

Carol Laubach is the founder of the Ostomy Association of Austin, TX

Our non-profit Ostomy Association of Austin celebrates 50 years of service & support to the Ostomy Community. Here is a tribute to Carol ~ this is an original article that was published in 1978. We thank Carol for her ongoing commitment to the Ostomy Community.

We love you!

Karen, Carol, John, & Amy



**Above: Karen Hollis, Carol Laubach, Carol-Marshal-Hanson, Amy Sloan-Nichols
(Not pictured: John Duncanson)**

OSTOMY IN THE SILENT DARK

**CAROL LAUBACH, RN, ANN GLOSSON, RN, ET, AUSTIN, TEXAS
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(Adapted from the dramatic slide presentation featured at the opening welcome session of the 16th annual UOA Conference in Dallas August 1978, this is the case study of how two dedicated nurses dealt with a person who already had two existing major disabilities blindness and deafness — before undergoing emergency ileostomy surgery.)

Triumphant Trio

ANN: Upon graduating from Emory University Enterostomal Therapy School in February 1974, I returned home to begin the practice of teaching and directing ostomy care for the city of Austin.

I had worked hard for a year and a half setting up the new department and establishing the need for an enterostomal therapist, plus having married three months earlier, so by the summer of 1975, I was ready for a much-needed vacation. I realized I couldn't just leave town for three weeks; someone would have to fill in for me. Because ostomy care is such a specialized area, I could not just call a nurse from the medical pool. It was imperative that my relief nurse be up to date on ostomy care procedures. Carol immediately came to mind. She was a nurse, she had an ileostomy, and we had attended many conferences together, so I knew that she was aware of new procedures and the use of all the equipment.

Approached Her

When I approached her with the idea of working for me, she was excited, yet hesitant. She had done some ostomy teaching for her surgeon and gastroenterologist, but her work had been primarily with ileostomy patients. We decided a three-week orientation should cover about everything that Carol would need to know in my absence.

At 7 O'clock on Tuesday evening of the second week of Carol's orientation, I received call from Dr. Ted Edwards. He told me that he had a patient at Holy Cross Hospital who was going to have an emergency colectomy with an ileostomy the next morning. He gave me a brief history and asked me to mark the stoma site. Ordinarily, this would be a fairly routine surgery with routine teaching, but Dr. Edwards had told me he had a real challenge for us. Well, he wasn't kidding! You see, our patient was both blind and deaf. His wife, though sighted, was also deaf.

Carol and I discussed this in the car on the way to the hospital. We agreed with the doctor, it was a real challenge, but it was one we were eager to accept. We had no fear and it never occurred to us that we wouldn't be able to meet this challenge. Our mutual excitement demonstrated that we were ready to meet it head on. We knew that this would not be an easy assignment. In preparing for this program, Carol and I asked Dr. Edwards if he had any thoughts he wanted to share. The following were his comments:

CAROL: In most endeavors, we take the easy way out and do only what is absolutely essential. Each of us has the potential to develop our talent and natural abilities to a far greater extent than we succeed in doing. Some persons are born with or acquire handicaps. Their inner drives cause them to develop their other senses and their abilities far beyond what they might have developed had they not had the handicap.

Unable To See and Hear

"As a result of being unable to see and hear, Dick Bell developed a sense of touch and feeling far beyond what most of us even consider possible. His sense of touch is so sharply developed that he is able to feel the movement of another's fingers tracing a letter on his hand. "Many of the persons communicating with Dick only spelled out the standard alphabet and did not use the fingerspelling. Even more interesting is the communication that developed through the fingerspelling. Dick was able to feel through his fingers and hand by placing his hand over the hand of the person trying to communicate with him. "The awe of God's creation is that the potential is so great and our realization of that potential is so small. We open our eyes and supposedly see things clearly, but we miss many things. We have all sorts of feelings and sensitivities that we have never trained to reach their potential. It may well be the ability to sense and feel becomes almost, in many ways, as great as the sense of vision.

History About Our Star

ANN: I would like to give you a little history about our star in this story. His deafness was detected at an early age. Before he entered school, it was apparent that he also had a progressive visual problem. Even with these handicaps, he graduated fourth in his class.



