, Nevada

May 2 & 3, 1983 - Cleveland Clinic Presents "Enterostomal Therapy Update Seminar 1983" Cleveland, Ohio

May 20, 1983 - All day program on: "Incontinence; Bowel Training; Skin Care"
Victor Alterescu, BSN, PHN, ET
Kalamazoo, Michigan

June 11-12, 1983 - Great Lakes Region Youth-Parent Conference
Hilton Inn North,
Columbus, Ohio
Contact Rita Wray
1504 Northcrest Ave.
Columbus, Ohio 43220

June 30-July 5, 1983 - Youth Rally
Sponsored by UOA-IAET
For Ages 12-17
University of Colorado
Campus, Boulder
Contact Marilyn Mau
312-823-6312

EVALUATION OF STOMA CARE

by

Norma N. Gill, C.E.T.

The change in the ostomy field in the past twenty years has been tremendous. From a pioneer level, it has grown into a large rehabilitation process. Yet, in the United States especially, there are some vulnerable areas that still need updated and explored. It is especially necessary to not let these same problems exist in the international countries where growth has not been as rapid.

The past year in a Home Health Care situation added to many years in a Clinic setting indicate the following points to consider:

* Stoma siting
* Fitting of equipment
* Hospital team approach
* Following up of client after discharge

Stoma siting - Although surgery is now on a much higher level due to the specialty of Colon and Rectal Surgeons, there are still many areas that either do not have a Colon and Rectal Surgeon or a General Surgeon who has the problem of improper stoma placement. Instead of a routine procedure to have the client sit, stand and bend before the tattoo is made on the skin for the ostomy, the client is either marked laying down only, or waiting until the abdominal area is opened in surgery where proper placement cannot be judged. Another problem is the responsibility given to the ET/nurse to "site" the stoma without the surgeon being present. Since the surgeon will have a fairly good idea where he will make the incision, and to be sure each client is pre-marked before surgery (even if the E.T. is on holiday), it makes sense that this vital part of stoma surgery be a "team approach" rather than one person assuming this responsibilty. If the incision is made in a different area than the E.T. has anticipated, it will either not be correct for a pouch or not as correct as it should be.

Hospital Team Approach - After surgery, often the E.T. or team is not informed that a client has had a stoma, or if they are, it will either be the day before they go home or the day they are leaving the hospital. Often the client will have inadequate equipment and leakage, yet orders are not written to have the client seen by a professional.

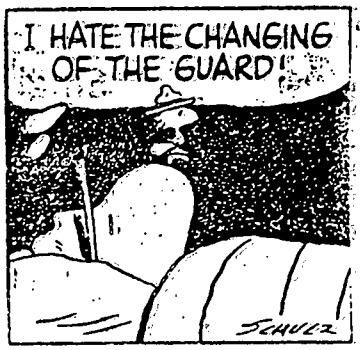
This holds true where the surgeon or members of his "team" have written the order, but somehow in the "shuffle" in the hospital routine, the correct person is not notified. Lack of progress between the surgical staff and the hospital staff can also be a stumbling block. Often there is not correct or adequate supplies in the pharmacy or storeroom and paper work from this area is inadequate. Often the client is sent home with one extra pouch (unit) instead of several units.

Fitting of Equipment - The larger expansion of better equipment and availability has improved the daily living of the client. However, it has caused some problems in a different way. Often the use of disposable pouches has made it easier for rehabilitation in the hospital, yet this is not always the answer when the client returns home. Many times it is not even adequate while the client is in the hospital. This inadequate fitting of equipment occurs in hospitals where there are ET/nurses too. Whether it is the ease of using this type or inadequate experience in all types of equipment is still an unanswered question. Even a different type of skin barrier will often solve this problem, yet never utilized. Perhaps it is difficult for the hospital team to understand that a client after leaving the hospital will eat differently than in the hospital, resume more vigorous exercise, and that body contours often change very rapidly when added weight or loss of weight occurs. In the hospital, the pouch is usually removed every day or every other day for observation and teaching purposes, thus these problems do not occur until after discharge.

Follow-up Care - When the client is discharged, often not enough equipment is given to them until they can purchase more. Also, the client may not be told where they can buy equipment or given any telephone numbers for help in case of leakage. To add to this, every client should be reevaluated in two to six weeks for shrinkage of the stoma which results in different sizes of equipment. As stated before, weight gain or loss, misfittings and inadequate equipment can occur after leaving the hospital. This can be frightening to the client to go home and have no one to lean on for help. It is often true, too, that the hospital and the home health nurse may be on different wave lengths in all phases, which can be very confusing for the client.

Evaluation of Stoma Care (continued)

Summary -- Perhaps rehabilitation procedures should be reexamined in the United States and similar countries on a higher level in order to not let this happen to the newer countries now beginning stoma rehabilitation.



With affection and respect, we express our thanks to Helen, a longtime member of the Mideast Region, who has served as Secretary, as a member of the Board of Directors, and as President from 1978-1980.

With a special gift or orderliness, she has conducted business meetings in accordance with an agenda distributed beforehand to save time for everyone; with a keen interest in other groups, she has kept us informed of activities of national and regional scope. Because she is a warm, optimistic person she has welcomed newcomers and longtime members alike to her circle of friends, finds some good aspect in all situations, and has a ready and infectious laugh.

No job has been too small or too forbidding for her to tackle either as a volunteer or a leader. She has devoted countless hours to the Mideast Region, and has given us an example that will be tough to follow!

"Barbara Ann"

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PREVIEW ANNOUNCEMENT

As Chairperson of the Ad Hoc Research Committee on Sexuality and the Ostomate, I am requesting that you keep the following in mind:

--The Committee would like additional members.
--We are attempting to establish a questionnaire for you to give to selected patients.
--Please begin by keeping a list of any patients with total cystectomy, abdomino-perineal resections, or spinal cord injuries who have had a return of sexual functioning.

Anyone who has had experience or information of this type of patient is WELCOME on the Committee. We will try to hold meetings by mail, with a possible meeting at the IAET conference in Kansas City in June. Also, anyone who has done past work in sexual surveys, please come forward to share.

Send information to me at:
Cleveland Clinic Foundation
Enterostomal Therapy Department
9500 Euclid Ave. - Room 3L20
Cleveland, OH 44106
Phone - (216) 444-5966

We are hoping that these results can be published in the name of the MidEast Region at the end of our investigation. Watch for more information in the next Newsletter!!

Joan Van Niel, R.N., M.A., E.T.

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SECOND ANNUAL
YOUTH/PARENT CONFERENCE

Excellent program containing outstanding speakers and discussion leaders covering the special needs and concern of the youth and their parents. The registration is open to ostomates through the age of 17 years and their parents. Capacity is limited to 100 persons.

Date: June 11-12, 1983. See the calendar of events for specifics.

The only thing worth learning are the things you learn after you know it all.
--HARRY S. TRUMAN

Thanks to Rosemarie for sharing the following printout that she designed. Does anyone else have information to share? This material not only facilitates and improves patient care, it helps the new E.T. until she/he becomes firmly established and can develop tools specific to his/her facility.

PATIENT CONSIDERATIONS AFTER OSTOMY SURGERY

X-RAY EXAMINATIONS:

CHOLECYSTOGRAPHY (Gallbladder X-ray) with or without G.I. Series:

ILEOSTOMY: Pills may be evident in your appliance. If you have a dehydration problem, remind your Doctor. He/she will advise an early X-ray appointment or he/she may want you to drink water up until 1 or 2 hours before the X-ray examination.

UPPER GASTROINTESTINAL SERIES (X-ray of Stomach) G.I.:

1. On the day before your examination eat nothing after the evening meal. Water is permissible until midnight.
2. After midnight and on the morning of your examination do not eat or drink. No gum chewing.

BARIUM ENEMA (X-ray of Large Bowel or Colon) B.E.:

ILEOSTOMY: X-ray cannot be done. No large bowel remains.

COLOSTOMY: **Sigmoid colostomy:** Take 2 thorough irrigations. One the night before the X-ray examination, the second one the morning of the X-ray examination. Do not take any cathartics by mouth. Never let radiology technicians introduce barium into your stoma with a rectal tube – it is too rigid and large. Take your irrigation set with you and explain to the technician that a soft rubber catheter #26 or #28 should be used. Put a clean transparent pouch on before you go to X-ray. Explain to the technician to introduce the barium with the catheter into your stoma through the pouch. When enough barium is in your bowel for X-ray purposes, tell the technician to withdraw the catheter and close the end of the pouch with the clamp. The pouch will collect the barium as the bowel expels it. When the pouch fills, empty it in a bedpan or other receptacle that the technician will get for you. As soon as your X-ray studies are done – irrigate as usual. This will avoid having to take any cathartics by mouth.

Transverse loop or double-barreled colostomy: Do not take any cathartics by mouth. Take 2 thorough enemas through the rectum. One, the night before the X-ray examination, the second enema the morning of the X-ray examination. Be aware that some of the enema water will come out of your distal (quiet) stoma. If you have a transverse loop, some water will fill your appliance. If you have a double-barreled colostomy, place a pouch over your distal (quiet) stoma to catch water from the enema. Keep your pouch on for the barium X-ray examination. You will also expel some of the enema water through your rectum. After the X-ray examination, give yourself one last enema to wash out all the barium.

I.V. PYELOGRAM (Kidney X-ray and I.V.C. Cholangiography) I.V.P.:

ILEOSTOMY: Do not take any prep or cathartic by mouth. Do not eat solid food after 6 p.m. the night before your X-ray appointment. You must drink water, however, to avoid dehydration. In the morning, do not eat or drink anything until the examination has been completed. Try to have the examination done as early in the day as possible, so that you can resume your drinking and eating habits promptly.

COLOSTOMY: Do not take any prep or cathartic by mouth. During the evening of the night before the examination, do not eat and do cut down on your water consumption. In the morning, do not eat or drink anything until the examination has been completed. Irrigate your colostomy 2 hours before your X-ray appointment.

PROVIDENCE HOSPITAL
SOUTHFIELD, MICHIGAN

STOMA CLINIC
424-3435

ROSEMARIE VAN INGEN, B.S., E.T.
Enterostomal Therapist

MEDICARE WILL SOON COVER HOSPICE CARE

It will soon be. Legislation included in the 1982 Tax Equity and Fiscal Responsibility Act allows Medicare beneficiaries with a life expectancy of six months or less to elect hospice care benefits instead of other Medicare benefits, beginning November 1983.

Hospice care is an alternative to therapeutic or institutional care and is provided primarily in the patient's home. The concept emphasizes physical, emotional, social, and spiritual support to the terminally ill and their families It is provided by a team of nurses, physicians, social workers, counselors and volunteers. The team provides palliative and supportive services that relieve the pain and stress of terminal illness.

The legislation allows Medicare reimbursement to qualified hospices that provide physician services, nursing care, medical social services, homemaker/home health aid services, short-term inpatient care, outpatient drugs for pain relief and respite care. A beneficiary may elect a maximum of two 90-day and one 30-day hospice care periods.

* Modern Maturity Magazine - Feb.- March, 1983

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HELPFUL HINTS

Did you know that pepper is full of bacteria? Patients on chemotherapy should avoid it, because of their lowered resistance. (From Sue Currence, St. Joseph's Hospital, Towson, Md.)

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A FUTURE HAPPENING

It's going to be:

174 miles from Columbus, Ohio
236 miles from Cincinnati, Ohio
246 miles from Akron, Ohio
264 miles from Cleveland, Ohio
357 miles from Indianapolis, Ind.
240 miles from Louisville, KY
170 miles from Lexington, KY

Have you guessed the location? Turn to page 10 for the details!

WHEN SKIN PRODUCTS DON'T DO THE TRICK*
by Evonne Fowler

Perineal excoriation: for generalized perineal excoriation with open, oozing areas, I have found a method of drying and protecting the skin from further damage.

Daily and prn:

1. Wash and dry area well.
2. Coat area with an antacid or Calamine lotion, using a hair dryer to dry if necessary.
3. Sprinkle area with Stomahesive or karaya powder--dust off excess. Area needs to be dried thoroughly.
4. Coat area with Bard Barrier Film. Allow to dry thoroughly. (If any tackiness remains, dust with powder.)

CAUTION:

By coating and drying the area with the antacid and powder, the Barrier Film usually doesn't burn or sting. If it does, it will only be for a few seconds when you use the hair dryer.

This technique puts a "second skin" over the damaged area and allows the skin to heal from within.

From the: Pacific Coast Comments - Winter 1983

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STOMA IN A SUTURE LINE?
by Jean Frazier, R.N.
(E.T. student from Cosler)

The following technique was developed to protect the sutures and promote healing of the incision area. Sutures in the incision proximal to the stoma can create problems from accidental trauma, plus discomfort to the patient while cleansing the area.

The following steps are:

1) Cleanse and pat dry peristomal area.
2) Make sure both ends of suture material face downward as in illustration.
3) Cover sutures vertically with Steri-strips.
4) Moisten finger with water to make application of Stomahesive paste easier.
5) Then cover Steri-strips with paste.
6) Cut adhesive wafer to proper size of stoma and affix.
7) Apply pouch of choice.

When removing, always use the push-pull technique. The wafer, Stomahesive paste and Steri-strips will be removed as one unit. The sutures are left un-tramatized.

The following paper was presented to the Cleveland Ostomy Association on January 29, 1983. It was the 5th Annual Ostomy Day sponsored jointly by the Cleveland Clinic Foundation and and the Cleveland Ostomy Association. There was a total of 181 persons in attendance, including 27 medical personnel.

Psychological Implications of Temporary and Permanent Ostomies

Lilian Gonsalves-Ebrahim, MD
Staff, Liaison Psychiatry

The decision to save a life by creating an artificial opening in the abdomen involves a procedure of last resort. Removal of a body part, the closure of a natural body orifice, or the creation of an artificial stoma after confrontation with a real death threat requires major psychological and physiologic adaptive responses by the patient.

An ostomy whether a colostomy or ileostomy is an undoubted disfigurement to the patient and in some patients, the stoma can be a considerable physical disability or cause psychosocial problems. Psychodynamically anal function and anal products are closely linked to issues of control, orderliness, and stubborness. Adults are usually unaware of their gut, except for the occasional cramps or rumblings that herald the need to eat, pass gas, or have a bowel movement. Most of their attention is given to the anus and the sphincter that controls it. This is a simple biologic act but is endowed with many conscious controls. Also, the toilet is a person's last place of total privacy. Everyone respects the closed door to the toilet. With the creation of a stoma, the patient's toilet ritual is radically changed. He loses control over his bowel movements. He is witness to his own bowel function by way of a protruding red gut. The patient's enjoyment of the toilet is replaced by bag emptying, wiping the abdomen, irrigating and washing. Belts, bags or gauze cover the stoma. For all this the patient needs preparation.

Pre-operative Preparation

In determining the patient's emotional approach to surgery, the following factors must be evaluated:

-The general maturity shown by the patient.

-The patient's understanding of the indications for surgery.

-The patient's previous experience with surgery. This may shed light on his or her emotional reaction to the surgery that is under consideration.

-The patient's expectations of the results of the surgery. To most patients, the surgical procedure has symbolic meaning. Adults hate to

show ignorance by asking "silly" questions so they conjure up fantastic pictures of what they think will happen. We should ask questions to elicit the patient's expectations in order to help correct unrealistic fantasies.

In most patients, the operation at which an ostomy is constructed is a planned procedure. It is therefore possible to spend time preparing the patient to accept the stoma. The nature of the operation, and why it is necessary, should be dealt with as should the basic details about the management of the ostomy. It is important to reassure the patient that help in management of an ostomy is readily available from both medical and nursing staff, which includes stomatherapists. Furthermore, there are organizations such as ileostomy and ostomy associations which exist to foster a greater understanding about ostomy management and to promote friendship and fellowship amongst fellow ostomates. It is obviously difficult for a patient to fully understand that an ostomy is compatible with a normal life but if he is visited by a patient with an ostomy, of similar age, sex, and social status, who has learned to live a full life despite the ostomy, he will be considerably encouraged. Time spent in the preparation of the patient is never wasted, as it will greatly facilitate the post-operative management.

Problems at the Stoma

The main problem of the stoma is a failure of the appliance to gather all the effluent, with consequent leakage around the appliance, and soreness of the skin. An excessive output may lead to leakage, which in turn may lead to skin soreness. This can result in considerable stress to the patient. Very often, there is an obvious cause and prompt action can remedy the problem and restore the patient's morale. It is in the management of these problems that stoma or enterostomal therapists who are familiar with a wide range of appliances can be of special help.

Leakage around ostomies is the result of an inadequately fitted appliance. This may be due to lack of manual dexterity on the part of the patient or because construction has been inadequate. Excessive filling of the pouch due to infrequent emptying or an increased volume of output may dislodge the appliance. Excessive action of the ostomy may be bothersome to the patient as the appliance will require repeated emptying, leading to leakage and skin excoriation. Leakage is very distressing to the patient as it leads to soiling of clothing by day or the bedding at night. It may thus interfere with normal activities and, if it causes soreness of the skin, this further compounds the situation. Very often simple advice about the fitting of the

appliance is all that is required. If the stoma has been incorrectly sited, or if some complication has occurred, then operative reconstruction of the ostomy may be needed.

The normal effluent and ostomy appliance are odor-free, but occasionally the fluid may become malodorous and provided the odor does not persist, this should not be regarded as abnormal. If there is persistent odor, then the cause should be sought. Odors can be very distressing to patients especially those who are fastidious about cleanliness and orderliness - the obsessive-compulsive patient.

Successful management of an ileostomy or colostomy stoma must necessarily include control of odor. The patient cannot be expected to adjust properly to the result of his operation if he is apprehensive about offending. The patient's morale and perhaps his ability to earn a living require that he be able to resume the close contacts with others which inadequate odor control can make so difficult.

The passage of excessive gas from the ostomy may make the appliance conspicuous and can be a problem at night. The noise of fluid or gas entering the pouch can embarrass the patient or keep him from sleeping at night. If the excess gas appears to be due to excessive chewing or aerophagy, appropriate advice may help.

In general, most patients are concerned, to a greater or lesser extent, by the alteration of body structure and function due to the construction of a stoma. Naturally, most ostomates wish to restrict knowledge of the fact that they have a stoma to a limited circle of relatives and friends. The desire for privacy makes an ostomate self-conscious about any factor such as bulky appliance, noise or odor which calls attention to the fact that he/she is different from other people. These considerations may limit social contacts such as sharing a room as a student or on holiday and can create awkwardness during courtship.

Fastidious patients are more likely to find difficulty in accepting ostomies. When unselected married ileostomists were asked to choose one of four adjectives to describe their ileostomies or supply an adjective of their own choice, (Burnham, Lennard-Jones, and Brooke 1977), 14 or 296 chose "repulsive" and 38 chose "unpleasant" as their description of the stoma. The remainder chose or supplied less emotive adjectives. It thus appears that a small proportion of ileostomists, perhaps about 5%, expressed repulsion by their stoma. In the same survey a similarly small, but important proportion of ileostomists expressed strong feelings about their ileostomy, such as "I feel a recluse," "I feel less effective as a man and could not expect

a woman to marry me, [illegible]

Most patients are able to continue their former work and are in no way restricted. A few patients do have to change their occupation due to the physical limitations imposed by the stoma and appliance. Those jobs that require much stooping and bending, working in a confined space, or carrying loads against the abdominal wall, are not really suitable for an ileostomist. On reviewing the literature, it would appear that a little under 10% of the people will need to change their employment after construction of an ileostomy. About 85% of patients continue their accustomed social activities without difficulties. Physical limitations restrict certain sporting activities such as wrestling and football. TO BE CONTINUED IN NEXT ISSUE!!!!

ELDERLY DIGESTIVE CHANGES STUDIED

Poor nutrition and impaired brain function among the nation's elderly population may be linked to digestive changes that take place as the body ages, according to research conducted at the University of Virginia School of Medicine in Charlottesville.

In a study headed by Dr. Munsey S. Wheby, professor of internal medicine, researchers sought a physical reason for low body weight and nutritional deficiencies among older persons.

"Many factors could be involved in malnutrition among the elderly," says Wheby, who cites depression, forgetfulness and trouble with shopping as other possible sources of the problem.

Researchers tested the idea that the aging process can alter the digestive tract to allow an overgrowth of bacteria in the small intestine, where food absorption takes place. High levels of bacteria there can prevent the body from getting all the vitamins, minerals and other nutrients it requires.

