February is the month when Old Man Winter plays hardball. Many people living in northern climates choose this time of year to pack up and travel south to escape cabin fever, the cold, the wind, gray skies, and a depressive condition called Seasonal Affective Disorder (SAD). People living in more temperate climates refer to these flocks of northern migrators as “snow birds.” This month’s column provides some helpful hints to share with patients with an ostomy who may be planning a snow-bird getaway this month.

Unfortunately, many people with an ostomy believe travel is out of their realm of possibility. This could not be further from the truth. However, it makes sense, especially for those individuals recovering from recent surgery, that a prerequisite to travel is confidence in self-care. Another way to integrate traveling into life in a less threatening way is to make the first trip away from home a short trip — a “test trip,” so to speak.

A study by Annells clearly demonstrates that uncontrolled flatus and its associated odor from a fecal stoma can have an overwhelmingly negative impact on a person’s life in social settings. Often people will withdraw from such experiences, afraid to leave the security of home. Clinicians have a responsibility to provide options to patients that help eliminate (to the maximum potential) sources of anxiety related to the ostomy.

A small commentary in the Fall 2006 issue of The Phoenix (the official publication of the United Ostomy Associations of America [UOAA]) focused on the use of closed-end pouches during travel. The author discussed the benefits of an effective gas-release filter in a crowded theater and the difficulties and embarrassment of not having a filtered pouch on a plane trip. These experiences mirror some of the case reports presented in Annells’ work.

The use of a closed-end pouch also gives individuals a sense of security and convenience when in unfamiliar settings. Clinicians often are reluctant to recommend closed-end pouches for individuals with an ileostomy or an ascending colostomy based on a perceived increase in management cost and the patient’s inability or willingness to pay. It is important to remember that different pouch features can have an enormous impact on the individual’s confidence and ability to participate in a variety of activities — a cost well worth an additional investment — and that the pouch that is right for the individual is the one the individual says is right, not the one the clinician mandates.

I Can Fly

The UOAA lists several travel tips on its website (www.uoaa.org) addressing recent changes in airport security that may have a direct effect on the traveler with an ostomy. Clinicians may want to refer patients to this website if they have questions about traveling. Here are a few pointers.

Scissors. The US Transportation Security Administration (TSA) established a special exception to a ban on scissors in carry-on baggage and allows “ostomy scissors.” This exception is valid only in the US because scissors are still prohibited on flights departing from Canada. However, using pre-cut or
moldable skin barriers totally eliminates the need for scissors; pre-cutting skin barriers before departure may alleviate confusion or inconvenience related to the screening of scissors.

**Packing ostomy products.** Ostomy supplies should be packed in two places: in the carry-on and in checked baggage. This provides a back-up (and an increased sense of security) should checked baggage be lost. Changes in temperature, activity, and diet often decrease wear-time. Because additional supplies may not be available for purchase at the traveler’s destination, travelers should pack more than the usual number of supplies needed for the period of time away from home.

**Liquid supplies.** Only travel-size (3 oz or less) liquids, gels, and aerosols are permitted in carry-on luggage. These must be placed in one clear, zip-top, quart-sized plastic bag that can be removed from the carry-on and screened. Any such materials (including bottled water) in quantities >3 oz will be discarded by security personnel. Logically, a 2-oz tube of skin barrier paste and a few barrier wipes would be acceptable in carry-on baggage. It is important to remember that these restrictions are applicable only to carry-on baggage — size or quantity of liquids, gels, and aerosols that can be packed in checked luggage is not limited. Also, liquids and beverages in quantities >3 oz may be carried on if purchased after passing through the security checkpoint.

Another source of information available to people with an ostomy who are curious about travel is *Yes We Can*, available from amazon.com. Written specifically for the patient, this book is full of handy and practical information. Healthcare professionals caring for patients with an ostomy could benefit greatly by reading and forwarding what they learn as part of patient counseling.

Snow birds have much to look forward to — cruises to exotic islands, lazy days on the beach, swimming, boating, or simply sitting on a patio looking at a spectacular sunset. People with an ostomy can (and do) enjoy the benefits of a winter getaway. It just takes a bit of extra planning to make the trip enjoyable, relaxing, and worry-free. OWM

**References**


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