Carol Laubach, RN, shows Dick Bell how to feel appliance faceplate and adhesive disc shapes since he can't see them.

In 1958, he went to Chicago to visit a friend and at a church social he met a lovely young lady, Joan, who became his wife a few months later. Ulcerative colitis was diagnosed in December 1964. The colitis involved the distal third of Dick's colon. Two and one-half months later, the colitis was finally under control and essentially in remission. He remained relatively free of the disease for two years with only minor flare-ups. In April of 1967, Dick had a recurrence and again in January of 1968 and in March of 1969. From then on, the recurrences became more frequent and progressively worse. Dr. Edwards told Dick of the cure for his disease: an ileostomy. However, the doctor and Dick both knew that he might have a more difficult task living and caring for himself, so the surgery was repeatedly postponed for the next six years.

Innumerable Exams

Dick had innumerable proctoscopy exams during the ten years he suffered with ulcerative colitis. Due to the communication problem, it was extremely difficult for the physician to ascertain the extent and magnitude of the symptoms and the disease. So it was necessary to repeatedly visualize the colon. Finally, the surgery could not be postponed any longer. Dick's very life was at stake, so surgery was scheduled. At this point Carol and I came on the scene.

We introduced ourselves to Dick. He quickly learned to identify each of us by the feel of our rings. My first impression of Dick was that he was very thoughtful and very interested in what was about to take place. He seemed to have an air of deep understanding and great knowledge about him. Carol and I recognized the tremendous burden we were laboring under in not being able to communicate directly with Dick. We realized we would have to find a way. Carol found a fingerspelling alphabet in her encyclopedia and sat up most of that night learning and practicing it. Dick's wife and mother were interpreters as I began to explain the surgical procedure. I demonstrated how the appliance would be put on and explained each and every step of the procedure. Dick examined the equipment and asked if he would be able to wear his same clothes. I assured him that he would.

Surgeon Meets Patient

About this time, the surgeon, Dr. Donald Spencer, came in to meet the patient. When he left the room, I mustered up all the tact I could and tried to emphasize the very definite need for a protruding stoma. Dr. Spencer listened to me, but he didn't say anything. I didn't know what he was thinking, but I decided to be sure he remembered, so I wrote a message on the physician's progress notes, again trying to be diplomatic. Dick's next question was would he still be able to swim. This was his only physical activity and one that he enjoyed very much. I again assured him the ileostomy would not interfere once he had recovered from the surgery.

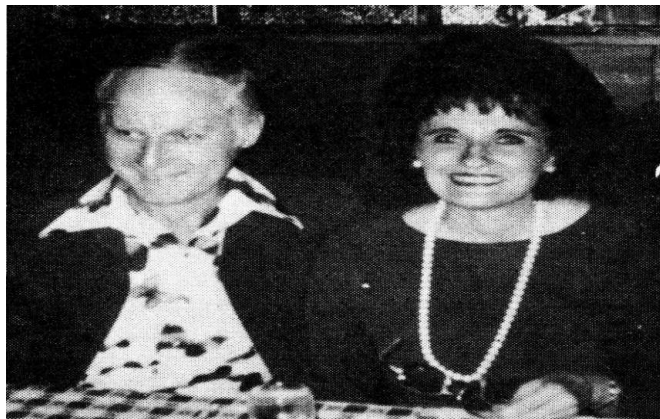
Desire to Swim

However, knowing his desire to swim made me especially eager to mark the stoma in the best possible site, which was selected and marked after careful examination, noting his beltline and abdominal folds and creases. His rehabilitation depended on the appliance staying adhered to the skin. I explained to him that Dr. Spencer would try to use this site if at all possible. I continued to explain general aspects of living with an ileostomy and gave Dick and Joan various booklets on ileostomy care that she could read and translate to Dick.

The extent of colitis involvement was great. There were severe ulcerations throughout the colon. Many of you know the pain he suffered. Carol and I watched the last portion of Dick's surgery, but we didn't get to see the construction of the stoma. I was concerned, to say the least. I still remember Dr. Spencer peering around at me with an impish gleam in his eyes, announcing that he had made us a nice FLUSH stoma. My heart sank, as you can well imagine and realized it had been a Joke!