Examining both healthy and poorly nourished patients over age 65, the researchers found that bacteria levels in the small intestines of poorly nourished patients were 100 times as great as levels in healthy elderly patients.

* AARP NEWS BULLITEN, February 1983

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THE FUTURE HAPPENING

What: Mid East Regional Meeting

When: November 4, 1983 -
8:30-4:30 - Educational Session
6 pm - 8 pm - Wine & Cheese for E.T.s
November 5, 1983 -
Educational Session and
Annual Business Meeting

Where: Charleston, West Virginia
Holiday Inn, Charleston House which overlooks the beautiful Kanawha River

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NOTES FROM THE EDITOR:

A note of "thanks" to Betsy and Barb for the superb job they have done as the Editors of the Mid East Newsletter. Now as I assume that role, I realize how trivial the word "thanks" sounds compared to the responsibility the position demands. Therefore, I would like to initiate a Hats Off Award to all previous Editors of the Mid East Newsletter. With the input from our members I will strive to produce a timely and informative paper.

The deadline for material publication for 1983 will be:

--February 15 with March 1 mailing
--May 15 with June 1 mailing
--August 15 with Sept. 1 mailing
--November 15 with Dec. 1 mailing

Barb was kind enough to forward a list of members consenting to write articles for the future Newsletters--start watching your mailboxes for a note from the Editor.

I have enclosed a small survey that will help me with future publications. Please take a minute to check the appropriate spaces and return to the editor.

BY-LAWS: Marilyn Spencer, Trustee

Review of the proposed by-law changes and consultation with Sally Thompson, President and Ethel Pryor, President Elect proved the unecessity of a mail-vote. Therefore, the following by-law changes will be voted upon in Kansas City during the Annual IAET Conference.

OFFICERS	PROPOSED	RATIONALE
ARTICLE VI- REGIONAL TRUSTEE		
Section III - Term The Regional Trustee shall assume a term of two years and no Regional Trustee shall assume this office for more than one consecutive term.	The Regional Trustee shall be elected for a term of two years and shall not be elected for more than two consecutive terms.	The Regional Trustee could serve a total of 4 years instead of just 2. It is consistent with terms of officers in IAET.
Section IV - Vacancy If the position of Regional Trustee becomes vacant, an election by the members of the region will be held to fill such vacancy within thirty (30) days after notification of said vacancy. The ballots shall be sent by registered mail, and the President shall appoint the necessary tellers for such an election. The tellers shall count and record all votes and give a written report to the Secretary, who, in turn, will notify the membership of the results of said election.	If the position of Regional Trustee becomes vacant, the Board of Trustees shall elect a person to complete the term within thirty days.	Cumbersome. Impractical because of the size of our membership.
ARTICLE VII - BOARD OF TRUSTEES		
Section IV - Term Each trustee shall be elected for a term of two years, and no person shall be elected to such office for more than one consecutive term.	Each trustee shall be elected for a term of two years. No person shall be elected for more than two consecutive terms.	Allows for reelection.

ARTICLE IX - COMMITTEES	PROPOSED	RATIONALE
Section I - Appointment All committees, with the exception of the Nominating Committee, shall be appointed by the President and shall consist of a chairperson and at least two other members.	All committees with the exception of the Nominating Committee shall be appointed by the President.	Flexibility. Less restrictive.
Section IV - Term The term of service of each committee member shall terminate the second annual Regional membership meeting following their appointment.	Each committee member appointed or elected shall serve two years.	Clarity. No change.
Section V - Committees The standing committees shall be as follows:		
A. Membership It shall promote the growth of the membership of the Region, and it shall prepare and submit a regional membership list to the members annually.	It shall promote the growth of the membership of the region and it shall submit a list of active members as of September 1st of each year to the President of the region.	Quantity of delegates will be determined by the number of active members as of Sept. 1 annually. The National Directory is published every two years.
B. Program It shall plan and promote programs relating to the purpose of this Region; the purpose being to enhance and develop educational skills of the professional members of this Region and others concerned with the care of the ostomate.	B. Continuing Education It shall plan and promote programs to achieve the educational purposes of the Region, assist and advise the Mideast annual Program subcommittee, and forward all reports to the IAET Continuing Education Committee.	Clarification and reallocation of duties to improve communication involve more members and stimulate growth.
	B. 1. Mideast Annual Program Subcommittee It shall be appointed annually and shall assess the educational needs of the professional community and the Regional membership in order to plan, coordinate and evaluate the annual Mideast Region Conference.	

IAET RESEARCH & DEVELOPMENT COMMITTEE

Nancy Radcliff, RN,ET

1983 STATISTICS

AND look for the 1983 IAET statistics form. Through statistics we will be able to determine trends of diagnosis and treatment.

READ through the directions and examine the forms several times. See how easy it really is after you have given it some thought. You may devise your own daily census forms. However, there is a workable sample provided. To keep your daily statistics make copies.

START NOW to document the contribution you made to your hospital and community; the numbers of patients and conditions you see. Help our Region to be outstanding in getting the yearly I.A.E.T. statistic sheet in by January 15, 1984.

Second Call

I was recently appointed to join the editorial staff of the American Urological Association, Allied. This organization, the A.U.A.A., includes a wide scope of urological health care providers, but relatively few E.T.s. There is need to share all aspects of patient care relative to the urological clients as ostomy specialists we each have met challenges and found unique solutions. Please share your pearls of wisdom.

This journal contains a column titled "Readers Ask/Readers Tell". Singularly or collectively the Mideast E.T.s can present problems with solutions related to the GU system.

Send articles, questions and/or solutions to:

Norma Gill, CET
c/o 926 E. Tallmadge Ave., Suite C
Akron, OH 44310

MID EAST SURVEY

	Routinely	Occasionally	Never
I read Nursing '83	_____	_____	_____
R.N.	_____	_____	_____
AJN	_____	_____	_____
AUAA Journal	_____	_____	_____
Others	_____	_____	_____

Name _____

Identify the majority of cases with the number 1 , the next greatest with number 2, and so on.

The majority of my clientele are:
- Neonate-16 _____
- 16-40 _____
- 40-60 _____
- 60-up _____

I mainly see clients with:
- Ca _____
- IBD _____
- Diverticulitis _____

OR
- Congenital _____
- Trauma _____

Classifications of stomas:
- Urostomy _____
- Colostomy _____
- Ileostomy _____

I am consulted for pressure sores:
- Routinely _____
- Occasionally _____
- Never _____

I am consulted for incontinence management:
- Routinely _____
- Occasionally _____
- Never _____

****

This survey will assist the Editor in the selection of future educational material for the region. Please return to:

Marilyn Spencer, RN, ET
Enterostomal Therapy Dept. - 3L24
Cleveland Clinic Foundation
9500 Euclid Ave.
Cleveland, OH 44106

****

SPECIAL THOUGHTS AND

REMEMBERENCES TO:

Helen Arend

INTERNATIONAL ASSOCIATION FOR ENTEROSTOMAL THERAPY, INC.

FROM: Harriet E. Pilert, CE Chairperson -- November 19, 1982

Memo #1

There still seems to be some confusion regarding the procedure to follow for submitting CE programs to the IAET for review and award of CE credit. Please communicate the following information to your regions at your regional meetings, committee meetings, Board meetings, and via regional newsletters:

* Regions are encouraged to contact IAET Central Office to obtain the necessary materials for completing a CE application.

* Submit the completed application, three copies of the required criteria materials, and a check for $25.00 payable to IAET, to Central Office no later than 60 prior to the presentation.

*Now regions do not have to submit their programs/offerings to their state nurses association for continuing education credit. The IAET will award one (1) contact hour for each 50-minute period that is actual lecture time during the offering. One (1) contact hour will be awarded for every two (2) 50 minute periods that are devoted solely to clinical instruction. But please remember that the committee must receive your information at least 60 days prior to the presentation for it to be reviewed. Programs received later than the 60 day deadline will be returned without review.

FROM: Harriet E. Pilert, CE Chairperson

Memo #2 November 19, 1982

The CE Committee has divided into two functional components, - program development, and program review. Because of this separation additional members are needed.

The Program Development Component of the CE Committee is in need of four more persons to complete its membership and program review needs three people

Memo #2 - CONTINUED

Qualifications are:

1. Member in good standing of the IAET
2. Baccalaureate is acceptable; Master's degree preferred
3. Experience in teaching, nursing staff development or continuing education required
4. Expresses/indicates a desire or interest and willingness to serve on the committee

Do you know of any qualified people in your region who might be interested in working on the CE Committee?

Please send their name to:

Harriet E. Pilert, RN, MS, ET
CE Chairperson, IAET
9121 W. 73rd St. Apt. 205
Merriam, Kansas 66204

Thank you.

***** *****

Memo #3

GUIDELINES FOR REGIONAL FUND-RAISING ACTIVITIES (At National Conference)

1. There will be a designated area for fund-raising activities. One table will be set up per region within this area.

2. Each region will be allowed one raffle.

3. Tickets are to be sold within the designated areas only.

4. Fund-raising activities will not be publicized during general sessions. It is suggested that publication of these activities be through regional newsletters.

5. A time will be allotted for announcement of raffle winners.

6. Violators of these guidelines will be requested to withdraw from the fund-raising center.

***** *****

MID EAST REGION, I.A.E.T., MANUFACTURERS AND DEALERS LISTING

KENTUCKY:

COX PHARMACY, INC., 4800 Preston Highway, Louisville, Kentucky 40213
"A Supermarket of Ostomy Products" (502) 969-2341

BEGLEY'S CONVALESCENT AIDS AND HOME HEALTH CARE CENTERS:

117 Southland Drive, Lexington, Kentucky 40503	(606) 276-3561
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2200 Winchester Avenue, Ashland, Kentucky 41101	(606) 324-1215
Skyline Shopping Center, Hopkinsville, Kentucky 42240	(502) 885-7808

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Dealer for Hollister, Convatec, Sween, 3M and Stomahesive

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H.O.M.E., INC., 1605 Kalamazoo Street, Lansing, MI 48912 (800) 292-5899, call toll free. All major brands, we bill your insurance company. Free delivery.

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Ostomy supplies in stock. Free delivery in area. Insurance accepted. (313) 526-3945

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Enterostomal Therapy Dept.-3L22
Cleveland Clinic Foundation
9500 Euclid Ave.
Cleveland, OH 44106

PRESORTED FIRST CLASS

CLEVELAND OHIO MAR25'83 U.S.POSTAGE 37 PB METER 750231

MIDEAST IAET REGION

Maude B. Timmons, RN ET
5319 Vellevista Drive
Louisville, KY 40272

FIRST CLASS

MID-EAS DROPPER

VOL. XVII JUNE 1983 NO. 2

May 11, 1983

Dear Mideast Friends,

Happy Spring! This seems to always be a busy time of year with U.O.A. Regional meetings and preparing for the National I.A.E.T. meeting.

While I have been preparing for Kansas City, I must tell you all that I will be present in spirit only, as I am also preparing for a baby (girl----orders from "Mother Gill, E.T.") due in mid-August. Wild horses would normally not keep me from I.A.E.T., placenta previa is.

Our beautiful immediate past-president, Joyce, has had the gavel temporarily given back to her for the Kansas City meeting. She has agreed to take over due to our President-Elect, Ethel, also being unable to make the meeting. Thanks, Joyce!

Regional meetings are scheduled for Wednesday, June 8 (breakfast and meeting).

Those of you attending Kansas City will want to review the pre-conference booklet for issues which will be voted on so that our delegates can represent and vote for the Region. The Region's agenda is a full one, so please attend. One of the items on the agenda is whether the Region will be sponsoring a youth to attend the UOA-IAET Youth Rally. If you have a youth in mind, please bring all needed information with you. There is not much time between K.C. and the Youth Rally, so we really need to move on this.

Mideast's Joan Van Niel will be a candidate for Vice-President of I.A.E.T. Your Region wishes you the best of luck, Joan!

We have lots of new members in the Mideast Region. Welcome to you all! We hope you will become active in the organization. Let us know what you are interested in----we need your help!

I will miss seeing you all in K.C. This is the first National Conference since 1972 I have been unable to attend.

My thoughts will be with you....Thanks to Joyce, the officers and board for carrying on. Best wishes for a very successful meeting.

My best,

Sally

Sally Thompson, C.E.T.
Mideast President

MIDEAST REGION I.A.E.T. OFFICERS

PRESIDENT:	Sally Thompson
PRESIDENT ELECT:	Ethel Pryor
SECRETARY:	Brenda Kinder
TREASURER:	Barbara Montgomery
REGIONAL TRUSTEE:	Jane Beerck
TRUSTEES:	Ruth Bailey Patricia Freeman Marilyn Spencer
DELEGATES:	Lois Holloway Nancy Rioux Margie Dreffer Betty Gerth Jean Hicks Rosemarie VanIngen Ethel Pryor
ALTERNATES:	Patricia Freeman Patricia Grizzle
COMMITTEES:	
Membership --	Nancy Rioux
Budget & Finance --	Barbara Montgomery
Education --	Susan Cecil
By-Laws --	Marilyn Spencer
Publication. --	Marilyn Spencer
HISTORIAN:	Maude Timmons
PARLIAMENTARIAN	Bonnie Bolinger
MEDICAL ADVISORS:	Ananias C. Dickno, MD University Hospital Ann Arbor, MI
	Victor W. Fazio, MD Cleveland Clinic Cleveland, Ohio
	W. Patrick Mazier, MD Ferguson Clinic Grand Rapids, MI
	Joseph Rinaldo Jr., MD Providence Hospital Southfield, MI

When **your** work speaks for itself, don't interrupt.

Henry J. Kaiser

****

Condolences to Barb Montgomery in the death of her father.

CALENDAR OF EVENTS

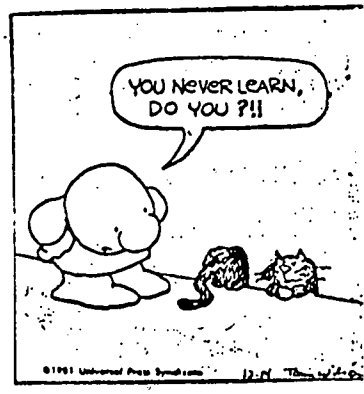
June 7 - 11, 1983 - IAET Annual Meeting
Kansas City, MO

June 11 - 12, 1983 - Great Lakes Region Youth Parent Conference
Hilton Inn North
Columbus, Ohio
Contact Rita Wray
1504 Northcrest Ave.
Columbus, OH 43220

June 30 - July 5, 1983 - Youth Rally
Sponsored by UOA-IAET
For Ages 12-17
University of Colorado Campus, Boulder
Contact Marilyn Mau
(312) 823-6312

June 8, 1983 - WCET Meeting of U.S. Delegation
IAET Annual Meeting
Kansas City, MO

November 4-5, 1983 - Mideast Region Annual Meeting
Charleston, WV



Lilian Gonsalves-Ebrahim, MD
Staff, Liaison Psychiatry

CONCLUSION:

Problems of Women

Younger women are especially conscious of the appearance of the ostomy and its effect on their figure and attractiveness. The ability to disguise the stoma and appliance as far as normal is thus important.

It is not known whether the construction of a stoma decreased the likelihood of subsequent marriage, although it is well established that an ostomy is no bar to marriage (Burnham et al). Less than 10% of married women find that an ostomy makes intercourse difficult, any problem is usually due to fears of leakage from the bag or displacement of the appliance. These fears are reduced by emptying the bag before intercourse and some women reduce the volume entering it by mild dietary restriction. A suitable garment or girdle can be used to fix and disguise the appliance.

Pregnancy is possible after ostomy but there may be reduced fertility due to the abnormal surgery (Daly and Brooke).

I must add here, that the ostomate's spouse is often the key to success or failure in adapting to the changes that must be faced together by the couple. Where family or social relationships are characterized by tension, hostility or lack of love, then delay in recovery can be expected. For this reason it is vital that a significant person be involved in the pre and post operative periods.

Problems of Children and Adolescents

Children want to be like their fellows, wear the same clothes, eat the same food, go to the same school, and play the same games. All these are possible with slight limitations. Problems of privacy may arise in communal changing rooms or during holidays when accomodations are shared.

With teenagers the need to follow fashion and develop relationships with the opposite sex provides additional problems. At some stage the existence of the stoma has to be disclosed during courtship and occasionally young people feel unable to contemplate close relationships or marriage due to the presence of the stoma. With young married couples most of them appear to adapt to the fact that one partner has an ostomy and discuss problems freely with one another (Burnham et al). In one survey, 2% of ileostomists attributed breakdown of their marriage to the ileostomy and about 10% attributed tension or unhappiness within the marriage to the stoma.

Problems of the Elderly

Failing eyesight, arthritis of the hands, uncoordination or other physical disabilities make it difficult for older ostomates to care for their stomas. These problems are aggravated by social isolation or poverty.

Rehabilitation of Ostomy Patients

By rehabilitation I mean the restoration of the patient to a state of health indistinguishable from the normal to those about him after ostomy surgery. No longer is the patient physically and mentally exhausted, with a depressed and miserable appearance. Instead of being a chronic invalid, who is wrapped up in his illness and who spends his days in the toilet, he becomes a contented member of society with little resemblance to his former self. Before a patient reaches this stage of acceptance of his ostomy and incorporating it as part of his body image he may go through a stage of grieving. He may deny the fact he has an ostomy and not take care of it. Or he may be angry and say "Why me?" Or he may get reactively depressed over losing a body part or function. With support from the medical team and family, most of these patients adjust to their ostomy and become proud of their ability to manage it. This is mainly dependent on the individual patient and his desire to stand on his own feet as soon as possible.

The patient with a temporary ostomy may present with a different problem. He may either accept it easily, knowing this is a transient adjustment in his life or become increasingly dependent on his caregivers. Instead of learning to care for the ostomy, he may expect the team to do so entirely. Such patients can be helped with gentle encouragement, support and realistic explanations about the need for a temporary ostomy.

If a patient manifests symptoms of a major depression with complaints of insomnia, decreased appetite, fatigue, irritability, hopelessness and depressed mood, anti-depressant therapy is indicated.

Ostomy associations and group meetings are other therapeutic tools. At these meetings, the patient is far from unique. He learns how others have overcome their problems and often these are just those problems he is still troubled with. It is the interchange of ideas that provides one of the major reasons for having such associations.

Patients, families, and therapist speak of one year to adjust: time to recover from the surgery and from the corrective procedures; time to re-educate and relearn bowel control;-- and time to adjust to the altered daily

patterns of home, work, and the social environment. This one-year period may also be the time it takes to work through the grief associated with an organ and sphincter loss and the resultant alteration of body image. Each event and each day mark the beginning of a new cycle in the life of the patient.

Treatment begins from the first moment one makes contact with the patient. By participating with the patient from the onset, the majority of emotional problems will be anticipated or aborted. The surgical procedure, the medical problems, and the mechanical problems merely add special dimension to the therapy.

If it is felt that the patient should be evaluated by a psychiatrist it would probably be wise to have the psychiatrist continue to see the patient throughout the hospital stay. Even if there appears to be no serious emotional problems, the opportunity for uncensored talking can be therapeutic.

The goal in all instances is to help the patients make peace with their altered selves, to feel that in the main, they are but slightly changed. Their self-respect must be preserved and their feelings of usefulness and acceptance by self and others must be revived. The special relationships involving the individual's mate, family, friends, and colleagues must be re-established with gratification for all concerned. Each patient should return to a life of work, play, and love.

To conclude then, despite the construction of an ostomy, most patients learn to manage it in such a way that it is a minor disability, although physical, social, and psychological problems have to be overcome. A small proportion of patients, perhaps 5%, despite every effort, have long-term problems. There is no doubt, however, that this operation gives many patients with chronic disabling intestinal disease a new lease on a full and active life.

References

Dlin, B. M., MD. Emotional aspects of colostomy and ileostomy. Psychosomatics, April 1978, Volume 19, Number 4, page 214-218.

Thomson, J.P.S., Lennard-Jones, J.E. Part III: Life with an Ileostomy. Clinics in Gastroenterology, Volume 6, Number 3, page 699-708.

Watts, J. McK., De Dombal, F.T., and Goligher, J.C. Long-Term Complications and Prognosis Following Major Surgery for Ulcerative Colitis. Brit. J. Surg., 1966, Volume 53, Number 12, December, page 1014-1023.

Wilson, E., M.D. The Rehabilitation of Patients with an Ileostomy Established for Ulcerative Colitis. The Medical Journal of Australia, May 30, 1964, page 842-845.

