

UOA Jacksonville Chapter #211

The Mailbag



Meetings are held at the Baptist Medical Center
8th Floor - Meeting Room C - 3rd Sunday of each month 3PM

Brenda Holloway --
President 282-8181
Ronald Perry --
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**Please plan to join us
Sunday April 18
starting at 3 p.m.**



Medical Care Products, Inc
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**A MESSAGE FROM THE PRESIDENT
& VISITATION COORDINATOR**

I would like to thank our guest speaker's this month, Mary, Jean and Shelia. They did a great presentation on Shaklee vitamins and presented great testimonies on how they worked for them. If you are interest in Shaklee products, please telephone Patti at Medical Care Products and she can help you with this. Again, thanks for a great presentation.

We were also informed that our first vice president, Ronald Perry, is in this hospital and not doing so well. We ask that very one keep him in your prayers. We need him to make a speedy recovery so that he can join us again at the meetings.

Next month on April 18, 2004, we will have Van Russell from Convatec as our speaker. There are new products out so please make plans to attend this very informative meeting. He is also there to answer and questions you may have regarding his products.

There also, was a vote to cancel July 18, 2004 meeting and it was passed. So there WILL NOT be a July meeting. It was decided that because of vacation and summer, that it would be a good idea to just cancel that month.

The following is a outline of future speakers:

May 16, 2004 UOA Jeopardy presented by Patti
August 15, 2004 Ronald McDonald House- Dick Prather

I will be trying to schedule for the rest of the year. This is one of the hardest jobs in this association so please if you know of anyone who would like to speak please call me.

Thank you for your time and we look forward to seeing you on April 18, 2004 at 3:00 p.m. at Baptist Medical Center 8th floor function room C.

Sincerely,
Brenda L. Holloway
President of the United Ostomy Association of Jacksonville



Minutes of the March 21st, 2004 meeting of the United Ostomy Association Jacksonville Chapter #211

March 21, 2004

Meeting was brought to order at 3:10pm by Brenda Holloway, Pres. There are no minutes for the February meeting. There is \$1034.12 in the treasury. There were no visitations made this month.

Patti made an announcement that Ron Perry is very sick in the hospital. He has been plagued with blockages for the last few years and has had many hospitalizations relating to this problem. He has been having a difficult time gaining weight and is currently quite thin. At one point his heart stopped beating and they put him on a ventilator for a few days. He is currently at Shands Medical Center.

Patti introduced Mary Archuletta as the speaker. Mary is a childhood friend of Patti's who is very involved with health and nutrition. She represents Shaklee Products. Shaklee manufactures natural health supplements. Mary introduced Jean Gordon, an ostomate from St. Augustine that has been using natural supplements for 30 years. Jean told her very interesting story, beginning with a bite from a Brown Recluse Spider to her battle with colon cancer.

The Shaklee representatives then discussed how the foods we ingest are loaded with chemicals, pesticides, hormones, etc. The Shaklee nutritionals are made from all natural foods. They briefly talked about 10 or more products that can help our bodies prevent diseases and boost our immune systems.

After the speakers were finished, Brenda took a vote regarding canceling the July meeting. All were in favor.

The meeting was adjourned at 4:20pm for refreshments.

Respectfully submitted,

Patti Langenbach, Sec.

UOA Annual Youth Rally

July 10-14, 2004

The **UOA's Annual Youth Rally** provides the opportunity for 11 to 17 year-olds to be with others their age who have had ostomy or alternate-procedure surgery. Sessions on hygiene, self-care, sexuality and other suitable subjects are offered. The volunteer staff includes WOC(ET) nurses and UOA members. The rally usually is held in a university setting and teaches young people that the only thing limiting them is their attitude, not their ostomy. For additional information, view the UOA Youth Rally Brochure <http://www.uoa.org/new/files/youthrally.pdf> (278K PDF)

For more information, call 800-826-0826, ext. 104 or e-mail [jsmith\[at\]juoa.org](mailto:jsmith@juoa.org).

MEDICAL CONDITIONS

About Fistulas

What is an anal fistula? Is there a cure? A fistula is an abnormal, tubular connection between two organs or between an internal organ and the outside surface of the body. An anal fistula is commonly a passage between the anal canal and the skin near the anus. It's usually the result of an anorectal abscess that drains through the skin. The cause of such an abscess may be an infection that began within the anal canal or rectum, or even from a more distant location in the small or large intestine as a result of inflammatory bowel disease (IBD) such as Crohn's Disease or Ulcerative Colitis.