Our Heavenly Father was watching over Dick. The operating room technician who assisted with Dick's surgery grew up in a home with deaf parents and was very adept at fingerspelling. We were at Dick's side when he woke up in the recovery room. The operating room tech was helping me to assure Dick that all went well with the surgery and that he had a protruding stoma in the place I had marked. As I was trying to make the Letter Y I inadvertently made the sign for 'I love you'. The operating room tech really laughed at me and explained what I had done. Later, I shared this incident with my family and this sign has become our family greeting.

I began the postoperative teaching the day after surgery. Dick looked great and was eager to learn how to care for his new ileostomy. I gave him a karaya washer to feel as I struggled to explain its use to him. He examined the karaya powder container and learned to identify its spout. He would soon realize he had several spouts to learn. Feeling the stoma was Dick's way of seeing it. After applying the pouch, I taught him how to fold and close the opening at the bottom.



Dick & Joan

Joan continued to be an invaluable aid in the teaching process. I often thought they must have their own secrets for communicating with each other. Joan communicated so rapidly, I thought she couldn't be spelling out every single word to Dick like Carol and I did.

CAROL: Dick had done so well during his recovery. He never seemed depressed. He always had a ready smile on his face. We discussed his cheerful outlook and I commented that I had never seen him with a sad face, so he did his best to put on a "sad" face for me. It really wasn't very sad!

Ann was with Dick for four days after his surgery. The morning of the fifth day, as I arrived at the hospital, the director of nurses met me with the news that Ann's daddy had passed away the previous night and she would be leaving for New Mexico immediately. I remember the sense of shock that I felt. My first reaction was one of grief and compassion for my friend in her loss, and then I sat there absolutely stunned by the realization of what I had been told. I felt very much alone and very much overwhelmed by the responsibilities ahead. My thoughts ventured to our new patient upstairs. Could I meet this challenge alone and fulfill the needs of this man who would be dependent on me to teach him all that he must know? There was no one else. The challenge must be met and the teaching begun.

Complete Trust

Dick's complete trust in me gave me the will to begin. We were to be a team and it was time for that team to get to work! So he placed his hand over mine and we began to discuss ileostomy management techniques. We were very fortunate to have an ostomy visitor who was a teacher at the School for the Deaf. She was an invaluable aid at that point in time. With her command of sign language and fingerspelling, several teaching sessions progressed with more ease. I was still quite slow in my fingerspelling, but with me giving instructions and our visitor passing them on through her hands, I am sure the information had more continuity for Dick. Since that time, I have learned many things; among them that I probably would have made more sense had I omitted many little words such as "is", "an", and "as". Dick was always very patient with my slowness and many times we were to laugh about this.

Concerned About Odor

Dick was very concerned that his ileostomy not be offensive to others. I explained the use of such deodorants as Banish for odor control. We also discussed other methods he might try, such as bismuth subgallate, mouthwash, vanilla extract, and perhaps a pinch of cinnamon. He felt each container so .1 that he would be familiar with each product and each type opening. His memory was as keen as his touch.

At this time, we were using cement to adhere the faceplate to the skin, so Unisolve was another spout to be learned. He quickly realized that misjudging this one could result in his being very wet and very smelly. The area around the stoma that needed to be cleaned was felt with very sensitive fingers. I told Dick about karaya powder and how it was to be used. He was cautioned about using too much, which he often did. The answer to this was a small soft brush used to dust away the excess powder. Skin Prep was spread around the stoma with a finger and allowed to dry. Achieving control of the spray and judging the correct height of the can from the stoma took some practice. We were most thankful for a well-behaved stoma!

He places the karaya washer around the stoma by touch. This is something that is not always easy to do. He has learned to peel the backing from the sticky double-faced adhesive disc. At times, I found it very difficult not to help him too much. In fact, I found myself jamming my hands in my pockets to avoid this.