COLOSTOMY MANAGEMENT FOLLOW-UP

Olga Ramos-Wilson, RN, ET
Cleveland Clinic Foundation

A questionnaire was given to 74 patients with a permanent end descending colostomy. The interviews were conducted in our colorectal department outpatient clinic during the patient's routine follow-up examination. The object of this survey was to determine which method these patients most often used for managing their colostomy action and the problems or advantages related to these methods.

Those interviewed included 40 men and 34 women, ages 21-86 (mean 62.1 years). Sixty-five patients (87%) had a permanent colostomy constructed after abdominal perineal excision of the rectum for cancer. Sixty patients (8%) had the colostomy constructed after developing radiation proctitis. Three patients. Three patients (4%) had the colostomy constructed for Crohn's proctitis.

The two methods by which a patient is able to manage colostomy action are through colostomy irrigation or natural evacuation. Sixty-three patients (85%) stated that they had been taught to manage the colostomy action by irrigation. Eleven patients 14.8% stated that they were taught to wear an odor-proof drainable pouch and allowed the colostomy to function spontaneously. Fifty-eight patients (92%) stated they had continued with the irrigation technique; whereas five patients (7%) discontinued irrigation in favor of natural evacuation. Reasons for discontinuing the irrigation technique included "too time consuming", inability to control colostomy action with irrigation, and difficulty manipulating the irrigation flow-control clamp.

None of the patients whose colostomy functioned by natural evacuation had even attempted to manage their colostomy by the use of irrigation. Reasons include lack of manual dexterity from CVA, frequent loose movements due to Crohn's disease, visual difficulties, and previous history of irritable colon.

Twenty-five patients (43%) of those who irrigated never experienced any problems with the function of the colostomy. Twenty-four patients (41%) of those who irrigated stated that they did experience occasional colostomy action in between irrigation. Nine patients (15%) also used medications in conjunction with colostomy irrigation to control their colostomy action. Six patients occasionally took anti-diarrhea agents, whereas three patients experienced constipation requiring stool softners. All of the 11 patients (100%) whose colostomy functioned by natural evacuation, stated they occasionally experienced difficulty with either function of the colostomy or leakage of the appliance.

The advantages of no colostomy action in between irrigation allows the patient the freedom and security to wear a stoma cap or gauze patch over the colostomy. The disadvantage of colostomy action in between irrigation makes it necessary for a patient to wear a security or drainable pouch in between irrigation.

Our survey showed that most patients (78%) with a permanent end descending colostomy managed their colostomy action through the use of the irrigation technique. Unfortunately 33 patients (57%) had to wear a security pouch in between irrigation because of unpredictable colostomy action. All but one patient felt these actions occured because of items in their diet. Examples given were high fiber foods, coffee, alcohol, sweets, and some vegetables. All the patients agreed that by elimination of these items from their diet, the occasional colostomy actions could be avoided. However, they also felt that because they had experienced these actions, they felt more secure by the wearing of a security pouch over the colostomy.

Pros are people who do jobs well
even when they don't feel like it.

WHEN YOU TRY to make an impression, the chances are that is the impression you will make.

REGIONAL TRUSTEE UPDATE

The JAET Semi-Annual Board of Directors meeting was held at the Hyatt Regency in Kansas City, Nov. 11th and 12th. Much of the agenda items are old news by now, so you may have heard some of this before. However, here are some of the highlights:

1. The WCET met in Munich. Our own Joan VanNiel was elected Secretary. The WCET will meet in South Africa in 1984, and in Perth, Australia in 1986.
2. American Cancer Society. Effective November, 1983 the ACS and Rehabilitation Committee is lifting their moratorium on funding of ET schools.
3. IAET Strategic Planning. The implications were discussed. We need to market our expanded role. Does the name imply the expanded care that is being given. After much discussion, it was suggested that "persons graduated from an IAET accredited program" be referred to as "ETNurses."
4. Journal of Enterostomal Therapy. Everyone is pleased with C.V.Mosby's publication. The JET is in need of manuscripts. (How about you writers in the Mideast Region?)
5. Certification. In November, 603 people are Board Certified. (Certification exam will be given Saturday, June 11, Kansas City, 8a.m. - 12p.m.)
6. Legislative. There was concern voiced about Medicare's Diagnostic Grouping method of funding. It was undetermined at this time what effect this would have on the ET. One of the goals of the committee is to provide us with a "Standard Billing Manual" This would include guidelines for third party reimbursement.
7. Youth Rally. June 30th to July 5th, at University of Colorado Campus at Boulder. They need one ET nurse and one counselor for every 10 kids. If the child has special problems, Jan Jester needs to be informed of them. (How many are we sending?)
8. Regional. Fred Droz, IAET Executive Director, assured me that Mideast Region IAET is tax exempt. Also, that we can use IAET tax exempt number if needed. If we earn more than $10,000 per year, we must obtain our own number. (This number was communicated to us by the Central Office. It was forwarded to Barb Montgomery, our Treasurer.)

These are a few of the items discussed. Plan to attend the annual conference for complete information. The Hyatt is a beautiful place and the prices not unreasonable. The program contains the type of continuing education we want and need. The Regional Meeting is Wednesday morning.

I was also privileged to attend the UOA board meeting in Nashville March 12th and 13th, representing IAET. Bobby Brewer, ET President

(continued on next page)

of UOA invited me to sit at the main table. I was impressed with the dedication and the productive hard work of the members. They have hired a National Director and other office staff to better serve the membership. There are new booklets that will benefit the ostomy patient and the teaching ET.

Many of their concerns sounded all too familiar. Do you recognize some of these items that were addressed: motivating new membership, marketing their "product", dealing with the concerns of the single ostomate, and the needs of the gay ostomate.

Dr. Ira Kodner of their Professional Advisory Board spoke at the meeting. His words were encouraging and inspiring. No other consumer group has had such an impact on their health care.

The UOA is catching its "second wind" and it behooves all of us to work with them. (See Debbie's guest editorial, Ostomy Quarterly, Fall 1982)

Hope to see you in Kansas City where the new House of Delegates will be voting on the issues and the general membership will be voting on a President and Vice President of IAET.

Jane Beerck
Regional Trustee

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MIDEAST SURVEY RESULTS

	Routinely	Occasionally	Never
I read Nursing '83	11	9	1
R.N.	7	12	1
AJN	4	13	2
AUAA Journal	3	2	9
Others	10	1	

Name **See at bottom of next column.

Identify the majority of cases with the number 1, the next greatest with number 2, and so on.

The majority of my clientele are:

Neonate-16	4 (17)	
16-40	3 (15)	
40-60	2 (12)	Majority count
60-up	1 (14)	

I mainly see clients with:

Ca	1	
IBD	3	Majority count
Diverticulitis	3	
OR		
Congenital	5	
Trauma	4	

(continued)

Classifications of stomas:

Urostomy	2	
Colostomy	1	Majority count
Ileostomy	3	

I am consulted for pressure sores:

Routinely	10
Occasionally	8
Never	0

I am consulted for incontinence management:

Routinely	7
Occasionally	11
Never	2

**JET, Oncology Forum, Supervisor Nurse, Diabetic Ed., Cancer Nursing, Outlook, Ostomy Quarterly, Maternal Child Heatlh, Geriatric Nursing

ET/COLON RECTAL RESIDENT ROUNDS

Nancy Rioux, RN, ET
Susan Brown, RN, ET
Grant Hospital-Columbus, Ohio

We were approached by the Colon/Rectal Department at our hospital to institute monthly formal rounds with the Colon/Rectal residents. This was to be preceeded by an ET/Colon/Rectal Conference which dealt with the technical points in the construction of different types of stomas as well as their management by the ET.

The Colon/Rectal Physicians, feeling the importance of working closely with the ETs, in order to be familiarized with new advances in the management of ostomies, wanted this to be imparted to the Colon/Rectal residents.

In January of 1983, we participated in the Colon/Rectal Conference and started the rounds in February on the third Thursday and Friday of each month, (we had two residents that felt that taking each one on a separate day allowed each resident more of an experience).

Listed next are our Enterostomal Therapy goals and approaches for our Colon/Rectal residents.

Enterostomal Therapy Goals for Colon/Rectal residents are as follows:

Goal #1 - To familiarize Resident with the extent of Enterostomal Therapy services offered at Grant Hospital as well as the mechanism for locating and referring to other ETs located in patient's own community.
Approach: 1. Formal presentation
2. Observation during rounds

Goal #2 - To communicate the need for an benefits of close collaboration between physicians and ETs regarding pre-ops, post-ops, and discharge planning.
Approach: 1. Pre-op (Order obtained from patient's physician) ET visit
A) To aquaint patient with ET services and
B) To assess patient and family's strengths and weaknessnes
C) To identify and discuss myths regarding ostomies and their management
D) To mark stoma site
2. Post-op - Management of various types of ostomies e.g., To irrigate or not to irrigate
3. Discharge - Early indentification of patient's problems with acceptance, learning and coordination, as well as, physical barriers to patient's application of his own pouch

Goal #3 - To demonstrate the different learning capabilities of patients during their hospitalization which may affect duration of hospital stay.
Approach: Observe patient's abilities to emotionally cope, and physically manage their ostomy care, during ET rounds

Goal #4 - To demonstrate the retention and understanding of information given by ET during patients hospital stay.
Approach: Follow-up stoma clinic outpatient visits with ET

Goal #5 - To familiarize Residents with Ostomy procedures and equipment used by ETs.
Approach: Formal presentation and observation during ET rounds

Goal #6 - To familiarize residents with extent of patient and ETs difficulties managing stomal complications.
Approach: 1. Slide presentation
2. Observation during rounds

Although these rounds were started in the middle of the C/R residents experience, we had very positive learning experiences for the residents and received positive feedback. One resident is from Jordan, in the Middle East, and after three months of rounds, stated one of his first goals on returning to his hospital, he asked for a list of ET schools, so that he could get a nurse trained as an ET. The residents also realized some of the physical and psychological problems faced by the ET in ostomy teaching to the new ostomate and how early discharge can cause many problems in adequate rehabilitation of these patients.

(continued on top of next page)

E.T. Colon/Recal Resident Rounds (continued)

Now that we are established in our rounds with the colon/rectal department, we look forward to working with the new colon/rectal residents from the beginning of their yearly rotations and continuing to make them aware of the importance of a close working relationship between the ET and colon/rectal surgeon.

I believe Katherine Jeter told us to, "teach the young ones!!". We're doing it!!

****

WHY CAN'T life's big problems come when we are twenty and know everything?

****

RECENT GRADUATES OF APPROVED ENTEROSTOMAL THERAPY SCHOOLS

Kentucky:

Linda S. Vulhop, RN, BSN, ET
University of Cincinnati
Cincinnati, Ohio

Michigan:

Sharon Ballard, RN, ET
Sinai Hospital of Detroit
Detroit, Michigan

Marilyn Ehrlich, RN, BSN, ET
University Hospital
Ann Arbor, Michigan

Penny Kiss, RN, ET
Home Health Assistance, Inc.
Coldwater, Michigan

Deloris M. Schwartz, RN, ET
Borgess Medical Center
Kalamazoo, Michigan

Ohio:

Coletta Augustajtis, RN, ET
Medina Community Hospital
Medina, Ohio

Ohio - continued

Barbara Carnahan, RN, ET
Parma Community General Hospital
Parma, Ohio

Pauline DeSantis, RN, ET
Suburban Community Hospital
Warrensville Hts., Ohio

Marjean Huber, RN, ET
Ohio Valley Hospital
Stubenville, Ohio

Bess J. Liversidge, RN, ET
Ottawa County Board of Health
Port Clinton, Ohio

Linda Nilsson, RN, ET
Cleveland Clinic Foundation
Cleveland, Ohio

Elizabeth Reynolds
Northern Columbiana Community Hospital
Salem, Ohio

Judy Szemplak, RN, BSN, ET
Wooster Community Hospital
Wooster, Ohio

Paula Erwin-Toth, RN, ET
World Wide Ostomy Center
Akron, Ohio

Margaret Ruth Williams, RN, ET
Citizens Hospital
Barberton, Ohio

Mary Juanita Yuenger, RN, ET
Mercy Hospital
Portsmouth, Ohio

++

Basic research is what I am doing
when I don't know what I am doing.
Werner Von Braun

++

It's always easy to see both sides of an issue we are not particularly concerned about.

THE SOCIAL WORKER'S ROLE AS COUNSELOR WITH OSTOMATES

John Sharp, MSSA, ACSW
Clinical Social Worker, Social Work Department
Cleveland Clinic Foundation

The personal and family problems of ostomates are well-known to the enterostomal therapists. As the nurse provides hands-on care to this new, private body part, patient's often express feelings about their changed body image, fears of social embarrassment and concerns over their relationship with the opposite sex. How does the hospital social worker interface with the nurse-patient and doctor-patient relationships?

The majority of new ostomates progress through the recovery phase and are successfully rehabilitated. Although many may experience sexual dysfunction and social isolation, most return to work and other presurgery activities within six to nine months. Many who have had diarrhea or irritable voiding symptoms report an improved quality of life post-operatively. The social worker can assist this typical patient in the normal phases of adaptation to an ostomy. The ostomate presents within a phase of denial-acceptance continuum but also with a specific focus of his or her concerns and fears. The therapist may consult the social worker about a patient who is denying the seriousness of his cancer diagnosis or one who displaces his anger about his altered body image onto his family.

Whatever the reason for referral, the social worker assesses all of the psychosocial systems. He gets a sense of the personality and ways of coping with past stresses; self concept and body image are discussed. He evaluates the family and marital situation, examines other social supports, checks out the patient's understanding of their disease and past experience with ostomies and illness. The ostomate's vocational and financial situation are discussed. With this information the social worker helps the patient prioritize the problems and work on them one at a time. This often relieves anxiety by providing the patient with cognitive mastery of an otherwise overwhelming situation.

The social worker chooses appropriate techniques on the basis of the ostomate's motivation for counseling, their ability for insight into their problems, and the situational constraints involved. If the problem is one of personal adjustment, the social worker meets regularly with the individual to allow for venting of feelings, clarifying those affects by making connections between behaviors and feelings and confronting attitudes and behaviors in the sense of helping the person reflect on emotionally charged issues in a more objective way.

In addition to individual counseling, the social worker may choose marital counseling, sex therapy, or a psychiatric consultation. The guiding principle which emerges out of the psychosocial assessment is "to begin where the client is". The stomal therapist is the key person in identifying potential problems of the ostomate; she may notice a persistent negative attitude of a spouse toward the stoma or the ostomate may confide with her regarding his sexual concerns. Perhaps the therapist wonders about self-abusive behaviors, exaggeration of physical symptoms, such as pain, or suspects a chemical abuse problem. By consulting the social worker the nurse has a source for further evaluation and treatment of these problems.

Two examples may clarify these issues. Mrs. R. is a 31 year old white, divorced female who has Crohn's disease. The ET referred her to me when she became overwhelmed by the consequences of her illness during a hospital stay. She lives alone, is unemployed but rather independent. Her symptoms were piling up on her: she had a high output from her ileostomy, pain on eating due to a small bowel stricture, allergies, joint pain and anorexia. These symptoms came at a time she was "putting her life back together." She was dating a man who was understanding of her illness and ileostomy, but she feared losing him due to recurrent hospitalization. She wanted to travel alone and with her family but this too was restricted. I chose to see her individually one or two times per week while hospitalized. The focus of the counseling was to allow her to vent her feelings about her symptoms and how she could reconstruct her social and family life once home. By moving the discussion away from her symptoms, which preoccupied her thoughts, to her social and family life, she became less depressed and more focused on making the most of her "good days".

Mr. S is a 53 year old white married male with bladder cancer. Prior to his cystectomy and ileal conduit, he spoke openly with ET and myself about the sexual consequences of the surgery, i.e., impotence. Through the assessment process, I discovered a more general feeling of self-defeat. He was at the point of building a successful business after some financial setbacks. He has an understanding wife and reported that sexual intercourse was an important part of their relationship. Unfortunately, I was only able to meet with him alone; because of his ability for insight and willingness to discuss his sexuality and self-image, these issues became the focus of our contacts. Once the pathology reports showed a good prognosis, the cancer fear which was displaced onto his sexuality was relieved, and he could think about returning to work and sexual rehabilitation including a penile prosthesis.

In these two cases I was able to take the anxiety and depression identified by the nurse and assess and counsel the patients within the constraints of the situation. The close, hands on nurse-patient relationship proves helpful in identifying and ventilating emotional concerns. But for the social worker, emotions and interpersonal relationships are raison d'etre of the professional-patient relationship. The trained counselor can help the ostomate examine these emotionally charged issues objectively to reduce anxiety and come to some resolution.

I should note that there are different levels of experience and training among social workers. Those with masters degeees (MSW, ACSW) are typically trained in individual, family, and group counseling. However, training and comfort in sexual counseling varies in the profession.

SUMMARY

Hospital social workers enjoy the challenge of new issues in counseling the medically ill. A collaborative relationship with the enterostomal therapist is essential for successful social work counseling of the ostomate.

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International Association for Enterostomal Therapy

Debra C. Broadwell, RN, MN, ET
President

Emory University ET Program
1365 Clifton Road, NE Rm 362
Atlanta, Georgia 30322
(404) 321-0111 Ext 3321

February 11, 1983

Ms. Sally Thompson, President
Mideast Region
World Wide Ostomy Ctr.
926 Tallmadge Ctr. #C
Akron, Ohio 44310

Dear Sally,

I have just received a copy of a letter which showed the receipt of $140 for the Bernadette Smith Scholarship award from the Mideast Region. I would like on behalf of the IAET Scholarship Program, to thank the Mideast Region for their continued support of ET nursing education.

It is exciting to see practitioners in enterostomal therapy providing funds for education of future practitioners. It only documents the belief that each of us have in what our practice is and what effects we can have on people who have undergone ostomy surgery. Thank you for your continued support.

Sincerely yours,

Debra C. Broadwell, RN, MN, ET
President

A CAMPAIGN MESSAGE FROM JOAN VANNIEL

My decision to run for the office of vice-president did not come overnight. I feel that this office requires someone who is knowledgable of the organization, has served in leadership roles, is competent in clinical skills, and can communicate to the membership. I am qualified for this office.

The MidEast Region has given me the opportunity to be active on various committees, and I am hopeful that you will again continue your support for such activities. Undoubtably, we will see many changes within the IAET for the betterment of the membership, and I would like to be in a position to assist you in this advance.

I fully believe in the bedside Enterostomal Therapist as the primary care-giver, and can also relate to the higher standards of education so necessary for improving care to the ostomate. I feel that I can serve as an effective vice-president representing your special needs and concerns to the IAET. Thank you.

"PURPLE POUCHES"

Pamela Payne, R.N., B.S.N., E.T.
Cleveland Clinic Foundation

If an enterostomal therapist practices long enough she will eventually encounter a urostomate with a purple pouch. There are two theories that relate to the occurence of this phenomenon. However, the two explanations are still speculative at this time.

One can imagine the surprise and sometimes panic the urostomate experiences when the pouch turns purple. The appearance of a stained pouch may be transient or consistent. The urine remains yellow or straw color. The pouch color does not fade or wash away with regular cleansing techniques. This condition is not indicative of underlying pathology in the absence of other symptoms.

The first theory of the purple pouch deals with oxidation of indoxyl-sulfate in urine. It is not clear what causes the increased amounts of indoxyl-sulfate in the urine. However, consistent elevated levels have been found in patients with intestinal obstructions.

A condition of indicanuria caused by bacterial degradation of tryptophan increases the amount of indole produced and absorbed in the body. When the indican comes in contact with air it oxidizes to indigo blue. Thus a mother will notice a diaper slowly change color after being removed or the ostomate discovers the pouch changing color while in use.

The other theory suggests that the color-producing substance is a chemical component of the pouch only. One study shows a patient's urine to discolor a plastic drainage bag, but not to discolor a glass container. The pH of this urine was alkaline which is a consistent factor in the "purple pouch" phenomenon. Manufacturers add blue or lavender dye to the polyvinyl resin to eliminate the yellow tint. The amount of resin in each container varies as does the amount of dye. Therefore, plastic collection devices with higher concentrations of dye are more likely to become discolored. The color can range from light blue to purple.

When a patient experiences discoloration of his appliance, he can be assured the condition is usually temporary. Also, the underlying disease process is not the cause of this phenomenon. Chemical reaction between substances of urine, plastic material and air combine to initiate the discoloration A patient who experiences this condition should be assured he is not becoming ill. Also that the condition is only temporary, but may continue to reappear periodically.