Treatment may include surgical drainage of the abscess and antibiotics. If the problem is a complication of IBD, treatment of the underlying condition usually is necessary to resolve the problem and prevent recurrence.

(Mayo Clinic Newsletter "Health Oasis")

Adhesions...& Other Pains that Cramp Your Style

Adhesions are tough, string-like fibrous bands, often in the small intestine. They may form spontaneously but are more common after surgery, where disturbances caused by tissue manipulation may lead to healing in the form of fibrous tissue, hence adhesions. Some people form them more easily than others.

Adhesions may grow to interfere with the normal motion of the intestine, causing a blockage or obstruction, with food, liquid or even air unable to pass the blocked area. Severe bloating, abdominal pain, vomiting and constipation are symptoms of blockage and present a serious situation requiring medical attention and possible immediate surgery to cut the obstructive adhesive bands.

Abdominal pain, though, doesn't always mean adhesions are blocking the intestines. A frequent cause for such pain is a spasm of muscles responsible for peristalsis, the rhythmic muscular contractions that propel the bolus through the intestines. Muscle spasms in the calf are referred to as a "charley horse:"; spasms in the intestines are essentially the same thing but assume the name "irritable intestine" or "irritable bowel."

Even ostomates who function without colons are not immune from painful intestinal spasms – in the small intestine. An ileostomate may sometimes suffer from pain that can't be traced to blockage and may be told that adhesions are responsible; the actual cause may instead be a spasm.

Irritable Bowel Syndrome

Irritable bowel syndrome (IBS) is one of the most common disorders of the digestive tract. Symptoms of IBS often increase with stress and after eating, and include: Abdominal bloating, pain, and gas; mucus in the stool; Feeling that a bowel movement hasn't been completed; Irregular bowel habits, with constipation, diarrhea, or both.

IBS is a functional disorder, which means that function of the digestive tract is impaired. There are no physical signs of this disorder and no tests that diagnose it. IBS can persist for many years. An episode can be milder or more severe than the one before it, but the disorder itself does not worsen over time. It does not lead to more serious diseases.

Prevention:

If constipation is the main symptom: Try an over-the-counter fiber supplement or bulk-forming agent that contains crushed psyllium seeds or methyl-cellulose, such as Metamucil, Fiberall, and Citrucel; Add fiber-rich foods to your diet slowly so they do not worsen gas or cramps; Use laxatives only on a doctor's recommendation.

If diarrhea is the main symptom: Avoid foods that make diarrhea worse. Eliminate one food at a time, and then add it back gradually. Many people find the following foods or drinks worsen their symptoms: alcohol, caffeine, nicotine, beans, broccoli, apples, spicy foods, foods high in acid, such as citrus fruits, fatty foods, including bacon, sausage, butter, oils, and anything deep-fried.

If a food doesn't seem to be related to symptoms, there is no need to avoid it. Avoid dairy products that contain lactose (milk sugar) if they seem to worsen your symptoms. However, get enough calcium in your diet from other sources. Avoid sorbitol, an artificial sweetener found in some sugarless candies and gum. Add more starchy food (bread, rice, potatoes, pasta) to your diet. If diarrhea persists over-the-counter medication such as loperamide (Imodium) may help. Check with your doctor if you are using it twice a month or more.

To reduce stress: *Keep a record of the life events that occur with your symptoms. This may help to see a connection between your symptoms and stressful occasions. Get regular exercise, such as swimming, jogging, or brisk walking to help reduce tension.*

Medications and the Ostomate

Dry (sigmoid) colostomates have fewer problems absorbing medication. The ileostomate and wet (transverse) colostomate may not absorb some formulations as well. Therefore, they may not get full benefits from the medication.

Liquid Medications are more rapidly absorbed. Chewable tablets are also in this category. Be sure to chew thoroughly for best absorption.

Uncoated Tablets begin to dissolve in the stomach but the time it takes to completely dissolve varies with different products.

Gelative Capsules are less effective than liquids but are still effective. These may be ineffective for the ostomate with short bowel syndrome.