In previous teaching sessions, I realized the real stumbling block in our progress would be his learning to center the face plate over the stoma. I simply did not know how we would overcome this problem. There was a small miracle in the form of a plastic cylinder made from a 50cc. syringe, just the right stoma size, cut and beveled by the hospital's maintenance department so it would not cut into delicate tissue. By placing this stoma guide over the stoma, he would grasp the inner lip of the face plate and guide it over the stoma. Very carefully, he pressed it in place to insure good adherence. We were both extremely happy about this accomplishment. Every step we made toward his independence was a great joy that was shared by everyone!

Dick places tape in a picture-frame fashion, then across each corner for added security. It is very neat and just right. He is a stickler for neatness, even tape! He applies the pouch, using his thumbs to anchor the face plate so it doesn't slip. Explaining the application of the Bead-O ring took some doing. Two hands are needed to manage a demonstration, and one hand to tell Dick about it! That left me one hand short. Several times I wished for one more hand. After my fumbling explanation, Dick applied the elastic on the first try with no trouble at all. He appeared to be watching my every move.

Dick flips up the pouch to apply the Bead-O ring at the bottom. He is better able to feel the groove. It was difficult at times to remember that this man is blind. One could tell that he literally sees through his fingers. He makes sure the elastic is in the correct position and that the pouch is adhering well. He is very pleased with his progress and of course his nurse is absolutely ecstatic! At the time, I was very fortunate to have a light patient load. Literally hours were spent each day with Dick, working with him. I was so thankful for this time. Someone surely was watching over us and knew the need was great.

One evening during this time, I decided to blindfold myself as I prepared to change my own appliance. I reasoned that my sense of sight and Dick's sense of touch would about even the score on senses. Had we been compared by some quality control on the procedure, Dick would have come out ahead with no question. I was all thumbs and couldn't even place the tape neatly.

Made Pouch Covers

I made several pouch covers for Dick and explained the advantages of using them. He laughed when I told him that I usually make them with lots of ribbons and lace, but I had left his plain. As his postoperative recovery progressed and discharge time neared, I introduced Dick and Joan to the United Ostomy Association, and explained that there is an active chapter in their city, San Antonio. As soon as Dick was able, they should contact someone in that chapter. Dick and Joan were eager to learn everything they could to make Dick's recovery as complete as possible.

Each of the nurses developed a very special feeling about this tremendous man who had overcome another handicap. He is a model of courage and self sufficiency. Dick made many friends and none of us will ever forget all he taught us about living. My own personal experience of working with Dick falls into that special category of being the most exciting, most rewarding experience of my life outside of having my children.

Back from Vacation

ANN: Coming back from vacation, I found it very difficult to remember the finger alphabet, so I was glad Carol could come back each time Dick came in for his postoperative check-ups. Carol had become very good at fingerspelling. As I examined Dick's stoma and resized his appliance, he paid very close attention. He was actually feeling every move my fingers made. Looking at his face, it is hard to believe he is blind. He seemed to be observing me with intense concentration. We reviewed some of the previous instructions and discussed possible problems. Dick had many questions, as is natural for the new ostomate. When our last-scheduled visit came to an end, I was satisfied we had met our challenge. Dick was able to resume all his former activities and his ileostomy had removed the pain and suffering of ulcerative colitis.



Dick decorating his Christmas tree.

CAROL: This would make a very happy ending, but our story doesn't end here. Dick wanted to be sure that he kept his body in good physical condition. No lazy, flabby, unused muscles for him! He purchased an exercise machine and has continued to use it regularly. Another way he stays in top physical condition is through swimming. As we were reviewing the physician's chart, we noted that on his first annual visit he told his physician that he swims every single day. Actually, seeing this in print made us feel that he had been fully rehabilitated. We were so pleased. Dick and his four-legged friend, Jodi, are mutually benefitting from their frequent walks together. Jodi acts as Dick's eyes and ears when Joan is away from home, alerting him to various sounds and keeping him company.

Enjoys Varied Diet

Since surgery, Dick has enjoyed a much more varied diet, and he loves to cook. Using a recipe from his Braille cookbook, he baked a delicious rum cake we were served when we visited in their home last Christmas. It was a lovely visit! Dick and Joan had just decorated their Christmas tree. Last year Dick surprised Joan by decorating the tree while she was at work. And he did a beautiful job.