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"That's the last time we'll use this hospital!"

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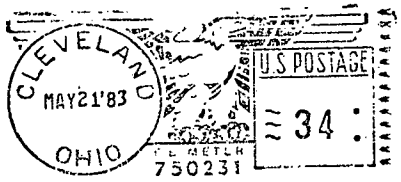
MARILYN SPENCER, RN, ET
Enterostomal Therapy Dept.-3L22
Cleveland Clinic Foundation
9500 Euclid Ave.
Cleveland, OH 44106

PRESORTED FIRST CLASS



MIDEAST REGION
IAET

Maude B. Timmons, RN ET
5319 Vellevista Drive
Louisville, KY 40272

FIRST CLASS

MID-EAS DROPPER

VOL. XVII SEPTEMBER 1983 NO. 3

August, 1983

Dear Mideast Friends:

Thanks to all officers, board members, committee chairpeople, delegates, members and especially Joyce and Jane for a successful and productive Regional Meeting in Kansas City.

The Annual Regional Meeting will be held in Charleston, West Virginia, on November 4 and 5. I would like all officers, board of trustees, and committee chairpeople to plan on being in Charleston for a Board Meeting Thursday, November 3. We will be meeting all afternoon.

Welcome to all new members of the Mideast Region! We hope to see you in West Virginia. The Region will be electing a treasurer, two trustees, and delegates. We also will be adding some committees and expanding existing committees. I would like to see some of the newer members involved, so please be thinking about it.

Congratulations to Jane Rupert of Lima, Ohio, on receiving the Rupert B. Turnbull Memorial Scholarship Award.

The Mideast Region sponsored Michael Willemin of Elyria, Ohio to the U.O.A. Youth Rally. He was suggested by Pat Hurd. Thanks, Pat.

See you all in Charleston!

Sincerely,

Sally

Sally J. Thompson
President
Mideast Region

MIDEAST REGION I.A.E.T. OFFICERS

PRESIDENT:	Sally Thompson
PRESIDENT ELECT:	Ethel Pryor
SECRETARY:	Brenda Kinder
TREASURER:	Barbara Montgomery
REGIONAL TRUSTEE:	Jane Beerck
TRUSTEES:	Ruth Bailey Patricia Freeman Marilyn Spencer
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ALTERNATES:	Patricia Freeman Patricia Grizzle
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Membership --	Nancy Rioux
Budget & Finance --	Barbara Montgomery
Education --	Susan Cecil
By-Laws --	Marilyn Spencer
Publication. --	Marilyn Spencer
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	Victor W. Fazio, MD Cleveland Clinic Cleveland, Ohio
	W. Patrick Mazier, MD Ferguson Clinic Grand Rapids, MI
	Joseph Rinaldo Jr., MD Providence Hospital Southfield, MI

****

1983 Newsletter Publication Dates

August 15 for September 1 mailing
December 15 for January 2 mailing
March 15 for April 1, 1984 mailing

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CALENDAR OF EVENTS

ONE DAY CONFERENCE
"Impaired Skin Integrity Related to Pressure: Pathophysiology and Nursing Intervention"
Speaker: Victor Alterescu, BSN,ET,PhN
Editor, JET
Date: October 21, 1983
Where: Gilmore Center for Health Education
Bronson Methodist Hospital
Kalamazoo, MI
Cost : $35 (does not include lunch)
Brochures will be mailed the first week in September. Parking provided adjacent to building. Contact hours have been applied for. Contact: Doris Kilgore (616) 383-7736 for more information.

****

Mideast Region International Association for Enterostomal Therapy Presents:
HOSPICE AND CARE OF THE TERMINALLY IL

November 4, 1983 7:30 - 3:45
Downtown Holiday Inn
Charleston House, Charleston, WV
Speaker: Dr. Sally P. Karioth
Cost:$25 (includes lunch)
CEU Credits Pending
Contact: Nancy Martin or Juanita Jenkins
(304) 348-4333

November 5, 1983 - Mideast Region Business Meeting
Charleston, WV

****

October 12-15, 1983 - CAET Meeting
Regina, Canada
Contact: Jean Simmons or
Marie Burroughs

****

May 6-10, 1984 - AUAA Annual Meeting
New Orleans

****

March 11-16, 1984 - WCET 5th Biennial Congress
Transkei, South Afric

REGIONAL TRUSTEES REPORT

The 15th Annual Conference held in Kansas City, Missouri, June 7-11,1983 sounded like a success before it even began with more than 500 pre-registered and exhibitors spaces sold out! "TC" Kynes and her National Conference Planning Committee, Kansas City ET's and the National Office really tried to give us what we wanted. I thought it was a good Conference, I hope you did too.

The first House of Delegates Meeting had to have a few bugs to be ironed out. However, the Good Guys, the Delegates from the Mideast Region had it all together. They knew who was to be there, and were present at the proper time. 'Proud of ya.

The educational part of the Conference was helpful and interesting, as they usually are. The pro and con discussions of various pertinent topics was'something else! The presentors were very convinced and convincing of their stands. Some of the topics: Colostomy irrigation vs natural evacuation, Single lumen catheterization of urinary stomas vs double lumen catheterization, Clean technique vs sterile technique, and others that I'm sure will be reported elsewhere. The following is odds and ends of information from the meetings I attended at the Conference.

JET The Journal will offer CEU's at the later part of "83. Manucripts are needed, and an award will be offered for the best research manucript. Announcements of meetings could be placed in the JET if notified 3 months in advance. Announcements and manuscripts should be sent to JET Editor Bonnie Sue Rolstadt, 350 Doctors Professional Bldg., St.Paul, MN 55102.

Regional SubdivisionSome Regions have subdivisions of various names: chapters, etc. One Region divided into areas/telephone area code boundries. This has caused some problems when dues paid to the "chapter" does not make them an IAET member. Some Regions think they are stronger because of subdivision, while others feel the Region has become or is becoming an after thought.

From the Committee Reports The By-Laws committee has prepared guide lines for our Regions concerning election of House of Delegates Members. The Kansas City ET School has closed. Revised curriculum to include care of draining wounds, fistulae, pressure sores and problems of incontinence. Certification - 700 ET's have written the IAET Certification Exam. The dates may be changed for the exam at the Annual Conference so that test could be given on Tuesday, before the Conference.

Our own Phoebe Alfke remains on the National Nominating Committee (I know that lady.) Bette Jackson is the new Certification Chairperson. The Annual ET Nurse Day will be in May, date to be announced - should have more advanced notice in '84. "Pressure Sore Management - The State of the Art" is an IAET Continuing Education Committee program to be held in Chicago, October 21, 1983. The Slide Project (Foundation, Katherine Jeter) is completed. The slides were shown at the Conference. The Program is care of children with urostomy stomas. They will soon be available for rental or purchase. Fred Droz announced there are 1700 members of IAET.

Hope to see you all in Charleston, W.VA., November 4-5 and of course inLas Vegas June 5, 1984 to June 9, 1984.

Jane Beerck

MID-EAST REGION I.A.E.T.

Treasurer's Report

ACTUAL EXPENSES

JUNE 1982--JUNE 1983

REVENUE:	
MEMBERSHIP REBATE	$1799.90
SEMINAR	1005.12
INTEREST	289.12
NEWSLETTER ADS	1075.00
SCHOLARSHIP	140.00
TOTAL	$4309.14
EXPENSES:	
NEWSLETTER (4 issues)	$ none
PHONE	10.00
GENERAL PRINTING/ TYPING	137.48
CONFERENCE EXPENSES	822.40
YOUTH PROGRAM	none
SCHOLARSHIP	640.00
MISCELLANEOUS	1138.01
POSTAGE	262.30
TOTAL	$3010.19
REVENUE OVER EXPENSES	$1298.95
JUNE 1983 Bank balance	6626.29
Certificate (due in fall)	1582.38
MIDEAST REGION FUNDS	$8208.67

PROPOSED BUDGET

JUNE 1983----June 1984

REVENUE:	
NEWSLETTER ADS	$1000.00
SEMINAR	1000.00
INTEREST	300.00
DUES/MEMBERSHIP REBATE	2000.00
TOTAL	$4300.00
EXPENSES:	
NEWSLETTER (4 issues)	$ 500.00
PHONE	50.00
POSTAGE	275.00
GENERAL PRINTING/ TYPING	50.00
SCHOLARSHIP/FUNDS	500.00
CONFERENCE EXPENSES	850.00
MISCELLANEOUS	1000.00
YOUTH PROGRAM	500.00
TOTAL	$3725.00
REVENUE OVER EXPENSES	$ 575.00

MIDEAST REGION

INTERNATIONAL ASSOCIATION FOR ENTEROSTOMAL THERAPY, INC.

Indiana Kentucky Ohio Michigan West Virginia

Semi-Annual Membership Meeting
June 8, 1983
Kansas City, Missouri

The meeting was called to order by Joyce Hawley, in absence of Sally Thompson, President and Ethel Pryor, President Elect.

Present were: Norma Gill, Joanne Aldrich, Rosemarie Van Ingen, Pat Freeman, Ethel Beckwith, Doreen Bergstrom, Linda Vulhop, Betty Gerth, Trudy Blied, Phoebe Alfke, Charlene Hutchinson, Linda Symms, Janice Maloney, Chris Walsh, Margaret Sawyer, Rita Kirschner, Charlotte Gerbig, Marjorie Rose, Mary Wallace, Marilyn Spencer, Susan Smith, Pat Grizzle, Pam Stelger, Donna Wilkins, Phyllis Hilmerick, Jean Hicks, Emily Jones, Joan Baptie, Sue Hughes, Shelly Birdsall, Nancy Rioux, Susan Brown, Kathleen Moore, Denise Bailey, Joan Van Niel, Kathy Lakey, Janice Pitre, Olga Cameron, Julianne Stroud, Jane Beerck, Brenda Kinder, Joyce Hawley, Marlene Brockmeier, Ruth Bailey, Mary Lou Walker, Judith Myers, Beverly Wallace, Norma Huesman, Evelyn Kialer, Barbara Davis, Judith Powell, Pat Gillen, Joyce Morris, Pat Keller, Marie Lonz, Dorothy Best, Judy St. John, Sue Dudas, Sharlene Kennedy, Lynne Bieheritz, Barbara Boylan, Susan Brades, Pat Hurd, Barbara Montgomery, Suzanne Serfzo, Karen Bleich, Karen Granby, Luch Inetmad, Wyonna Steffler, Chrisbell Wentler, Malgaret Valmassoi, and Ilse Boggs.

1. Introductions:

   A. Officers - Introduced to membership present.

   B. Recognized new members present and those who were attending meeting for the first time. New members will receive a badge from the region.

2. Determination that a quorum of the membership was present was made by Trudy Blied, Acting for Parliamentarian. A total of 73 members present.

3. Secretary asked for acceptance of minutes as published in the Mid-East Dropper Newsletter. Motion to accept minutes was made by Rosemarie Van Ingen, seconded by Marilyn Spencer. Motion carried.

4. Tresurer's Report - Barbara Montgomery (See attachment)

   Barbara Montgomery submitted that the budget, as printed, be held for audit. Motion was made by Rita Kirchner, seconded by Pat Grizzle. Motion carried.

5. Committee Reports:

   A. Membership - Nancy Rioux

      190 - Paid members total; 43 unpaid members; 12 recent new members.
      11 - Associate members

9 - Retired members
3 - Life-time honorary members
6 - Agency members

B. Continuing Education - Susan Cecil (not present - no report)

1. Annual Program Subcommittees:

a. 1983 - No one present, but plans are going well. Membership will shortly be receiving information on our conference on November 4 & 5, 1983 in W. Va.

b. 1984 - Rita Kirschner

Passed out a Needs Assessment Survey Form. Requesting membership to fill out this form before leaving the conference and return the form to Rita. The form may be mailed to Rita Kirschner at the address on first page of the survey. Please take time to thoughtfully fill out the form so that the program planned will best meet the needs of the membership. This form is also being sent to RN's and LPN's in the area to assess their educational needs.

C. Publications - Marilyn Spencer

The last issue of the Newsletter, 290 copies, were printed and distributed.

Joan Van Niel has consented to write a short column from the R.B.T. Educational Program on activities there.

Would like a volunteer from each state to "filter" down news; report on activities in your area - this is your Newsletter. You don't have to formally write an article. Just let Marilyn and the Publications Committee know what's happening.

Would also like to pursue a "sharing" page. The Newsletter is our vehicle to share. This can be done individually or as a group of people.

Would like to publish in each Newsletter a "Calendar of Events." Please send events for publication in the Newsletter.

The publications committee is open to suggestions anyone has. Please communicate.

D. By-laws - Marilyn Spencer

The By-laws changes were published in the last Newsletter - see attachment. Proposed changes read to the membership, and submitted for approval by Marilyn Spencer.

Motion to accept By-laws' changes made by Rosemarie Van Ingen, seconded by Pat Freeman - no discussion. Motion carried.

E. Historian - Maude Timmons (unable to be present, report was read by Joyce Hawley).

Pictures from the November 1982 meeting in Louisville have been placed in the scrapbook. All copies of the Mid-East Dropper and information on the 1983 Youth Rally have been added also.

The proposed agenda for the Semi-Annual Board Meeting in Kansas City will be added.

Any pictures which might be taken of the group or any happenings here at Conference, please make extra copies and send to Maude for the scrapbook.

F. Special Committee Reports:

1. Operational Manual - Pat Freeman, Ruth Bailey (See Attachment)

-Additions. Information from publications committee has now been received.

-National office is also in process of producing an Operations Manual.

2. Newsletter Funding - Trudy Blied (See Attachment)

The Regional Board did, last night, vote to continue this funding.

3. Research - Joan Van Niel

Research Committee to look into Sexuality and the Ostomate consisting of Judith Powell, W.Va.; Olga Cameron, Detroit; Shirley Duvgen, Conton, Ohio; and Sally Thompson as President of the region; Pat Gillen, Toledo area and Susan Dudas, Ind., was formed after the November, 1982 Regional meeting. The committee got off to a shaky start. If anyone else would like to participate, please meet with Joan right after this meeting.

Objectives of Committee are to:

1. compile bibliography of very recent sexuality problems and accomplishments of the ostomate - Looking at people who have had APR's and Radical Cystectomy and have had return of sexual function.
2. develop a questionnaire to be sent to you to obtain statistical information regarding persons return of functioning, maybe as late as two years, post massive surgery.

Information will be published in the Newsletter. If you have input, send it to Joan Van Niel in Cleveland.

4. Other:

A. Joan Van Niel gave "thanks" to the region for financial support in her campaign for Vice President of IAET. Also, gave a short campaign speech to the membership.

B. WCET - Norma Gill

Norma is editor of WECT Newsletter. Has copies for distribution if anyone would like to have. There are now 500 members. The next meeting of WCET will be in Cape Town, South Africa in March of next year.

C. Debbie Broadwell, President of IAET, was present to answer questions. Introduced Fred Droz from National Executive Office. He presented a check to Barbara Montgomery for regional membership rebates ($2,070.08) for this past year.

6. Regional Trustee Report - Jane Beerck

A. Hollister Outreach Program - Next will be in Minneapolis on September 26, 1983.

B. Generally agreed that it is beneficial for the IAET President to attend regional membership meetings. Debbie Broadwell will continue to do this.

C. Victor Alterescu discussed the JET. There will be published some articles for CEU later this year.

They are in need of manuscripts. Please, if you are doing some research, please submit it to the Journal.

The Editorial Board is seriously considering an award for a good manuscript, with research - probably a financial award through Mosby and presentation of the Research at the Annual Conference.

Mosby is very pleased with editorial staff of the JET. There are now approximately 2,500 subscribers to the Journal.

D. There are now some 1,700 members in the IAET. The number reflects a loss of about 300 members this year. We need to really evaluate this with our membership committee.

E. IAET booth has been used at seven (7) places. Wherever it's been used, it has been really well received. Considering obtaining a second display to accommodate overlapping dates. It takes three weeks between times to get to another place.

F. There was some discussion on Regional Subdivisions. This will be discussed more at the business meeting. Some larger areas have divided into smaller areas - locales, cities, etc. There is concern that some of these smaller subdivisions are divisive - taking away from the regions; however, others really help strengthen the regions. There is need to establish some guidelines to get some control over this.

G. Certification Exam - There have been complaints that people taking the exam cannot attend portions of the conference, so there may be some changes in that, at least by next spring.

H. Legislation in the State of Washington does provide for third party payment for Board Certified Nurses who perform the same procedural type activities as a M.D. At this time, the Board Certified E.T. Nurse is eligible for third party payment and is permitted to prescribe minimal medications as related to the specialty, e.g., mycostatin powder; and prescribe some signigicant x-rays. In Washington, E.T. Nurses are "grandfathered" into this legislation at this time. Certification requirement in this state requires one year additional education in specialty which our educational programs do not currently meet. After 1985, there will be some re-evaluation of the E.T. Nurse eligibility.

I. There is a billing manual being prepared soon; however, it is with the Strategic Planning Research.

J. Operational Manual has been revised and is in process of being sent to regions.

K. National Conference Planning Committee - This year's conference is the first with which the National Committee has been involved. This is now a standing committee and will be available to hosting national conferences.

L. UCA Youth Rally - June 30 through July 5, Boulder, Colorado.

M. Continuing Education - Harriet Pilert present to request volunteers for this committee. The ANA requires all committee members have a Bachelor's degree, Master's preferred, so that the IAET can continue to be a provider of Continuing Education. The degree does not have to be in Nursing. The requirement for teaching experience does not have to be formal teaching experience.

7. Old Business

A. Tax Exempt Status - Jane Beerck announced that we do have tax exemption - Barbara Montgomery has the official IAET tax exempt number which we can use on all our accounts.

B. Incorporation - Even though we originated in the State of Ohio, we cannot find evidence that we are incorporated in Ohio. Discussion on whether to pursue. No decision.

C. Youth Rally

Motion was made by Karen Granby to contribute $500 to support the Youth Rally. The money would be used in the following manner:

-If one youth from our area applies - give $250 and give $250 to the Youth Rally to be used for general expenses.
-If two youths - $250 each.
-If more than two youths - money will be divided equally.
-If none, send $500 to Youth Rally for general use.

Motion was seconded by Trudy Blied.

Motion carried.

D. Bernadette Smith Scholarship Fund

Motion was made by Norma Gill that we donate $500 to the Bernadette Smith Scholarship Fund, to be used to support E.T. Education for someone from our region.

Motion seconded by Becky Beckwith.

Motion Carried.

8. New Business

A. Pat Grizzle was appointed as Chairperson of the Nominating Committee by the Board. The offices open to be elected in November 1983 are

Treasurer, Two (2) Trustees, and Delegates (7 delegates and 4 alternate delegates). Pat will be contacting persons to serve on this committee.

B. The 1984 IAET Conference will be June 5-9 in Las Vegas, Nevada at Caesar's Palace.

C. The 1985 Annual Regional Conference will be held in Cleveland, Ohio.

D. Regional Fund Raising - Trudy Blied asked for volunteers to serve on a committee to look into fund raising projects for the region. Karen Granby volunteered to chair this committee.

E. The Regional UOA meeting will be held in Cincinnati, first weekend in April, 1984. Please support and show interest in this meeting.

9. Delegates to the National Business Meeting were presented.

Three names are to be submitted for Honorary Membership. This region will vote for these memberships.

