

# **TIPS FOR PEOPLE WITH ARTHRITIS & AN OSTOMY**

It is likely that many people with an ostomy also have some form of arthritis but the two conditions may not be related. This is because there are many types of arthritis (*a few of which are shown in table 1*) and because arthritis is very common, with 13.9% of the general population self-reporting having some form of arthritis (*Australian Bureau of Statistics 2001*). This article does not aim to help you diagnose or treat yourself. If you believe you have arthritis, go and see your doctor for a proper diagnosis and treatment.

In 1989 a NSW survey investigated the problems and solutions for people with an ostomy and arthritis. This article aims to update readers on some product developments since then and give some general information for those with arthritis. It will only deal with aspects related to managing an ostomy when one has arthritis.

## **THE MAJOR PROBLEMS IDENTIFIED BY PEOPLE WITH AN OSTOMY AND ARTHRITIS ARE:**

### **Gathering together the equipment & getting to private places**

Wheelchairs and walking frames require two hands, so there are problems moving equipment, especially if an ostomy bag is leaking and one hand is needed to minimize leakage. Solutions include having emergency supplies in a shoulder bag or a bag attached to the wheelchair /frame and keeping spares of ostomy equipment in various rooms of the house (*such as upstairs and downstairs*).

### **Stiffness getting on and off the toilet or bending over to empty an appliance**

An occupational therapist may be of great help to organise railings to fit around the toilet, an extension seat for the toilet or a non-slip chair adjacent to the toilet.

### **Stiff back or neck preventing bending to see the stoma when changing the appliance**

A well placed shaving mirror with a hinged frame and a magnifying side may help. Otherwise, sit, lean back and use a mirror on a table in front of you. A two-piece appliance may be easier to change because changing the bag (*which needs to be done more frequently*) can often be done by feel.

### **Arthritic hands**

The major problems were opening packets, peeling off backing papers, cutting holes, opening and closing clips, using tubes of paste and undoing tops on bottles of ostomy pharmaceuticals. These are the areas which have been most improved since 1989. The manufacturers have listened to their customers and provided a wide range of more user-friendly products.

To find out which is best for your needs, see a stomal therapy nurse or go to an open day at your local ostomy association meeting. Often the representatives of companies are present and they can advise you.

Some appliances still have difficult packaging but others do not - and it is worth investigating to find whether there is a suitable alternative appliance in packaging that you can manage. Similarly with the backing papers some have brightly coloured tabs that are easily seen and manipulated.

There are now many base plates and bags with pre-cut holes and the different manufacturers have slightly different sizes, so one of them probably makes your exact size! There are now mouldable products so even those with non-circular stomas may not need to use scissors to customize their holes.

Many drainable bags for people with bowel stomas now have integrated closures rather than clips that have to be taken on and off. The integrated closures are soft and simple to use, even if you do not have much strength in your hands.

Belt tabs are still difficult we need to lobby manufacturers to make them more user-friendly.

Most of the pastes now come in soft tubes or you can use a key or paste dispenser, obtainable from a pharmacy or where arthritic aids are sold.

Generally speaking, you should simplify all tasks to use the least amount of time, movement and effort, thus minimizing joint pain.

**To do this . . .**

- GET READY**           decide what equipment is needed and take it all to the work area before you start.
- DO THE TASK**        (*egg appliance change*) list all the movements you made. Ask yourself, whether it necessary to do all the movements and in that way?
- ELIMINATE**           all unnecessary steps.
- COMBINE**            as many movements and operations as possible.
- REARRANGE**         the order of steps to save movements.
- SIMPLIFY**            all the steps which are necessary.
- REMEMBER**         to do it the new way next time!

• There are many aids for arthritis sufferers, sold in pharmacies and places such as the Independent Living Centre. If you are unsure where these places are, ask an occupational therapist at your local hospital. Aids are available for such tasks as unscrewing lids and tops, turning taps and many others.

General information about arthritis can be found at the website of the Arthritis Foundation of Australia (<http://www.arthritisfoundation.com.au>). There are links giving information about arthritis associations in each state. If you are unable to use the internet, ask your local librarian to show you what to do.