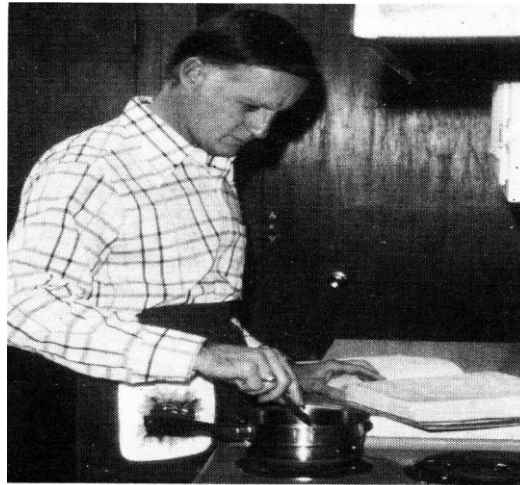
Dick spends a great deal of time reading. He also uses his typewriter and Braille with ease. His interest in improving communication for the deaf-blind has led him to volunteer work at the Methodist Mission Home and the Southwest Center for the Hearing Impaired, both in San Antonio. There he works with others who are deaf and have a sight problem. He helps them learn to communicate through hand signs without the aid of sight. He has a gift of knowing how to work with people and he is able to sense their capabilities and weaknesses. He is loved by all who have an opportunity to be associated with him

Another facet of his work in communication has been working with Herbert Peel of the Southwest Research Institute in San Antonio on a mechanical hand. For communication from a distance, the hand is connected to a teletypewriter which is connected to a regular typewriter. As a word is typed on the standard machine, it would be received by the teletypewriter which would activate the mechanical hand. The deaf-blind person would then place his hand over the mechanical hand and "feel" each letter as it is formed.

Dick and Joan stay abreast of new happenings by attending many conferences and workshops concerned with deaf-blind programs and ostomy programs. Joan is Dick's constant companion when they attend meetings. She receives all messages from an interpreter by sign language, which she in turn passes on to Dick through their hands.

They are enthusiastic members of the San Antonio Ostomy Chapter and regularly attend the meetings. The San Antonio Chapter has further contributed to their growth and adjustment.

ANN: As Carol and I were reminiscing in preparation for this program, it suddenly occurred to us how many apparent coincidences happened throughout this entire experience.



Dick loves to cook with the help of a Braille cookbook.

For instance: The mere fact that Austin even had an enterostomal therapist is a small miracle. At this time, there were only nine other ET's in the whole 276,000 square miles of Texas and five of them were in Houston. Then there was the operating room technician who knew fingerspelling in the recovery room who was a tremendous help with Dick.

The fact that Carol herself had undergone this same surgery gave her insight from her personal experience which enabled her to relate to Dick in a much deeper way.

Then there was the teacher from the School for the Deaf who had had the same surgery three months previously who was available to help Carol teach Dick.

The patient load at the time of Dick's surgery was light so Carol was able to spend the extra time with Dick that was necessary due to the methods of communication. Even after I returned, Carol was able to come back for each outpatient visit Dick made. This further helped maintain the special bond that develops between patient and teacher.

Then Dick's physicians, Doctors Edwards and Spencer, were the ones most instrumental in there being an ET in Austin. Dr. Edwards planted the seed of need for an ET in the minds of his colleagues and the administrators of Holy Cross Hospital. Dr. Spencer helped obtain a scholarship from the American Cancer Society for me to attend ET School, and he helped persuade his colleagues to use my services when I returned, as did Dr. Edwards.

We know God has a hand in our daily lives, and as Carol and I reflected back over these things, we realized just how much the Lord was the guiding force in all that surrounded Dick Bell's recovery and rehabilitation.

An ostomy in the dark? Yes, Dick Bell is in the dark, but he is surrounded by a great light.

Dick and Joan Bell have given us so much. They are examples of valor, love and determination and our association with them is an experience we will never forget. Copies of this text were presented to them—a printed copy for Joan and a copy in Braille for Dick—as a small token of our appreciation for allowing us to share their story with so many other ostomates.