10. Motion made by Ruth Bailey to adjourn. Meeting adjourned at 10:00 a.m.

Respectfully submitted,

Brenda Kinder

Brenda Kinder, Secretary
Mid-East Region of IAET

/dmf

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CANDIDATES FOR MID-EAST REGION

Treasurer - Barbara Montgomery, RN, ET-Ohio

Trustees (2)
Rosemary Van Ingen, BS, ET-Michigan
Patricia Freeman, RN, ET-Michigan
Judy St. John, RN, ET-Indiana
Dorothy Best, RN, ET-Ohio
Joan Van Niel, BSN, MA, ET-Ohio
Mary Ann Sammon, BSN, ET-Ohio
Sr. Consolata Walking, RN, ET-Kentucky

Delegates (7 & 4 alternates)
Patricia Freeman, RN, ET-Michigan
Judy St. John, RN, ET-Indiana
Marlene Brockmeier, RN, ET-Ohio
Joan Baptie, RN, ET-Kentucky

Delegates (continued)
Glenna Altizer, RN, ET-West Virginia
Dorothy Best, RN, ET-Ohio
Thelma Weakley, RN, ET-Ohio
Mary Angela Lamb, RN, ET-Ohio
Mary Lou Walker, RN, ET-Ohio
Marilyn Spencer, RN, ET-Ohio
Betty Gerth, RN, ET-Ohio
Mary Ann Sammon, BSN, ET-Ohio
Sr. Consolata Walking, RN, ET-Kentucky
Marie E. Lonz, RN, ET-Ohio
Susan Brown, RN, ET-Ohio
Patrick Gillen, BSN, ET-Ohio
Susan Brady, RN, ET-Ohio
Pam Stilger, RN, ET-Kentucky
Phyllis Helmick, RN, ET-Indiana

INTERNATIONAL VISITORS

Norma N. Gill, E.T.
Akron, OH

In June the Mideast region was honored with international guests. Taiso Tamura, M.D. Hiroshima, Japan and Takeshi Fukuhara, M.D., Osaka, Japan, both colorectal surgeons, visited the Cleveland Clinic Foundation for one week and then were guests of Norma Gill in Akron, Ohio. Dr. Tamura spent one year at CCF in 1976 refining his skills as a surgeon and recognizing the benefits of enterostomal therapy; he certified from the Cleveland Clinic School of Enterostomal Therapy. Upon his return to Japan, he pursued the "ET nurse" cause and was instrumental in motivating eight registered nurses to obtain education through IAET approved programs.

Dr. Tamura shared slides demonstrating ostomy problems and Japanese solutions, either surgical, technical, or emotional. Common problems were identified as prolapsed stomas, ectopic placements of stomas and inappropriate equipment. The opportunity to exchange ideas with the surgeons was enjoyable and interesting.

While in Akron, Dr. Tamura and Norma Gill collaborated in formulating the brochure to be printed explaining the "Norma N. Gill Foundation" and the need for funds to advance ostomy education where the care is inadequate for total rehabilitation.

The other guest was Renuka Narang from Bombay, India. Volumes could be written on the progress of ostomy care in India. It all started in 1972 when Renuka's father, Herol Narang, developed colon cancer. He came to America for a second opinion and remained to have the surgery which necessitated the formation of a colostomy. Upon his return to India, he was appalled at the plight of the ostomate that was isolated from family and friends. The lack of understanding motivated his single-handed visitation to ostomates in the hospital and at home. He proceeded to organize an Ostomy Association and was effective in obtaining one hospital to send a nurse for enterostomal therapy education. Thus, Anjali Patwardhan came to Cleveland Clinic in 1977.

International Visitors (cotinued)

Upon her return to India, Herol Narang died. It was Mr. Narang's belief that his true mission in life was to help improve the quality of life for the ostomate and it was his last wish that Renuka continue his work. While completing a doctorate in education, she assisted the formation of a school for enterostomal therapy with Anjali and other related medical personnel. The school is affiliated with a University and has a progressive curriculum. The Indian UOA membership, which numbers 1000, has helped to provide a library for the school. The program has graduated 24 nurse E.T.s to date. We must remember how difficult this program must be as there are over 20 different dialects in India. India is certainly a model for the WCET and I expect everyone will be hearing more from this area of the globe.

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MESSAGE FROM ONE DELEGATE

By standards of most "business meetings" the first House of Delegates moved smoothly and swiftly through the scheduled business. Regretfully, every region did not have a full representation, therefore, the members of some regions did not have a full voice in national issues. This was not the fault of the IAET; it is the responsibility of the members to see that they have full representation.

There were less than 25 members auditing the meeting. What a shame to waste the opportunity to observe how the delegates vote on different issues. Again, this is the responsibility of the membership, not the IAET.

The candidates for office presented their platforms to an audience of less than 1/3 of the attending membership. I am alarmed at the apathy of the membership of the IAET--wake up members, attend business meetings, listen to the issues, assess the potential effects of the issues upon you and your position as an ET! The IAET is your professional organization and as a member it is your duty to become an active participant; if you don't become involved, don't blame the IAET for any action or direction it takes in the future.

CONTINENT ILEAL BLADDER RESERVOIR

Marilyn Spencer, R.N., E.T.
CLEVELAND CLINIC

Dr. Niles G. Kock of Goteborg, Sweden, reports the surgical construction of a continent ileal reservoir for the urinary diversion! The reported 12 cases have a postoperative follow-up of between 9 months and 6½ years. Two patients died from unrelated circumstances. The ten remaining patients are continent and the reservoir is emptied by intermittent self-catheterization, using clean technique, between 3-6 times a day. The capacity of the internal pouch is 500 ml. or greater. Urine cultures have remained negative and there is no evidence of progressive renal deterioration as documented in a variety of monintored studies, given at regular intervals, which indicates competent non-reflex nipple valves.

It is reported that Dr. J. Thomas Rosenthal, University of Pittsburg School of Medicine, Department of Urology has been preforming this procedure at the Presbyterian University Hospital in Pittsburgh. He notes the attraction of this procedure is the"quality of life available and the control of the patient exercises over his or her elimination." No one mentioned the advantages to the individual who has psoriasis, contact sensitizations, pemphigus, and other skin conditons that can create havoc while trying to obtain a secure system necessary for total recovery. At least two other successful operations have been reported in the Los Angeles area!

Post surgical confinements averages 10-14 days and the major complications reported are leakage and resulting abscesses. The idea of a continent urinary reservoir has been discussed for years but this is the first series which reports the excellent results inspite of the complications.

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Kock, Nilson, Nilsson, Norlen, Philipson, "Urinary Diversion via Continent Ileal Reservoir: Clinical Results in 12 Patients" The Journal of Urology, September 1982, pg. 469-476

Health Care News, June 29, 1983, pg. 11
Detroit, Michigan

FUTURE IAET SITES

The sites for National IAET meetings are:

1984 - Las Vegas, Nevada
1985 - Orlando, Florida
1986 - Seattle, Washington
1987 - Boston, Massachusetts
1988 - New Orleans, Louisiana
1989 - Baltimore, Maryland

Educational Slide Tape Project report by Katherine Jeter: The premiere showing of "Caring for Children with Spina Bifida and Urinary Diversions" was shown to the membership at Kansas City. The program can be purchased or rented at half the selling price, with option to buy within 30 days. Fifty percent of the profit will go to the IAET Youth Project. The NWIAET name will be visible on the booklets as a contributor towards this project.

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--CCF E.T. SCHOOL UPDATE--

Enterostomal Therapy at the Cleveland Clinic is more than 25 years old! To date we have graduated more than 400 ETs and 84 of them have been from other countries. We are very proud to have been responsible for sending these nurses back home to promote ostomy care in their countries. More recent graduates have gone back to Japan, Germany, Australia, England, Yugoslavia, Mexico, Canada, and Columbia in South America.

The Rupert B. Turnbull, Jr. School is presently conducting four classes each year, and have been accepting eight registered nurses into each class. We have been booked for a least six months in advance for the past several years. We know that these graduates are all working to offer the ostomate the best possible care, and I hope that they are keeping in contact with other local ETs in their area. We also give them membership forms to the IAET, WCET, and AUAA; so I hope that they are all following through by joining the organizations. Let me know if the E.T. Program can do more to help you in any way. Write to me at the Cleveland Clinic Foundation, 9500 Euclid Ave., 3L20, Cleveland, OH 44106 or phone (216) 444-5966. Francine is my secretary and is also very willing to help with any questions.

Joan Van Niel, RN, MA, ET
Director, ET Education

* * SHARING * *

I received a call saying, "Please come as soon as possible and see Mr. "X", 3-Southwest.

Six days ago Mr. X had emergency surgery for a ruptured bowel in which a sigmoid colectomy with a Hartman's Pouch was done. The physician ordered daily irrigations to be started now. The patient is to be able to do his own care without help. Not an unusual order except the patient is blind.

I have never taught a blind patient before, so I had a new learning experience. The patient is 57 years old, very determined to learn and go back to work, and has only been blind for 20 years.

Several questions crossed my mind such as: where do I start?, what do I use?, and how do I teach him?

I started by talking with the patient to learn about him and how he managed at home and work.

The next step was reaching out and taking the patients hands, in my hands, and together we examined the stoma and parastomal area. Then we proceeded to the appliance. We decided on a 2 piece appliance (Hollister with Flange). The patient is going to do irrigations, so by using the 2 piece with the flange, he can snap the pouches and irrigation sleeve off and on very easily without help. Also, the way the stoma is placed and made, we can use the flange as a guide for the placement of the cone. The irrigation bag was marked with tape at the level of the water to be used. The patient can feel the ridge the tape makes and the warmth of the water and thus, can tell the amount of water he has in the bag.

Together (hand in hand) we emptied the pouch, removed it, applied the irrigation sleeve and did the irrigation. He clears the tubing of air, then clamps it off; inserts the cone then starts the flow of water. He does it this way so he does not loose too much water while placing the cone. He holds a hand on the irrigation bag and can feel the water level change till all the water had been installed. Mr. X can time the length of the irrigation by his braille watch. When completed, he just snaps off the irrigation sleeve, drys the faceplate and snaps on a pouch.

Continued

I did make a stoma pattern with the hard plastic piece that covers the Hollihesive square. He uses this to mark the Hollihesive by setting it over the flange and tracing with a pen (pressing hard) and making an indent. Feeling the indent he can cut his own Hollihesive (with flange) to fit, however, his wife helps him with that part. He wears the Hollihesive with flange for 4 to 5 days without leaking.

Homegoing directions were written for his wife and taped on a special tape for the patient.

He was one of the easiest patients I have ever taught. I learned alot from him. His blindness was no handicap to him.

Nurses need to guard against making patients handicapped. Encourage self-care, it may take a few minutes longer and some creativeness on the patient and nurses part--but it is very rewarding to see the patient return to a normal or near normal life.

Judith Myers, RN, ET
Mansfield General
Hosptial
Mansfield, OH

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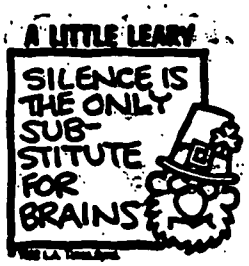
REIMBURSEMENT ASSISTANCE?

An ex-patient (retired Blue Cross V.P.) and I were discussing E.T. reimbursement problems. He emphasized that the most powerful influence is "letters"; letters from patients explaining their need for an E.T., and what life and rehabilitation means to them after help from an E.T. He emphasized that the letters must be directed to the President of the insurance company, and as the insurance company goes, so goes Medicare.

I've since been asking my patients to do this, and most have followed through with little or no urging. How about yours?



RECENT GRADUATES OF APPROVED
ENTEROSTOMAL THERAPY SCHOOLS AND
NEW MEMBERS OF THE I.A.E.T.

Ohio:

Elizabeth Petrey, RN, ET
138 Woodlawn Ave.
Norwalk, OH 44857
(419) 668-9486

Sandusky Memorial Hospital
2020 Hayes Ave.
Sandusky, OH 44870
(419) 627-5000 or 5134
****

Rebecca Roberts, RN, MSN, ET
3300 East Fairfax
Cleveland Hts., OH 44118
(216) 932-0961

University Hospitals of Cleveland
2074 Abington Rd.
Cleveland, OH 44106
(216) 444-3580
****

Clarice Hug, RN, ET
1744 Windsor Ave.
Massillon, OH 44646

Timken Mercy Medical Center
c/o Patient Education
1320 Timken Mercy Dr.
Canton, OH 44708
(216) 489-1452 Pager 1321
****

Brenda Kerschbaum, RN, ET
1348 Juliet Dr.
Toledo, OH 43614

St. Luke's Hospital
5901 Monclova Rd.
Maumee, OH 43537
(419) 893-5911 Ext. 6108
****

Rosemary May, RN, ET
1860 S. Carpenter Rd.
Brunswick, OH 44212

Kaiser-Permanente Medical Center
12301 Snow Rd.
Parma, OH 44130
(216) 362-2200 Office 362-2308
****

Michigan:

Rose Marie Rice, RN, ET
72 N. First St., Box 405
Cedar Springs, MI 49319
(616) 696-2366

St. Mary's Hospital
200 Jefferson SE
Grand Rapids, MI 49503
(616) 774-6639
****

Deanna Walterspaugh, RN, ET
201 Weeks Ave.
Battle Creek, MI 49015
(616) 963-7887

Community Hospital
183 West St.
Battle Creek, MI 49016
(616) 963-5521 Ext. 4356 Beeper 156
****

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Parkview Memorial Hospital
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(219) 484-6636
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Janice Tucker, RN, ET
7001 Banner Ave.
Sellersburg, IN 47172
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University Hospital
232 E. Chestnut St.
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****

Glenda Mann, RN, BSN, ET
9025 Arrowwood Ct.
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Union Hospital
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Cathy Bracher, RN, ET
522 E. 56th St.
Indianapolis, IN 46220 (317)257-1136

Wishard Memorial Hospital
1001 W. 10th St.
Indianapolis, IN 46202 (317)630-6576

DISCHARGE PLANNING FOR OSTOMY PATIENTS

John Sharp, ACSW
Social Work Department
Cleveland Clinic Foundation
Cleveland, Ohio

CONTEXT

The interest of nursing and social work in discharge planning has grown in the past decade. Social forces have influenced our professions and medicine to abbreviate hospital stays in the name of cost containment; the introduction of Diagnositic Related Groups will serve to escalate this concern. Reimbursement systems have influenced the nature of post-hospital care: extended care facilities and home health agencies having been structured by federal regulations. The growth of the self-help movement is a societal force which has helped health care professions look at the patient's rights and involvement in their own discharge planning. The hospice movement and technological programs, like home hyperalimentation, have broadened the scope of patients considered for home care.

The key phrase in the task of discharge planning is continuity of care. "The hoped for result of the planned discharge is that the patient will leave when medically ready and advised medical treatment will be carried out in the community, thereby... avoiding possible rehospitalization and unnecessary clinic visits."[1]

Discharge planning is always interdisciplinary involving at least the physician and nurse but often a social worker, dietician, therapists and others. Because it is interdisciplinary and must consider the patient's total needs (economic, social and medical) planning must begin early in the admission.

SCREENING

A popular strategy for prioitizing patients for planning is high risk screening. Many hospitals automically involve a social worker to assess the personal and home circumstances of selected patients.[2]
Criteria which apply to ostomy patients are:

1. over 65 and living alone.
2. all over 80 years old.
3. no known relatives
4. institutional transfer to the hospital
5. mentally disabled
6. victims of abuse
7. accident victims
8. no known source of payment
9. carcinomas leading to ostomies.[3,4]

In a sense, the hospital enterostomal therapist begins discharge planning with the first visit to a patient awaiting surgery. With the focus on independence and self care, the therapist is preparing the patient cognitively for discharge. The patient sees their sick role as a temporary one and has the expectation of returning to as normal a life as possible. Routine use of ostomy visitors reinforces this emphasis on self care and is a type of discharge planning intervention. The preoperative visit is a key time to identify discharge problems and whether to call in the hospital social worker. Age, physical and mental ability to manage self-care should be considered; does he or she have a spouse and support system to enhance coping? Is the new diagnosis of cancer such a shock that it will inhibit instruction and timely discharge? Are finances a concern or problem? Are there pre-existing family problems, alchol or substance abuse?

Are there additional medical problems, such as spinal cord injury, arthritis, or wound or skin breakdown which will complicate self-care at home? Is the patient considered terminal? Suspicion of a problem in any of these areas should be an indicator for involving a social worker in discharge planning.

RESOURCES

Your knowledge of special resources can complement the social worker's knowledge of general community resources. Your awareness of vendors of ostomy supplies and insurance coverage for these may fill a gap in the knowledge of a social worker seeing a variety of medical and surgical patients.

On the other hand, the hospital social worker typically has knowledge of financial, home care, institutional and counseling resources in the community. The worker knows eligibility and application requirements for federal programs for basic needs as well as medical insurance. He knows the visiting nurse agencies which are available; however, it has been our experience that many public health nurses lack experience in ostomy care so that their ability to assist new ostomy patients vary greatly. The worker has experience with transfers to rehabilitation hospitals, extended care facilities and long term, custodial care. The resources of the Veterans Administration may be utilized for service-connected disabled veterans. In my experience, counseling resources are underutilized by ostomates. While many use their local Ostomy Association for support, some ostomates prefer to keep their feelings confidential and can benefit from individual counseling.

THE COORDINATED PLAN

The matching of discharge problems with appropriate resources requires coordinated teamwork. The success of the plan hinges on initiating the plan early in the admission and involving the patient and family throughout the process. With new ostomates, the identified discharge planning problem is most often ability to master self-care of the appliance. This problem may be identified pre-operatively if there is clearly a problem of cognitive impairment, physical limitations and/or the lack of a caregiver at home. Difficulty in acceptance of the stoma is another issue which can be identified preoperatively.

The case of Mrs. M. illustrates both points. She is a 68 year old widowed female who lives alone in a two story home in an urban area. She had radiation therapy for rectal cancer but refused a colostomy for some time in spite of painful diarrhea. When admitted for better pain control she was again offered a bowel diversion by her surgeon. She reluctantly agreed after intervention by the stoma therapist and myself.

After surgery she was disgusted and depressed by the appearance of the stoma. I encouraged her to ventilate these feelings at first. Gradually, I helped her confront the reality of learning self-care and the need to overcome her revulsion of the stoma in order to leave the hospital. The improvement of her symptoms made this reality easier to accept.

Training progressed slowly and the question of her ability to return home was faced. Her only child is a son who lives out of state. However, she has an elderly man who is a good friend, lives nearby and stated he could shop and cook for her. Physical therapy in the hospital enabled her to gain strength prior to discharge. The dietician worked hard to find her preferences and encouraged her to gain weight. Her son, who visited at the time of surgery, agreed to stay with her a few days after discharge. We discussed her living on the first floor until she gained strength to climb the stairs daily. She eventually learned self-care, but we made a referral to the local visiting nurse to follow her closely for the first few weeks at home. Hospice homecare is an option in her area and this may be considered should her prognosis worsen.

Even when self-care is not an issue, emotional issues may effect discharge plans.

Mrs. T. is a 45 year old, married female who was diagnosed with a long history of urinary stress incontinence. She agreed to an ileal conduit urinary diversion. She presented with two psychosocial problems: a pre-existing problem with behavior management of her 14 year old son and a history of sexual dysfunction due to her incontinence. She both feared that the ostomy would be a "turn off" for her husband and hoped that the end of her incontinence would enable her to return to a sex life. She learned self-care of the stoma successfully and some counseling was done in the hospital. Upon discharge I referred her to a family counseling agency which would begin by facing the problems with the son but could later shift to marital counseling.

Some problems do not surface until after surgery or when stoma care lessons are initiated. The most frequent problem here again is inability to master self-care. The social worker can be consulted even on the day of discharge to quickly assess the situation and decide with the stoma therapist whether a home health agency is appropriate. If necessary, the social worker can follow up on these and other concerns on an outpatient basis.

Fortunately, it is rare that a new ostomate requires long term institutional care. Medicare typically covers a short stay in an extended care facility for the patient with a new ostomy who requires rehabilitation toward self-care. The more difficult case is the ostomate who can no longer care for himself due to a new impairment, such as Alzheimers Disease. Here the family must assume the caregiving role or long term nursing home care must be planned. In cases of mild cognitive impairment, the patient must still be involved in the plan to the greatest extent possible. They should be made aware of the options and their consequences; exploring alternatives avoids paternalism.[5] In this situation the right to self-determination means that the patient should be given time to consider alternatives without coercion.[6] This ideal is a difficult one to achieve in the current financial atmosphere, but early planning can help.

(continued on page 19)

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WHAT would life be if we had no courage to attempt anything?

-Vincent van Gogh

SUMMARY

Discharge planning is a multi-faceted multidisciplinary task. Success is measured in terms of a smooth transition from the hospital to home or institution which is medically safe, respects the rights of the patient/family unit and is cost effective. Discharge planning conferences with the range of disciplines represented are indicated in more complicated cases. The philosophy of enterostomal therapy which fosters even before surgery an attitude of self-care helps to avoid many discharge planning problems while enhancing the patient's eventual coping at home.

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5. Couton CJ, Dunkle, RE, Goode, RA, MacKentosh J. Discharge planning and decision making. Health and Social Work 7(4), 1982, 253-261.

6. Abramson M. Ethical Dilemmas for Social Workers in Discharge Planning. Social Work in Health Care. 6(4), 1981, 33-41.

8/1/83/mn

E.T. POSITIONS:

Wanted: Several field nurses and contract nurses (Bakersfield to LAX) who are interested in working with patients who have had extensive GI disease and are at home on TPN, chemotherapy, and/or antibiotic therpay. Many, but not all, are ostomates.