Generic Coated Tablets delay dissolving of the medication. Because of the rapid transit time in ileostomates and those with short bowel syndrome, these types of meds are not recommended.

Sustained Release Medication take 8-12 hours for absorption. Ileostomates and those with short bowel syndrome or fewer wet colostomates should avoid this medicine.

Pain Medication may cause constipation. Diuretics that deplete the body of potassium should not be used by the ileostomate. Antibiotics may cause diarrhea and may not be well absorbed by these same people.

Vitamins other than B12 in tablet, chewable and liquid varieties can be used. Vitamin B12 is only effective if given by injection.

Antacids that contain calcium should be avoided by urostomates. This can increase the possibility of stone formation. Oral Contraceptives should not be used by ileostomates since they may not be completely absorbed.

Sulfa may lead to crystal formation in urostomates. Drink at least 10-12 cups of fluid a day and, if using ascorbic acid, discontinue it while taking sulfa.

Is Your Prescription Too Hot?

Getting your prescriptions filled by mail may subject your medicine to extremes of temperature, especially during the summer months; say researches at the US Pharmacopoeia. They sent test packages with temperature recording devices through the mail and found that only 8% of the parcels stayed at room temperature during shipping. More than a quarter of the packages were subjected to temperatures of 100 or higher.

"We don't know yet what effect these high temperatures could have on medications says lead researcher Claudia Okeke, Ph.D. "But it could be a problem." Until we have more information, you can take these protective steps:

Don't let your mail sit in your mailbox. If you're expecting medications to come while you're away, arrange for someone to pick it up or have it forwarded to you.

Compare the date on the package to the date that it arrived. The medicine should not take much more than four days to get to you, says Dr. Okeke. If it does, it may have been exposed to high temperature conditions.

Inspect the medicine and make sure it's not discolored or damaged. If it is, call the pharmacy and tell them.

Ask your doctor or pharmacist if your prescription is particularly heat-sensitive. If so, ask the mail-order pharmacy if they have temperature-protective packaging or consider getting it filled locally, especially during the summer months.

UOA Jacksonville Chapter is now on the Web
<http://www.ostomymcp.com/chapter/Jaxchapter1.htm>

Ostomy Chat Room Weekly Meetings

Yahoo Peoples with Ostomy2* - Mondays, 8:00 pm US Central time
<http://clubs.yahoo.com/clubs/peopleswithostomy2>

StuartOnline Ostomy Chat* - Tuesdays, 8:00 pm US Central time
<http://www.stuartonline.com/chatroom.htm>

Community Zero (Ostomy) Support* - Wednesdays, 9:00 pm US Eastern time
<http://groups.yahoo.com/group/ostomatessupport/>

Shaz & Jason's Chat* - Saturdays, 8:00 pm UK time / 3:00pm US Eastern Time
<http://www.ostomy.fsnet.co.uk/chat.html>

Yahoo UK Ostomy Support* - 1st & 3rd Sundays, 8:00 pm UK time / 3:00 pm US Eastern Time
<http://clubs.yahoo.com/clubs/ukostomysupport>

Use this form to join our chapter! Annual dues are **US\$25.00**. If you cannot afford to pay dues at this time, you may still be accepted as a "local-only" member.* **You do not have to be an ostomate to be a member and/or support the work of UOA. All information on this form will be kept confidential.**

Name _____

Address _____

City _____ State _____ Zip _____

Phone# Home _____ Work# _____

Email Address _____

Type of intestinal or urinary diversion: Colostomy __, Ileostomy __, Urostomy __, Ileoanal Pull-thru __
 Continent Ileostomy __, Continent Urostomy __, None __, Other __

Please bill me for annual chapter dues of US\$25.00

Dues payment enclosed - make check payable to **U.O.A. Jax Chapter #211**

Master Card, Visa or Discover # _____ expiration _____

I cannot pay dues now and wish to be a local member only*

You may use my name in chapter Newsletter & Directory: Yes __ No __

Mail to: Patti Langenbach, Treasurer, UOA Jacksonville Chapter ,
 PO Box 10239 Jacksonville, FL 32247-0239



United Ostomy Association , Inc

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MEETINGS ARE HELD AT THE
BAPTIST MEDICAL CENTER
8TH FLOOR MEETING ROOM C
3RD SUNDAY OF EACH MONTH
3 P M

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T O :

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