There is also an arthritis information line 1800 011 041 where you may be able to obtain specific details of help in your local area.

<b>Name</b>	<b>Common symptoms</b>	<b>Comments</b>
Osteoarthritis affects cartilage ( <i>cushions at end of bones where they form into joints</i> ):	Commonest in fingers and weight-bearing joints like knees, hips, feet and back. Pain and stiffness in joint, swelling.	One of commonest types of arthritis usually develops between 45-90 yrs, due to changes within cells resulting in loss of elasticity.
Rheumatoid arthritis:	Inflammation ( <i>heat and swelling, pain</i> ) of joints, particularly in hands, feet, shoulders, knees and other parts of body. Persistent fatigue. Joint stiffness, especially in morning. Both sides of body affected similarly.	An auto-immune disease – person's immune system – attacks his or her own tissues.
Gout ( <i>occurs when uric acid crystals are deposited in the joints and cause inflammation</i> ):	Usually affects one joint at a time, especially the big toe. Can also affect knee, ankle, foot, hand, wrist or elbow. Pain, swelling, tenderness, redness, warmth. Attacks can occur quickly and remain a week if left untreated.	Uric acid comes from the body breaking down body proteins. Very little from foods eaten. Can be inherited. Can be aggravated or triggered by: alcohol, over-eating, fluid tablets, being overweight, surgery, severe sudden illness, crash dieting, not drinking enough fluid.
Ankylosing ( <i>means stiff or rigid</i> ) spondylitis ( <i>inflammation of spine</i> ):	May include chronic back pain, stiffness in the back ( <i>particularly in the morning</i> ) pain in joints of neck, knees, ankles, hips and sacroiliac joint ( <i>where the spine attaches to the pelvis</i> ). Pain around tendons of heel, inflammation of eyes, rashes.	Cause unknown. Relatively uncommon. May occur in people with inflammatory bowel disease.
Reiter's syndrome or "reactive arthritis" ( <i>which means it occurs as a reaction to infection elsewhere in the body</i> ):	Symptoms depend on part(s) of body affected and include inflammation of joints and tendons, inflammation of the eye, urinary tract or skin, rash, fever, weight loss.	May be related to infections in the intestine ( <i>Salmonella, Shigella, Campylobacter or Yersinia</i> ) or genitourinary tract ( <i>Chlamydia</i> ). The tendency to develop this can run in families.

Enteropathic arthritis ( <i>sometimes accompanies inflammatory bowel diseases</i> ):	Commonest extra intestinal manifestations of inflammatory bowel diseases such as Crohn's Disease and Ulcerative Colitis. Joints become hot, painful and stiff.	When the gastrointestinal disease is in remission so is the arthritis.
Fibromyalgia syndrome ( <i>occurs in muscles and surrounding structures without any obvious tissue damage</i> ):	Mild to severe pain – may be aching, burning, throbbing or stabbing. Stiffness, usually worse in the morning. Sleep disturbance. Fatigue. May also have tingling or numbness in arms and legs, irritable bowel and cystitis.	Cause unknown. Possibly triggered by some physical or emotional trauma or stress such as a viral illness.
Polymyalgia rheumatica:	Moderate to severe muscle pain and stiffness in the neck, shoulder and hip, also fever, weight loss and lethargy. Can develop rapidly ( <i>overnight</i> ) or gradually.	Average age of onset is 70 years. Cause unknown. Can also be associated with inflammation of arteries around head causing headache and visual changes. If these symptoms occur consult a doctor promptly.
Scleroderma:	Symptoms may include: <ul style="list-style-type: none"> <li>• Thickening of skin, particularly on fingers, arms and sometimes face.</li> <li>• Colour changes in hands and feet, usually from pale blue to red, often after exposure to cold (<i>Raynaud's disease</i>).</li> <li>• Small calcium deposits in the form of nodules on fingertips and bony prominences.</li> <li>• Stiffness in muscles and joints.</li> <li>• Indigestion or heartburn, diarrhoea or constipation.</li> <li>• Lung or kidney impairment.</li> </ul>	Symptoms vary and depend on the part of the body involved.

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