Call Janice Stanfield: (805) 255-7690 evenings, or (213) 998-8133 days.

****

Wanted: Enterostomal Nurse Specialist

A major 600 bed medical center in a beautiful part of the Western U.S. is seeking an ostomy-surgical clinical specialist. You will do staff development, patient education, and physician liaison.

If you have a Masters, please immidiatel contact me for further information and considerations!

Roberta Borer
Assistant General Manager
Roth Young Personnel Service
6133 Briston Parkway, Suite 10C
Fox Hills, CA 91230
(213) 670-0521

****

Wanted: Clinical Nurse Specialist at the University of Illinois Hospital and Clinics.

Currently, we are seeking a highly motivated Enterostomal Therapist to join our Department of Nursing. You will coordinate all enterstomal therapy activities; assume clinical, educational and research responsibilities within both the Department of Nursing and the College of Nursing; and become involved with out-patient and in-patient care activities.

Must possess a current Illinois RN license, E.T. preparation, and MSN.

Please submit your curriculum vitae or contact collect to:

Nikki Foster, RN
Manager of Nurse Recruitment
1740 West Taylor, Suite 1500
Chicago, IL 60612
(312) 996-3732

July 21, 1983

Dear Mid-East Region:

Thanks to the Mid-East Region of ETs for giving me the opportunity to attend the youth rally in Boulder.

I really enjoyed all the activities they had planned for us. I also liked the counselors there, they would talk with you and help you with your problems. I also liked the tours of the city, like the AF Academy and the Garden of the Gods. We also went to the Boulder Stadium for the 4th of July fireworks and they flashed our name across the score board. The fireworks lasted about 2 hours--just about the longest I've ever seen and we all enjoyed it.

The rally was really helpful to me, it was an experience I'll never forget.

Sincerely yours,

Michael Willemin

July 19, 1983

Dear Mid-East Region:

Thank you so much for the $500 grant making it possible for Michael to attend the 1983 UOA-IAET Youth Rally in Boulder, Colorado.

About a week ago Mike made the comment to me that he felt more relaxed and comfortable with his ostomy. To me that means the camp was a success. Also he said it was much easier to talk without the parents there.

The money was spent as follows:
$300 - Air Fare
$175 - Camp fee
$ 30 - Physical

Yours truly,

Patricia Willemin

The Mid-East Region of the IAET would like to welcome Doreen R. Bergstrom, ET, Middleville, Michigan to our Region. Doreen transferred from the Pacific Coast Region.

NOTES FROM HOME . . .

1. The patient cannot see the belt tabs? How about having them paint the tabs with red nail polish?
2. Nail polish is also a good marker for Hollister clips that keep getting lost in the sheets.
3. When removing the pouch, how about using one strip of tape on the folded bottom, and putting the clip on the new pouch—this saves time rummaging in the garbage, looking for the old clip.
4. Ask patients to stock up on plastic bags from the produce section of the store. They're great for disposing of old pouches and dressings.
5. Patients can't seem to put stomahesive paste directly onto their skin—but it can be put directly onto a stomahesive square, with emphasis "just near the center opening."
6. I recently tried and had good success with applying short strips of urihesive close to the center opening of a Sur-fit wafer—the peristomal skin of this urostomate was dry—after 4 days.
7. When patients are using a two-piece system, suggest that they rotate the pouches. Unless they are told, few realize it's O.K.
8. A good grade of paper towels is great for washing peristomal skin. It does not disintegrate, and saves on laundry.
9. Please emphasize that oily products near or under a wafer can cause the wafer to become loose and fall off (e.g. vitamin E, Dove soap).

Please send in *your* helpful hints!

The Visiting Nurse,
Helen Davis (LAVNA)

CONGRATULATIONS TO
SALLY AND DAVE THOMPSON
ON THE BIRTH OF
CURTIS RICHARD

WHO ARRIVED ON
WEDNESDAY, AUGUST 17,19
9 Lbs. 7 oz.
22 inches

PAID ADVERTISEMENTS
MID-EAST REGION, I.A.E.T., MANUFACTURERS AND DEALERS LISTING

OHIO:

COLUMBUS MEDICAL/ABBEY MEDICAL, 306 East Fifth Ave., Columbus, OH 43201 294-5585 or 1-800-282-1395 RN on staff. Dealers for Hollister, Squibb-Convatec, United, Bard, and 3M.

COLUMBUS PRESCRIPTION PHARMACIES, INC., 1000 High St., Worthington, OH 43085 (614) 885-4079 Carry a complete line of ostomy supplies with trained personnel on staff.

DEVINE PHARMACY, Bill Weimann, P.D., 421 Main St., Zanesville, OH 43701 (614) 452-4411 Hollister Dealer for Zanesville area.

DRUG CORNER PHARMACY AND OSTOMY SUPPLY, 1009 Sylvania Ave., Toledo, OH 43612 (419) 476-3688 "Toledo's Larget Ostomy Supply Center"

EASTMORE PHARMACY, 2946 E. Main St., Columbus, OH 43209 (614) 231-7723; (614) 231-1572 Dealer for Nu-Hope Products.

EDGEPARK SURGICAL, INC., 4791 Turney Rd., Garfield Hts., OH 44125 (216) 429-0200 No cost to you ostomy supplies, with Medicare and/or Private Health Insurance.

FRANKLIN PHARMACY AND HEALTH CARE, INC., 1732 Youngstown Rd., S.E. Warren, OH 44484 (216) 369-6911

GRANT TOWN PHARMACY, 393 E. Town St., Columbus, OH 43215 (614) 461-3800 We are a authorized Hollister dealer and carry Convatec, Bard, and Sween ostomy products.

HASTINGS HOME HEALTH CENTER, 17799 Lorain Rd., Cleveland, OH 44111 (216) 671-7711 Full ostomy lines. Staff - Ms. Jill Kundtz, RN, ET

KUNKEL APOTHECARY, 7175 Beechmont Ave., Cincinnati, OH 45230 231-1943 Authorized retailer for: Hollister, Squibb, Bard, United Surgical, Greer, Grick's, Sween, Perma Type, and Medsco. We rent convalescent aids and carry a full line of oxygen equipment. We bill Medicare, AFA and Workman's Compensation. Free delivery. We accept Master Charge and Visa.

LORRAINE SURGICAL SUPPLY, 2080 West 65th St., Cleveland, OH 44102 (216) 281-4774 We stock a full line of ostomy supplies.

MARLEN MANUFACTURING AND DEVELOPMENT CO., 5150 Richmond Rd., Bedford, OH 44146 (216) 292-7060 Manufacturer of Self-adhering pouches and appliances for ostomy, ileostomy, and urostomy drainages.

THE MEDICAL SERVICE COMPANY, 2098 Warrensville Center Rd., Cleveland, OH 44121 (216) 371-5800 Prompt, free delivery. We bill Medicare.

MIESSE PHARMACY AND SURGICAL SUPPLY, 3167 E. Main St., Columbus, OH 43213 237-4971 or 237-4825 Dealer for: Hollister, United Surgical, Convatec, Bard, Marlen, Greer, Colly-Seal, and J.& J.

PERRY PHARMACY AND HEALTH CARE CENTER, 3200 Linwood Rd., Cincinnati, OH 45226 (513) 321-3456 We carry all major lines.

REAMAN PHARMACY, 2620 W. Breese Rd., Lima, OH (419) 991-0010 Ostomy products with experienced professionals.

VINE SURGICAL SUPPLY, 31132 Vine St., Willowick, OH 44094 (216) 944-0000 We stock all major lines and will obtain whatever you need. Outpatient clinic with RN, ET by appointment. Open 9-9 Mon.-Fri., Sat. 9-5. Please call.

RITE AID REHABILITATION/HOME HEALTH CARE, 1877 S. Limestone St., Springfield, OH 45505 1-800-892-4044 Authorized dealer for United, Hollister, Squibb. 10% discount to Senior Citizens.

SEELEY MEDICAL, 902 E. 222 St., Euclid, OH 44123 (216) 261-9100 or 1-800-362-0536 Nine store locations. Dealer for: United, Hollister, Convatec, Nu-Hope.

WORLDWIDE OSTOMY CENTER, INC., 926 E. Tallmadge Ave., Suite C, Akron, OH 44310 (216) 633-0366 "Three on-staff E.T.s--Retailers for 20 manufacturers.

NORTHSIDE PHARMACY, 2899 Bell St., Zanesville, OH 43701 (614) 453-0508 Ostomy supply specialists. Dealer for all major ostomy companies.

NIGHTINGALE MEDICAL EQUIPMENT SERVICES, 7679 Montgomery Rd., Cincinnati, OH 45236 (513) 891-3350 Full line of ostomy supplies. E.T. on staff.

KENTUCKY:

COX PHARMACY, INC., 4800 Preston Highway, Louisville, KY 40213 (502) 969-2341 "A Supermarket of Ostomy Products"

BEGLEY'S CONVALESCENT AIDS AND HOME HEALTH CARE CENTERS:

117 Southland Dr., Lexington, KY 40503	(606) 276-2561
1115 Dupont Circle, Louisville, KY 40207	(502) 897-7105
2200 Winchester Ave., Ashland, KY 41101	(606) 324-1215
Skyline Shopping Center, Hopkinsville, KY 42240	(502) 885-7808

C.D.S. SURGICAL, 401 Park Row, Bowling Green, KY 40299 (502) 781-5310 Dealer for United, Hollister, and Squibb (Convatec)

HOLDAWAY DRUGS, INC., 4200 Shelbyville Rd., Louisville, KY 40213 (502) 895-5446 Dealer for United Hollister, Squibb (Convatec)

LOUISVILLE APOTHECARY, 337 West Broadway (502) 584-4363; 8268 Dixie Hwy., (502) 935-4040; and Oxmoor Center (502)426-5040 Dealer for Hollister, Convatec, Sween, 3M, and Stomahesive.

NIGHTINGALE MEDICAL EQUIPMENT SERVICES, 3027 Dixie Highway, Edgewood, KY 41017 (606) 341-7700. Full line of ostomy supplies. E.T. on staff.

MICHIGAN:

MID MICHIGAN SURGICAL SUPPLY, 360 Capital Ave., N.E., Battle Creek, MI 49017 (616) 9541 Dealer for all major lines--Medicare/Medicaid and Direct Insurance billing.

WHITE & WHITE PHARMACY, INC., 98 E. Fulton, Grand Rapids, MI 49503 (616) 456-7616 or 1-800-632-9387 Mail order Ostomy/Incontinence supplies. Free delivery.

REFLECTIVE CARE, P.O. Box 36061 Gross Point Farms, MI 48236 (313) 885-0944 OSTOVISION MIRROR for post-op training/self-care.

H & M OSTOMY CENTER, 1704 Bloomfield, Kalamazoo, MI 49001 (616) 343-7941 Major brands. E.T. on staff.

THE APOTHECARY SURGICAL SUPPLY, INC., 122 E. Madison St., Lansing, MI 48906 (517) 482-0882 Lansing's most complete source for ostomy supplies.

COMMUNITY DRUG STORES, INC., 76 Ashman Circle, Midland, MI 48640 (517) 631-2202 Dealer for Hollister, Convatec and others.

WATKINS SURGICAL SUPPLY, 1391 E. Sherman, Muskegon 49444
WATKINS PRESCRIPTION PHARMACY, 938 Second St., Muskegon, MI 49440 (616) 722-2592

PRINCING AND BRENNAN PHARMACY, INC., 3516 State St., Saginaw, MI 48602 (517) 792-6641 Dealer for Hollister, Convatec, and Bard.

HOME MEDICAL OXYGEN EQUIPMENT (H.O.M.E.) 1605 E. Kalamazoo St., Lansing, MI 48912 1-800-292-5899; 4343 Nancy St., Detroit, MI 48212 (313) 369-2660 Major brand appliances and skin care. R.N. available. Competitive pricing. Direct insurance billing.

VOIGHT'S HEALTH HOME CARE PHARMACY, N. Washington and Hopkins, Lake Owosso, MI 48867 (517) 723-2121; Showboat Plaza, Chesaning, MI 49616 (517) 845-7080; Monroe Plaza, Durand, MI 48429 (313) 288-3101 Authorized dealer for Hollister, Convatec, United, E & J, Davol, Staodynamics

REMER PHARMACY AND SURGICAL, 13515 Gratoit Ave., Detroit, MI 48204 (313) 526-3945 Ostomy supplies in stock. Free delivery in area. Insurance accepted.

KALES MUTUAL PHARMACY, 14800 6 Mile Rd., Detroit, MI 48235 (313) 836-2600 Distributor for major ostomy manufacturers. Fitting consultation available. Accept Master Charge and Visa.

SOLL MEDICAL, 717 Bigley Ave., Charleston, WV 25302 (304) 345-2944 Dealer for United, Convatec, Bard, Nu-Hope. E.T. on staff.

CITY PHARMACY, INC., 162 High St., or P.O. Box 17, Morgantown, WV (304) 296-3314 Authorized dealer for United, Hollister, Bard, Coloplast, Nu-Hope (consulting)

HIGHLAWN PHARMACY, INC., 3rd Ave. at 26th St., Huntington, WV 25703 (304) 697-7010 We carry Bard, Davol, Greer, Gricks, Hollister, Marlen, Nu-Hope, Perma-type, Squibb, Sween. Open 365 days, 9 a.m. to 11 p.m.

MEDICAL SUPPLY COMPANY, P.O. Box 6584, 1303 Eoff St., Wheeling, WV 26003 (304) 232-2820 We stock a full line for United Surgical, Bard (Marsan) and Sqibb (Convatec)

FAMILY DRUG STORE, 115 Third St., Elkins, WV 26241 (304) 536-0982 Dealer for Hollister, Convatec, United Surgical, Bard, Davol. Two E.T. s on staff.

MARILYN SPENCER, RN, ET
Enterostomal Therapy Dept.-3L22
Cleveland Clinic Foundation
9500 Euclid Ave.
Cleveland, OH 44106

MIDEAST IAET REGION

PAPSMARTED FIRST CLASS

CLEVELAND OHIO SEP-2'83 U.S.POSTAGE 51 P.C. METER 750231

Maude Timmons, RN, ET
5139 Vellevista Dr.
Louisville, KY 40272

FIRST CLASS

MID-EAS DROPPER

VOL. XVII DECEMBER 1983 NO. 4

December, 1983

Dear Mideast Friends:

The Mideast Region's Annual Business Meeting in Charleston, West Virginia, as well as the educational day, was a smashing success! Many thanks to Nancy Martin and Juanita Jenkins for all their hard work in planning this conference.

Some accomplishments of our meeting are:

* The Region voted to donate $250 to the Renalda Narang School of Enterostomal Therapy in India to educate an Indian nurse in Enterostomal Therapy.

* The Fund-Raising Committee presented some wonderful items to sell and a darling "E.T." (Extra-Terrestrial) night light to raffle in Las Vegas.

* The Region has voted to send a youth to the 1984 U.O.A. Youth Rally. If you have a youth in mind for the rally, please contact the Chairperson of this committee -- Paula E. Toth, 9661 Yale Road, Deerfield, OH 44411.

* Two new committees were established: Public Relations, Chair - Joyce Hawley, and Salary Survey, Chair - Ethel Pryor. If you would like to serve on either committee, please contact the chairperson.

Congratulations to the new officers, delegates and alternates on their elections.

Best wishes to all of you for a joyous holiday season! Let us reflect on our accomplishments in 1983 and look forward to a more productive 1984.

Sincerely,

Sally

Sally Thompson, President

MIDEAST REGION I.A.E.T. OFFICERS

PRESIDENT:	Sally Thompson
PRESIDENT ELECT:	Ethel Pryor
SECRETARY:	Bredna Kinder
TREASURER:	Barbara Montgomery
REGIONAL TRUSTEE:	Jane Beerck
TRUSTEES:	Marilyn Spencer Rosemarie Van Igen Ruth Bailey
DELEGATES:	Marilyn Spencer, Chairperson Mary Lamb Nancy Rioux Betty Gerth Dorothy Best Susan Brown Pat Freeman
ALTERNATES:	Glenna Althizer Sue Brady Pat Gillen Marlene Brockmeir Mary Lou Walker
COMMITTEES:	
Membership -	Nancy Rioux
Budget & Finances -	Barbara Montgomery
Education -	Susan Cecil
By-Laws -	Marilyn Spencer
Publication -	Marilyn Spencer
Salary Survey -	Ehtel Pryor
Public Relations -	Joyce Hawley
HISTORIAN:	
PROGRAM:	
PARLIAMENTATARIAN:	Bonnie Bollinger
MEDICAL ADVISORS:	Ananias C. Dickno, M.D. University Hospital Ann Arbor, MI
	Victor W. Fazio, M.D. Cleveland Clinic Cleveland, OH
	W. Patrick Mazier, M.D. Ferguson Clinic Grand Rapids, MI
	Joseph Rinaldo, Jr., M.D. Providence Hospital Southfield, MI

CALENDAR OF EVENTS

MARCH 8-9, 1984 - ADVANCES IN UROLOGY
Cleveland Clinic Educational Foundation; Write to: Cleveland Clinic Educational Foundation, Room 3T01, 500 Euclid Ave., Cleveland, Ohio 44106

JANUARY 21, 1984
FEBRUARY 18, 1984
MARCH 17, 1984 - ENDOUROLOGY A One Day Seminary for Operating Room, Radiology and Urolgoy Technicians, and Surgical Nurses
Sponsored by: The Department of Urology of the Medical College of Wisconsin, Milwaukee, Wisconsin
Contact: Russell K. Lawson, M.D. Professor and Chairman of Urology or Judith Greiten, Course Coordinator at 414-259-2795

MAY 6 - 10, 1984 - 15th ANNUAL ASSEMBLY OF THE AMERICAN UROLOGICAL ASSOCIATION ALLIED
Sheraton New Orleans Hotel, New Orleans, Louisiana

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HAPPY NEW YEAR !!!!!

Sketch by Robert Hummel

REGIONAL TRUSTEE REPORT

The IAET Board of Directors meeting was held in Las Vegas. November November 12th and 13th, 1983. There were far reaching decisions made toward helping our organization grow professionally. The results of the Educational Symposium and the steps taken as a result were presented by the Professional Education Program Directors Committee and the Accreditation Committee Chairmen. The Scope of Practice as written in the EAS report sent to all members was slightly reworded and then accepted. With the acceptance of the Scope of Practice statement, the Board then proceeded to BS entry level discussion. I told the Board of the concerns of some of our members at this move. I also asked if this measure could be placed before the membership or at least the House of Delegates. Our Region was the only Region voicing concerns about this move. Since Professional Nursing is moving in this direction and the acceptance of the Scope of Practice statement the Board voted to support the PEP Directors and the Accreditation Committee in this decision. Therefore, by June of 1985, entry level for ET Educational Programs will be at least a BS with a Major in Nursing. With the great amount of work done for the membership before this decision was made and your concerns being voiced before the vote, I think it behooves us all to get behind the organization now and support this measure.

JET The JET is in great need of manuscripts. Victor is sending a letter to you through our Mid-Eas Dropper and hopes to hear from you. Information you want in the JET must be submitted three months in advance of the issue. Bonnie Sue Rolstadt is no longer Editor for the Update section. Therefore, all announcements, etc. for the JET should be sent to Victor.

Membership The Membership Committee reports a total membership of 1828. This number includes active, associate, retired, honorary life and agency members.

Nominations Nominations Committee reported the candidates for office so far: Treasurer - Joan Van Niel. Secretary- Terry Haus and Marcy Poch.

Continuing Education The IAET sponsored a Pressure Sore Care workshop in the Mid Atlantic Region. It was a great success with 155 registrants. The workshop will be repeated in February in Southern California.

Youth There is a slide program, narrated by Katherine Jeter of the Youth Rally in Boulder, July 1983. They may be obtained through the UOA or IAET office. The Youth Rally will be held at Mt. Vernon College in Washington, D.C. June 28th through July 3rd, 1984.

National Conference Committee Because of high hotel rates and inconvenient dates, we may not be going to Orlando in 1985. However, the site will still be in the Southeast Region.

About the '83 Conference The scenery around Las Vegas is beautiful. What a sight going in by plane! The city with all that Neon made me jump back, but it doesn't take long to go with the flow. The rooms are spacious, but the colors and decor are a bit much. "Those machines" take nickles, dimes and quarters as well as dollars (they took some of mine.) The Conference information should be in the Dec./ Jan. issue of the JET. They will allot one hour for check-in for Delegates. Also, there will be five minutes for discussion among the Delegates before a vote is taken. The date of the Certification Exam could not be changed this year. Therefore, the exam will be given on Saturday afternoon, post Conference. The Regional Meeting, June 6 Wednesday, 8:30 to 11a.m.

Don't miss the Conference in Las Vegas. Should be fun, and there are good things in the program. Ink it in - June 5th through June 9th, 1984.

Jane Beerck

Journal of
ENTEROSTOMAL
THERAPY

EDITOR
VICTOR ALTERESCU, RN, ET
57 Scenic Avenue
Pt. Richmond, California 94801

November 9, 1983

THE C.V. MOSBY COMPANY
11830 Westline Industrial Drive
Saint Louis, Missouri 63141

AN OPEN LETTER TO MEMBERS OF THE IAET

Dear Colleagues,

I have been editor of the Journal of Enterostomal Therapy for close to five years. Over these last five years there have been some very difficult times. Right now is one of those difficult times. My problem is this: I do not receive enough manuscripts from ETs to keep this journal alive.

In the first eight months of 1983, I received fewer than thirty manuscripts. This from an Association of about 1700 people. The Association of Rehabilitation Nurses is composed of about 2100 people. Yet 108 manuscripts were submitted to that Association's Journal - the Journal of Rehabilitation Nursing - in the same eight months. At a recent meeting of journal editors, it became clear to me that the Journal of Enterostomal Therapy receives fewer manuscripts than any other bi-monthly assoication journal that I am aware of.

Although I normally solicit a number of manuscripts from people who have expressed an interest in writing for the Journal, and I often reproduce previously published work (just to get an issue filled), the Journal cannot expect to grow, thrive, or improve without greater support from the IAET membership. There is no group of people more qualified to publish in this Journal than the members of the IAET.

The editorial board of the Journal normally accepts about 50% of the manuscripts submitted. This is a much higher rate of acceptance than most other journals. We also spend a good deal of time recommending changes, helping authors re-write a paper, and giving very specific suggestions on how the paper could be made publishable. When many other journals would simply reject a paper, we make an effort to teach.

This Journal is an important source of revenue for the IAET. It is also the primary forum for discussing the issues which concern practicing ETs. The Journal has an established reputation and is considered a very authoritative source of information. I cannot bring myself to lower the Journal's reputation by accepting poor manuscripts in order to keep the Journal going. I really need your help. I need you to care.

Please consider writing a manuscript for the Journal of Enterostomal Therapy.

Victor Alterescu

Additional By-Law Changes: The following proposed changes in the national IAET By-Laws will be voted upon by your elected delegare in Las Vegas.

Old By-Law	Proposed By-Law	Rationale
1. Article III -Section 1. Associate Member - Associate members shall be any persons interested in the objectives of the corporation, who hold a valid license in medicine or nursing. They are required to pay dues as established by the IAET Board of Directors and shall have all the privileges of membership except those of making motions, voting and holding office.	Associate Member - Associate members shall be any persons interested in the objectives of the corporation. They are required to pay dues as established by the IAET Board of Directors and shall have all the privileges of membership except those of making motions, voting and holding office.	This change is proposed in order to facilitate the mechanism for people interested in the IAET to be involved at an appropriate level. It opens up communication with many people. We do not need exclusive membership. Our credentialing system (licensure, accreditation procedures, ETEP, and Board Certification) clearly differentiates the ET nurse from anyone else interested in the specialty.
2. Article XII - Dues. Delinquent Dues - Dues shall be delinquent ninety (90) days after the due date, and upon delinquency, such person shall no longer be a member of this corporation. Any delinquent member shall receive a final delinquency notice which shall be mailed thirty (30) days prior to the final delinquency date.	Delinquent Dues - Dues shall be delinquent sixty (60) days after the due date, and upon delinquency, such person shall no longer be a member of this corporation. Any delinquent member shall receive a final delinquency notice which shall be mailed thirty (30) days prior to the final delinquency date.	Dues billings are mailed in December. A sixty (60) day period ends March 1. This means that the membership directory, regional list, etc. can be prepared within March rather than April. Many members have postponed paying dues planning of renewing at the prorated system established for new members. The IAET is continuing to maintain records, sends journals,etc. to people who are "potential" members. It has not been cost effective for the Association. All efforts will still be made to encourage, solicit, and seek renewals.

RECENT GRADUATES OF APPROVED
ENTEROSTOMAL THERAPY SCHOOLS AND
NEW MEMBERS OF THE IAET

OHIO

Elaine Rozic, RN, ET
7131 South Meadow Dr.
Concord Twp., OH 44077
216-352-1172

St. Vincent Charity Hospital
2351 E. 22 St.
Cleveland, Ohio 44115
216-861-6200 Ext. 2138 Pager 2911
****

Jane Rupert, RN, ET
2404 Lakewood
Lima, OH 45805
419-222-6088

St. Rita's Medical Center
730 W. Market
Lima, OH 45801
419-227-3361 Pager 157
****

Linda Ruter, RN, ET
6920 Shamrock Ave.
Cincinnati, OH 45231
513-729-1818

St. Francis-St. George Hospital
3131 Queen City Ave.
Cincinnati, OH 45238
513-389-5053
****

Donnamarie Ugan, RN, ET
1212 French Ave.
Lakewood, OH 44107
216-521-9022

Visiting Nurse Association
3300 Chester Ave.
Cleveland, OH 44106
216-432-0700
****

Associate Member: Marlene Bojko, RN
3231 Sunhaven Oval
Parma, Ohio 44134

St. Alexis Hospital
Cleveland, Ohio

(continued)

KENTUCKY

Dolores B. Walters, RN, ET
Route 2, Box 78
Catlettsburg, KY 41129
606-739-5521

Kings Daughters Hospital
2201 Lexington Ave.
Ashland, KY 41101
606-329-2133
****

INDIANA

Barbara Weatherwax, RN, ET
21625 St. Rd. 120
Elkhart, IN 46516
219-293-5126

Elkhart County Health Department
2400 Elkhart Rd.
Goshen, IN 46526
219-534-1404

****
****

FLORIDA

Nancy B. Gailen, RN, ET
509 N.W. 11th Ave.
Boca Raton, FL 33432
305-391-1067

Gold Coast Home Health Services, Inc.
4699 No. Federal Highway
Pompano Beach, FL 33064
305-785-2990

****
****

PENNSYLVANIA

Carol Thomas, RN, ET
113 Parkside Ave., Apt. 10
Mt. Lebanon, PA 15228
412-561-0513

Shadyside Hospital
5230 Centre Ave.
Pittsburgh, PA 15232
412-622-2239

RECENT GRADUATES (continued)

MICHIGAN

Dianne McGuire, RN, BS, ET
1055 Cranbrook Dr.
Jackson, MI 49201
517-784-2119

Home Health Services of Jackson, Inc.
111 Third St.
Jackson, MI 49201
517-782-0581

****

Penelope R. Kiss, RN, ET
352 So. Snow Prairie Rd.
Coldwater, MI 49036
517-369-9572

Home Health Assistance, Inc.
60 Carriage Square
Coldwater, MI 49036
517-279-8533

****

* Memo to: Members of MidEast Region, IAET
*
* West Virginia was pleased to host the recent regional meeting for E.T.s. Sixty nurses, E.T.s, and social workers attended the educational session with Dr. Sally Karioath. Her address for following information is:
* 2406 Mexia Ave.
* Tallahassee, Florida 32304
*
* Sixteen exhibitors were present. Thirty-five E.T.s attended the business meeting.
*
* We were very happy with the favorable evaluation comments and are even more excited to present the region with a check for $1,525.
*
* Y'all come back!!
*
* Nancy Martin
* Juanita Jenkins
*
*
*
*

****

Dear Enterostomal Therapist:

The MidEast Region is attempting to identify those patients who have had ostomy surgery involving abdominoperineal resections, cystectomy, or pelvic exenterations, AND who are experiencing a return of sexual functioning after surgery. A committee to research this question has been formed and we are asking for your assistance in distributing the questionnaire on the following pages. You are requested to photocopy the survey and distribute to patients at Ostomy meetings, via other newsletters, in person, or any other means possible.

Hopefully the results will be returned by June 1, 1984 and tabulations will begin then. I regret that pre-paid postage is not available to your patients, but this Newsletter mechanism was determined by the Region and the Committee. Thank you for your help. Survey results will be published in or around November-December 1984 by the MidEast Region.

Sincerely,

Joan Van Niel, RN, ET
Chairman, Research Committee
MidEast Region, I.A.E.T.

SURVEY BEGINS ON NEXT PAGE--

Dear Ostomate:

The Enterostomal Therapists of the MidEast Region of the I.A.E.T. are attempting to define and examine some problems of patients that may have been overcome, and will hopefully help others who are having similar problems.

Your responses will be considered strictly confidential, since you are not asked to sign your name. Please be as truthful and accurate as possible even though your cooperation is voluntary. The results of this survey will be available to ET/Nurses, physicians, and ostomy groups who are interested and able to help you and others with similar problems.

Please return this form NO LATER THAN June 1, 1984. Feel free to add or include as much information as you care to . Simply fold all these pages together after you have answered the questions. Staple the edge closed, add a postage stamp, and mail to the address below. Thank you for your time, interest, and cooperation.

Sincerely,
Joan Van Niel, RN, ET
Chairman, Research Committee, MidEast Region

FOLD HERE FIRST FOLD HERE FIRST FOLD HERE

FOLD HERE FOLD HERE FOLD HERE

PLACE STAMP HERE

Joan Van Niel, RN, ET
Department of Enterostomal Therapy
Cleveland Clinic Foundation
9500 Euclid Ave., - Room 3L20
Cleveland, OH 44106

1. Type of surgery:_____Removal of bladder; _____Removal of rectum
2. Date of surgery:_____
3. Age at time of surgery:_____
4. Diagnosis:_____Cancer _____Other
5. Birthdate: _____
6. Sex: ____M ____F
7. Marital status: _____married _____separated _____widowed
   _____divorced _____single
8. Do you have children:_____yes _____no How many?_____
9. Occupation:_____
10. Retired: _____yes _____no Because of surgery? _____yes _____no
11. Number of hours work per week outside home:_____
12. Do you sleep well? _____yes _____no
13. Have you been sexually active in the past 3 years? _____yes _____no
14. Average times per week you have intercourse: _____0 _____1 _____2-3
    _____4-5 _____6-7 _____more than 7
15. Did you experience sexual problems BEFORE ostomy surgery? _____yes _____no
16. Problems were: Disturbing to-Self: _____sometimes _____always
    -Partner: _____sometimes _____always
17. Are you taking any medications NOW: _____yes _____no
18. Reason for medications:
    (check all that apply)
    _____High blood pressure _____Hormones
    _____Diabetes _____Allergy
    _____Weight control _____Non-prescription
    _____Narcotics _____Other
19. Names of drugs if known: _____;_____;_____
    _____;_____;_____
20. Have you ever had radiation therapy? _____yes _____no
    If yes, was this done: _____pre-op _____post-op
    _____Amount of radiation _____Number of treatments
21. Have you every had chemotherapy? _____yes _____no
    Name(s) of chemo-drugs:_____; _____
    _____; _____
22. Are you allergic to anything? _____yes _____no Specify:_____
23. Do you smoke? _____yes _____no; _____less than one pack per day;
    _____more than one pack per day
24. On an average, how many alcoholic beverages do you drink? _____per day _____per month
25. On an average, how many cups of coffee do you drink per day?_____
26. On the average, how many glasses of water do you drink per day?_____

FEMALE: Type of sexual problem: (check all that apply)	Pre-op	Post-op
-Painful intercourse	_____	_____
-Vaginal infection	_____	_____
-Lack of desire	_____	_____
-Can't be satisfied	_____	_____
-Lack of orgasm	_____	_____
-Can't satisfy my partner	_____	_____
-Feel guilty	_____	_____
-Feel ashamed	_____	_____
-Stoma gets in the way	_____	_____
-Worried about leakage	n/a	_____
-My partner worries about leakage	n/a	_____
-Feel ugly and have given up trying	n/a	_____
-I worry about possible pain	n/a	_____
-I worry about hurting my stoma	n/a	_____
-My partner worries about hurting me	_____	_____
-My partner never asks me anymore	_____	_____
-It takes too long to get ready	_____	_____
-I am going through menopause	_____	_____
-I prefer to masturbate instead	_____	_____

MALE: Type of sexual problem: (check all that apply)	Pre-op	Post-op
-Lack of desire	_____	_____
-Can't be satisfied	_____	_____
-Lack of erection	_____	_____
-Lack of orgasm	_____	_____
-Can't satisfy partner	_____	_____
-Feel guilty	_____	_____
-Feel ashamed	_____	_____
-Partner lost interest	_____	_____
-Worried about penis size	_____	_____
-Stoma gets in the way	n/a	_____
-Worried about leakage	n/a	_____
-My partner worries about leakage	n/a	_____
-My partner worries about hurting me	n/a	_____
-Feel ugly and have given up trying	_____	_____
-I prefer to masturbate instead	_____	_____
-Do you have erections at night?	_____	_____
-Do you ever wake with erections in the morning?	_____	_____

Instead of sexual intercourse, I prefer: (check all that apply)

_____Masturbating _____Holding hands

_____Kissing/hugging _____Closeness of bodies

_____Fondling my partner _____Oral/genital

_____Sexual aids (dildos) _____Other; Specify_____

27. How would you describe the quality of your marriage? _____good _____fair _____poo
28. How would you describe the quality of your sexual relationship?
_____excellent _____good _____fair _____poor
29. Do you believe that your partner contributes to your sexual problem? _____yes _____no
30. Would your partner be interested in having your sexual problem treated ____yes ____no
31. Have you ever seen a psychiatrist or psychologist _____yes _____no
32. Have you ever seen another physician regarding a sexual problem? _____yes _____no
Did he give you: _____opinion _____treatment _____referral _____still being treate
33. When was the last time you had sexual intercourse? _____
34. Does reaching a climax seem to take a long time? ___rarely ___occasionally ___frequer
35. Do you think that your interest in sex is: _____normal for your age
_____less than it should be
_____more than it should be
36. Do you avoid having sexual relations even though you have a desire?
_____rarely or never _____occasionally _____frequently
37. Are you nervous or ashamed to talk about sex to a professional person?
_____yes _____no
38. Do you read about sexuality problems? _____never _____occasionally _____frequently
39. Would like to have more information about sexual problems of ostomates?
_____yes _____no
If yes, should this be from _____T.V.
_____Newspapers
_____Doctor's talks
_____Health professionals
_____Ostomy groups
40. Do you see an Enterostomal Therapist?
_____once a year _____only if I have a problem
_____more than once a year _____I never had an E.T.
41. Make any comments or add any information that you think is helpful or interesting to this survey.

_____

_____

_____

HOSPITAL GIVES REDUCED RATES

Riverview Hospital in Little Rock, Arkansas, is offering special rates to Association members who are Medicare recipients requiring hospitalization and outpatient services.

The Hospital is charging only one-half of the $304 deductible that Medicare patients are required to pay at least once a year if admitted to hospitals. In addition, about 70 percent of the hospital's professional staff, including physicians and surgeons, have agreed to limit their fees to the amounts that Medicare normally pays toward bills for services.

Those Medicare patients who are Association members need only show a current membership card to qualify for such rates.

AARP President Arthur Bouton of Little Rock said of the concept: "We are hoping this turns out to be a breakthrough on bringing medical costs for retired people within more reasonable bounds."

Bouton says that if the Riverview Hospital concept is successful, he will use its generous reduction as an example with which to lobby hospitals and doctors across the nation.

Taken from AARP News Bulliten, Pg. 19, September 1983

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November 18, 1983

Ms. Sally Thompson, President
MidEast Region, IAET

Dear Sally,

On behalf of the ET Foundation I would like to thank the Mideast Region for their contribution to the Youth Rally and the Scholarship programs of the E.T. Foundation. I would also like to congratulate you on your contribution for the training of ET nurses in India. I think that your region is the first to make such a contribution .

Again, thank you for making our programs possible.

Sincerely yours,

Debbie

Debra C. Broadwell, PhD, RN, ET
PRESIDENT, IAET

cc: Jane Beerck
Fred Droz
Linda Klein

DCB/fmb

A SOCIAL PROBLEM

Marilyn Spencer, RN, ET

I received a phone call from a local E.T. regarding a client who has had a sigmoid colostomy for several years. The client states of constant excessive intestinal gas and uncontrollable flatus that embarrasses him in public. The client irrigates everyday and experiences no passage of stool between irrigations. He has had a physical exam which indicates no active organic G.I. conditions accounting for the symptoms. He has taken antiflatuent, medications, with no impressive results.

Further questions related to the possible investigation of lactose intolerance although he denied abdominal cramps and/or diarrhea after drinking milk or ingesting milk products. Not all patients with lactose intolerance experience a change in bowel habits. Carbonated beverages, chewing gum, sucking hard candies, and smoking can lead to increased air swallowing that may result in crampy distress and excessive gas. But he responded negatively to all of the above questions.

Research and communication with a dietician revealed that certain combinations of carbohydrates in the diet adversly affects some patients, resulting in formation of hydrogen and carbon dioxide gas. Also, patients with excessive gas who are more disturbed by the odor than by the volume or noise should avoid eating "red meat" because it produces a more noticeable flatus.

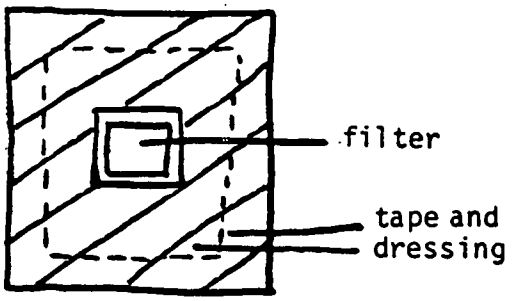
There are studies which measure gas formation after digestion of various foods. For example, the breath hydrogen technique involves measuring expired air after the patient fasts. The patient is then fed one or more foods, after which the breath hydrogen levels are checked again. This measures the amount of gas being formed by the colon.

(continued)

My recommendation is the patient should compile a minimum of one week diary of all foods and fluids ingested for analysis with the dietitian before extensive testing commenses.

****
****

Pauline DeSantis, RN, ET from Suburban Community Hospital in Warrensville Hts., Ohio has found that the new Hollister Odor Absorbent dressing is just as effective and more cost efficient when she uses a 2-inch square piece in the center of a large odiferous wound. She uses the piece as a filter on top of the primary dressing and secures the dressings with tape so that any odor filters through the absorbent patch. The patch filter can be reused as long as it remains dry.



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TEN WAYS TO EASE STRESS IN '84

E at and drink sensibly
A ssess yourself
S top smoking
E xercise regularly

S tudy and practice self-control techniques
T ake responsibility for feelings
R educe stressors
E xplicate your values and live by them
S et realistic goals and expectations
S ell yourself to yourself; have self-esteem

M.G. McKee
Cleveland Clinic

NEWS FROM THE REGION

OHIO

*Norma Gill became the wife of Herbert Thompson on October 1, 1983. Professionally she will remain active and retain the name of Gill. Best Wishes to Norma and Herb.

*Del Voltz, RN, ET has retired from Timken Mercy Medical Center in Canton, Ohio. Del and her husband expect to travel and just enjoy life. Clarice Hug, RN, ET is replacing Del.

*Surprise!! Karen Welsh, RN, ET from Cleveland Clinic was married to Dr. Ian Lavery on November 11, 1983. Karen will continue to work at CCF.

*The community of Cincinnati has Betty Gerth working as a "private consultant". If Betty was looking for more free time, she may have goofed. Consultations may soon keep her very busy.

*The Cuyahoga County Division of the American Cancer Society has included Marilyn Spencer on the Service Committee as an E.T. Consultant. A subcommittee includes five other E.T.s located geographically in the area to service the area. Their function is to insure that all participants using ACS resources have the opportunity to the services of an E.T. The subcommittee includes Sister Elaine Nimberger, Charity Hospital; Barb Hocevar, Deaconess Hospital; Molly Sammon, Hillcrest Hospital; Barb Carnahan, Parma Hospital; and Sue Ellen Smith, Marymount Hospital.

MICHIGAN

*The "Hats Off Award" goes to Helen Arend and Trudy Blied of Kalamazoo for the program "Impaired Skin Integrity Related to Pressure: Pathophysiology and Nursing Intervention.

NEWS FROM THE REGION (continued)

Victor Alterescu's presentation comanded the attention of the participant and stimulated the thought process. Response from the area nurses was excellent and over 20 E.T.s from the MidEast Region attended the program.

*Hurley Medical Center sponosred an Ostomy Conference in Flint Michigan on November 16, 1983. Sharlene Kennedy was instrumental in providing this program.

****

JOB BULLETIN

METHODIST HOSPITAL OF INDIANA, INC.--INDIANAPOLIS-- is seeking a Registered Nurse who has received training as an ENTEROSTOMAL THERAPIST. Candidates must be currently licensed and preferably have six months - one year E.T. experience.

This person is responsible for visiting approximately 25 patients on a daily basis within the Hospital; outpatients are seen on a referral basis. Hours include Monday through Saturday, 7:00 A.M. - 3:30 P.M.; no holidays or Sundays.

Located five minutes from downtown Indianapolis, METHODIST HOSPITAL OF INDIANA, INC., is a 1150-bed not-for-profit, teaching facility specializing in tertiary care. The hospital serves communities within a 150 mile radius of the city.

Interested candidates should call collect or write:

Andrea Halpern Harding
Nurse Recruiter
(317) 929-3589
Methodist Hospital of Indian, Inc.
1604 N. Capitol Avenue
Indianapolis, IN 46202

PRESSURE SORE CARE TEAM

Pat Gillen, BS, RN, ET

A Pressure Sore Care team has been initiated at Flower Hospital in Sylvania, Ohio. The team consists of the E.T. nurse, a dietitian, a physical therapist, and meets for weekly combined rounds. The Head Nurse on each unit compiles a list of patients at risk or those who currently have pressure sores. The staff nurse is responsible for obtaining approval of the staff physician for the consult. When approval is obtained, a form is completed identifying the patient, hospital number, physician, and potential problem or current problem. This form is processed the following morning. The team visits each patient, reads the medical reports, and following discussion each member writes recommendations. The staff nurse notifies the physician of the recommendations which he selectively or completely endorses.

Specific care plans are left on patient's with detailed step by step directions for nursing to ensure accurate delivery of care. Patients are evaluated every or every other day so that treatment is dynamic and changed to meet the changing needs of the patient and allow optimal resolution of the pressure sore. In the event a patient is discharged before rounds the nurse contacts the E.T.; as coordinator of the team, the E.T. calls an emergency session to evaluate the patient.

In addition to better more coordinated, holisitc care, better interdepartmental understanding and cooperation and focus on prevention it is believed the team will also result in less hospital days stayed and in more referrals for the departments involved in the team. We strongly feel we will see a dramatic decrease in the number and severity of pressure sores.

JOB BULLITEN

CLINICAL RESEARCH ASSOCIATE -- 3M Medical Products Division has a immediate opening for a person with a BS in Nursing, Public Health, or other biological science, at least two years of experience in wound care, burn treatment, enterostomal therapy, or reconstructive surgical care, and one-two years experience in research, either as a part of a graduate program or as a clinical investigator. A strong technical background is required and exposure to medical device regulations is desirable.

Duties are to design, develop and administer clinical evaluations of new products and to analyze and summarize results. For challenging work and a company that recognizes achievement, please send your resume in confidence to:

James P. Egan
Staffing and Empliyee Resources/3M
224-1W 3M Center
St. Paul, Minnesota 55144

Equal Opportunity Employer

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RUPERT B. TURNBULL, JR. SCHOOL OF E.T. NEWS CORNER

The R.B. Turnbull School of Enterostomal Therapy at the Cleveland Clinic is geared for another great year! There has been four classes scheduled for 1984, and each class wil have eight (8) students.

Classes will be held at the following dates:

Winter - January 9 through March 2
Spring - April 2 through May 25
Summer - July 9 through August 31
Autumn - September 24 through November 16

At this writing, classes are filled through summer. Ther are a few openings in the Autum class, so if anyone of your hospitals are planning to send a nurse to ET School for thi year, the time is NOW to call me.

Joan Van Niel, RN, MA, ET
Program Director, E.T. Education
(216) 444-5966

JOB BULLITEN

Midwest Medical Consultants is the Health Care Placement Division of Pyramids Personnel, Inc. We are a team of experienced medical placement (recruiting) specialists. ALL SERVICE CHARGES ARE PAID BY THE EMPLOYER.

WE HAVE REQUESTS FOR THE FOLLOWING CLINICAL NURSE SPECIALISTS:

Position: Assistant Department Head/Oncology

Requirements: BSN-Previous clinical oncology experience.
Location: Michigan

Salary: $25,000-$28,000
****
Position: Head Nurse Oncology

Requirements: Clinical Nurse Specialty in Oncology; BSN required-Master's preferred
Location: Missouri

Salary: $27,000-$30,000
****

Position: Oncology Clinical Nurse Specialist

Requirement: MSN or BSN actively working toward MSN in oncology-also previous clinical experience in oncology
Location: New York

Salary: $26,000-$30,000
****
Position: Clinical Nurse Specialist/Oncology

Requirements: MSN with two years clinical experience in oncology

Location: Virginia

Salary: $23,000-$32,000
****
Position: Clinical Nurse Specialist/Oncology

Requirements: BSN with 3-5 years clinical oncology experience mandatory. MSN in oncology or current participation in Master's Program preferred

Location: Indiana
Salary: $25,000-$30,000

(continued)

Position: Clinical Nurse Specialist/Oncology
Requirements: MSN with previous clinical experience in oncology.
Location: Florida
Salary: $25,000-$30,000
****
Position: Onocolgy Coordinator
Requirements: BSN with 3-5 years clinical oncology experience. Master's Degree with previous critical care experience beneficial.
Location: California
Salary: $23,000-$28,000
****
Position: Clinical Nurse Specialist/Oncology
Requirements: MSN with previous experience in oncology mandatory.
Location: Indiana
Salary: $23,000-$28,000
****
Position: Oncology Clinical Nurse Specialist
Requirements: MSN in clinical specialty of oncology mandatory. Previous clinical experience in oncology.
Location: Iowa
Salary: $25,000-$28,000
****
Position: Oncology Nurse Specialist
Requirements: MSN in oncology or Med/Surg mandatory. Two years experience as CNS in oncology preferred.
Location: Kansas
Salary: $22,000-$32,000
****

All fees paid by our client employers, all inquiries handled in strict confidence. For additional information, please contact Terri Fox, RN, Medical Placement Specialist, at 317-872-1053.

PLEASE CHECK THE APPROPRIATE BOXES THAT APPLY TO YOUR NURSING PRACTICE

1___ R. N. E. T.
___ R. N. Ostomy nurse

2___ Full Time
___ Part Time

3___ Practice confined to ostomy & related care

____Must function in other capacities -please specify

4____Consider myself the resource person for incontinence

____Consider myself the resource person for pressure sores

____Prefer <u>not</u> to handle incontinence case load

____Prefer <u>not</u> to handle pressure sore case load

5____My hospital is considering opening a home health agency Yes___ No ___ Don't know ___

6____I plan to be a resource person for home health Yes____ No ____

7____I have a out patient facility Yes___ No___
Plan to open one____

8____I charge a fee for services Yes___ No___

9____Please indicate the general range of your fee
___$15-25 ___$ 30 - 45 ___$45-60 ___Above $60.00

10___I do consulting work in nursing homes Yes___ No___

11___Do you bill as a:
____Consultant
____Patient educator
____Other - please specify

12___I do consulting work in a retail outlet Yes___ No ___

What areas of health care do you feel you need more in depth knowledge about in order to premote your practice.

Ostomy
Incontinence
Pressure sores
Others - please specify

Please mail returns to:

Bonnie Bollinger, RN, ET
60 Brittany Dr.
Fairfield, OH 45014

Semi-Annual Membership Meeting
Charleston, W.Va.
November 5, 1983

Those present were: See sheet attached.

1. The meeting was called to order by President, Sally Thompson. After introduction of current officers, President Thompson recognized those members who are new or were present for the first time. Each was presented with a corsage to welcome them to our organization.

   Also presented with a corsage was Maude Timmons, who has resigned as Historian. The regional membership gives a big thank you to Maude for her many years of dedication as Historian.

2. In the absence of the Parliamentarian, President Sally Thompson declared a quorum to be present.

3. Secretary's Report - Brenda Kinder

   The minutes of the June 1983 membership meeting were published in the Mid-Eas Dropper. Motion was made by Ethel Pryor, seconded by Kathleen Wood to accept the minutes as published. Motion carried.

4. Treasurer's Report - Barbara Montgomery

   The proposed budget was approved at the June, 1983 meeting (see minutes). We have almost $8,000 in our treasury currently. The only outstanding bills are those incurred by this conference. After determining an amount to be used for the June, 1984 conference in Las Vegas, some money will be placed in a C.D.

   The Newsletter is currently paying for itself with the sale of advertisements. There is a need for more ads to be sold for this to continue. Three issues of the Newsletter this year has cost $806. The Newsletter will cost approximately $1,100/year, based on current cost. Last year's ads made about $1000.

5. Committee Reports

   A. Membership - Nancy Rioux

      We have 173 paid members; 31 new members; 9 associate members; 110 board certified E.T.'s.

      This year the membership directory for the region will be updated and published in booklet form.

      Membership dues for 1984 are due in January.

   B. Continuing Education - Sally Thompson

      Susan Cecil has resigned as chairperson of that committee. Rita Kirchner from South Bend, Indiana and a member of the national continuing education committee will be asked to chair this committ

      Nancy Martin reported on the fine Education Program November 4, 1983. There were 61 paid attendees. The Region will net a good profit from this program.

      The membership expressed a big round of applause to Nancy Martin and Juanita Jenkins for the marvelous job done planning and organi ing the conference.

      Rita Kirchner, chairperson for the 1984 meeting, sent this report. The meeting will be November 2-3, 1984 in South Bend, Indiana, at the Downtown Marriott. A needs assessment survey was distributed to members at the June, 1983 meeting and the same survey has been sent to nurses in the South Bend area. There was a 49% response to the survey. There has not been a topic chosen as yet.

      The 1985 meeting will be in Cleveland, Ohio. Joan Van Niel is Chairperson for that meeting. Bids are being taken for 1986. Michigan is the most likely locale.

   C. Publications - Marilyn Spencer

      The publication of the Newsletter has expanded from 275 to 320 Newsletters. We now have 45 paid retailers advertising. We will be publishing the paid retailers in a separate directory to be distributed once a year. As new retailers subscribe they will be published in the Newsletter.

      Marilyn will be contacting Trudy Blaid (Newsletter funding Chairperson) about beginning renewal drive and drive for new subscriber

      The expected date for having a separate retailers directory is June.

      Would like to have a "reporter" from each state. Volunteers to be the reporter or find a reporter for their state.

      Ohio - Joyce Hawley
      Michigan - Ethel Pryor
      W. Va. - Juanita Jenkins
      Kentucky - Kathy Tucker
      Indiana - Kathleen Wood

D. Historian - Maude Timmons

Pictures received from Marilyn for scrapbook. Information received from board meetings will be added.

Regretfully, Maude has resigned as Chairperson. President Sally Thompson has appointed Pam Stilger of Louisville, Kectucky to be the new Historian.

E. Bylaws - Marilyn Spencer

All changes and amendments to by-laws were approved in the June, 1983 meeting. A revised edition of the by-laws is available by contacting Marilyn Spencer.

F. Fund Raising - Karen Granby

The committee established at the June meeting in Kansas City to look into fund raising projects (Sue Smith, Sue Brady and Karen Granby were committee members) presented items for consideration to see at the meeting in Las Vegas. Items selected were:

-Car/caddy coffee cup, cost .99 to 1.30; sell at 2.50.
-Garter, cost .84 to 1.04; sell at 2.50.
-Letter opener, cost 1.44 to 1.90; sell for 2.50.

Items to be raffled:

-Ceramic "E.T." Night Lights
-An Afgan, made by Marilyn Spencer

A round of applause for the fine work of this committee.

G. Special Committee's Reports

1. Operational Manual - Ruth Bailey

Work on the manual is continuing. Officers have given input to functions and how to get jobs done smoothly. Regional Trustees will continue the task.

2. Newsletter Funding - Trudy Blied was not present.

3. Research - Sexuality and the Ostomate - Joan Van Niel

Goals and objectives for the study have been determined. A four page survey has been developed. Questions on sexual

history, sexual problems, sexual functions are covered in the survey. The target population for the survey is persons who have had radical cystectomy, A-P resection, and pelvic exenterations.

Discussion on how the survey should be distributed. Ostomy Quarterly has declined to publish the survey. Distribution to local chapters by E.T.'s is one possibility. There is also a possibility the Region will have a booth at the Regional UOA Meeting in April in Cincinnati, Ohio. The committee will decide on how to reach the target population.

4. Nominating Committee - Patricia Grizzle sent the following report:

Dear Madam President:

Following the Bylaws of the Mideast Region, International Association of Enterostomal Therapy, the Nominating Committee presents the following candidates for the offices of Treasurer, Regional Trustee, Delegates and Alternate Delegate:

Treasurer: Barbara Montgomery, RN, ET, Ohio

Trustee: Rosemary VanIngen, BS, ET, Michigan
Patricia Freeman, RN, ET, Michigan
Judy St. John, RN, ET, Indiana
Dorothy Best, RN, ET, Ohio
Joan VanNiel, RSN, MA, ET, Ohio
Mary Ann Sammon, RSN, ET, Ohio
Ruth Bailey, RN, ET, Ohio

Delegate (7) and Alternate Delegate: (4)
Patricia Freeman, RN, ET, Michigan
Judy St. John, RN, ET, Indiana
Marlene Brockmeier, RN, ET, Ohio
Joan Baptie, RN, ET, Kentucky
Glenna Altizer, RN, ET, West Virginia
Dorothy Best, RN, ET, Ohio
Thelma Weakley, RN, ET, Ohio
Mary Angela Lamb, RN, ET, Ohio
Mary Lou Walker, RN, ET, Ohio
Marilyn Spencer, RN, ET, Ohio
Betty Gerth, RN, ET, Ohio
Mary Ann Sammon, BSN, ET, Ohio

Marie E. Lonz, RN, ET, Ohio
Patrick Gillen, BSN, ET, Ohio
Susan Brady, RN, ET, Ohio
Pam Stilger, RN, ET, Kentucky
Phyllis Helmerick, RN, ET, Indiana
Peggy Valmassoi, RN, ET, Ohio
Susan Brown, RN, ET, Ohio
Nancy Rioux, RN, ET, Ohio

Respectfully submitted,

Patricia Grizzle, RN, ET
Chairperson, Nominating Committee

Discussion:

The person receiving the largest number of votes will be the chairperson for the delegates. Delegates receive $50 to help defray cost for attending national meetings.

5. Critical Care Nurses Resource List

President Sally Thompson submitted names to IAET President Debbie Broadwell for inclusion in a Critical Care Nurses Resource List. The purpose of the list is to facilitate networking on a state level among NFSND groups.

6. Regional Trustee Report - Jane Beerck

The trustee's report was published in the Newsletter. In addition:

The Hollister sponsored Outreach Program was held in Minneapolis on September 23rd. There were 60 participants.

Victor Alterescu plans to resign as JET editor in August, 1984. The JET is in need of manuscripts. The first C.E. program will be published in the January and February issue.

The National Officer has a new address and phone: One Newport Place, Suite 970, Newport Beach, Ca. 92660, (714)972-1729.

The certification test may be given pre-conference instead of post-conference in Las Vegas. A Board mail vote was conducted on changing the testing company. The results have not been communicated as yet.

I attended the 21st Annual UOA Conference in Boston. The New England E.T.'s conducted a free ostomy clinic at the hotel. Another new happening at their National Conference was the Single Ostomate Day. The programs were both well received.

Everyone should have received a report on the IAET Educational Synposium. This synposium looked at ET education and where it is going in light of the fiscal problems of the ET schools.

There was one unanimous recommendation of a baccalaureate degree requirement for entry into an ET educational program by 1985. A proposal may be made to H of D regarding this at the Las Vegas meeting in June.

7. Old Business:

A. 1984 IAET Conference will be June 5-9 in Las Vegas. Offices open in 1984 are Secretary and Treasurer. If interested, please submit your name to Sally Thompson.

B. Delegates of the 1983 National Conference reported that the Mideast Region was well prepared overall to discuss/vote on issues. Some other regions were not well prepared and some confusion did exist. Overall the feeling was positive about the process.

Concerns expressed were only four members audited the meeting to express views. It is the responsibility of the membership to be informed and to insure that delegates represent the view of the membership.

8. New Business:

A. New Committees have been established by IAET and need to be established on a regional level.

1. Public Relations/Communications - Joyce Hawley, appointed as Chairperson, need members from each state for this committee. The purpose of the committee is to increase public awareness of the E.T. Nurse and the IAET within the framework of the objectives set up by the Communications Committee.

2. Salary Survey Committee - Ethel Pryor will Chair this committee. As yet there has not been communication on the specific function of this committee.

B. We would like to expand our current committees. Working on a committee is an excellent way to become involved more actively with the organization. If interested in serving on a committee, please contact the committee chairperson or Sally Thompson.

C. Miscellaneous

1. The Youth Rally will be in Boulder, Colorado in 1984. The board voted to donate $500 to send one person to the Youth Rally. Paula Toth of Akron, Ohio was appointed Chairperson to administer this sponsorship. If anyone has the name of a youth who could benefit by attending the rally, please submit names to Paula Toth.

2. Marilyn Spencer opened a discussion on the need for E.T. services and education in India. There has been one program established in India, a three month, University based program. There is a need for financial assistance. A motion was made by Kathleen Wood, seconded by Marilyn Spencer, that the Mideast Region donate $250 to support one person for education as an E.T. in India.

   Motion carried.

Elections - Those elected were:

Treasurer - Barbara Montgomery

Trustees - Ruth Bailey, Rosemary Van Ingen

Delegates - Marilyn Spencer, Chairperson

Mary Angela Lamb, Nancy Rioux, Betty Gerth, Dorothy Best, Susan Brown, Patricia Freeman.

Alternates: Glenna Altizer, Susan Brady, Patrick Gillen, Marlene Brockmeier, and Mary Lour Walker.

Miscellaneous discussion on the report of the task force on E.T. education. A unanimous recommendation from the task force is that entry level for E.T. education be a Baccalaureate degree. It is highly recommended that each member review the report thoroughly. This will likely be an issue at the annual meeting in Las Vegas.

Motion to adjourn made by Joyce Hawley, seconded by Jane Beerck.

Respectfully submitted,

Brenda Kinder

Brenda Kinder, RN, BSN, ET
Secretary, Mideast Region

BK/dmf

REGIONAL PUBLIC RELATIONS COMMITTEE

PURPOSE: To increase public awareness of E.T. nurses and the IAET, within the framework of the objectives set forth by the communications committee of the IAET.

FUNCTIONS:

1. To promote public relations activities at the Regional and local level.
2. To utilize the IAET Public Relations packet as a resource for public relation activities within the region.
3. To promote the use of the IAET Exhibit Booth within the region.
4. To participate in the dissemination of information publicizing ET Nurse Day annually.
5. To serve as a Public Relation resource for ET nurses within the region.
6. To establish and maintain active communication with the IAET communications committee.

YOU DON'T GET to choose how your're going to die. Or when. You can only decide how you're going to live. NOW.

-Joan Baez, DAYBREAK
(The Dial Press)

OHIO:

COLUMBUS MEDICAL/ABBEY MEDICAL, 306 East Fifth Ave., Columbus, OH 43201 294-5585 or 1-800-282-1395 RN on staff. Dealers for Hollister, Squibb-Convatec, United, Bard, and 3M.

COLUMBUS PRESCRIPTION PHARMACIES, INC., 1000 High St., Worthington, OH 43085 (614) 885-4079 Carry a complete line of ostomy supplies with trained personnel on staff.

DEVINE PHARMACY, Bill Weimann, P.D., 421 Main St., Zanesville, OH 43701 (614) 452-4411 Hollister Dealer for Zanesville area.

DRUG CORNER PHARMACY AND OSTOMY SUPPLY, 1009 Sylvania Ave., Toledo, OH 43612 (419) 476-3688 "Toledo's Larget Ostomy Supply Center"

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2200 Winchester Ave., Ashland, KY 41101	(606) 324-1215
Skyline Shopping Center, Hopkinsville, KY 42240	(502) 885-7808

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MARILYN SPENCER, RN, ET
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