

The Mailbag

The Ostomy Support Newsletter Of Jacksonville, Florida

Support group meets the 3rd Sunday of each month 3 p.m. 4836 Victor Street

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**Our next meeting will be
Sunday April 19th at 3pm.**

4836 Victor Street

COMING UP

**Aug 5-8, 2009 • Second National UOAA
Conference • New Orleans, LA**

The Second National UOAA Conference will be held at the Sheraton New Orleans from Wednesday, August 5 through Saturday, August 8, 2009. For hotel reservations call the Sheraton at 800.325.3535 and mention the UOAA Conference and you'll be given the reduced room rate of \$109 per night plus tax.

More information and on-line registration will be available on this website beginning January 1, 2009. If you have any questions or concerns, please call the UOAA office at 800.826.0826. Visit www.uoaa.org for more information.



**For more information please visit the
International Ostomy Association Website:**

<http://www.ostomyinternational.org>

ONE NURSE'S HEART ATTACK EXPERIENCE

4/09 UOAA UPDATE

Did you know that women rarely have the same dramatic symptoms that men have when experiencing a heart attack. You know, the sudden stabbing pain in the chest, the cold sweat, grabbing the chest & dropping to the floor that we see in the movies. Here is the story of one woman's experience with a heart attack.

I had a heart attack at about 10:30 PM with NO prior exertion. NO prior emotional trauma that one would suspect might have brought it on. I was sitting all snugly & warm on a cold evening, with my purring cat in my lap, reading an interesting story my friend had sent me, and actually thinking, 'A-A-h, this is the life, all cozy and warm in my soft, cushy Lazy Boy with my feet propped up. A moment later, I felt that awful sensation of indigestion like when you've been in a hurry and grabbed a bite of sandwich and washed it down with a dash of water, and that hurried bite seems to feel like you've swallowed a golf ball going down the esophagus in slow motion and it is most uncomfortable. You realize you shouldn't have gulped it down so fast and needed to chew it more thoroughly and this time drink a glass of water to hasten its progress down to the stomach. This was my initial sensation---the only trouble was that I hadn't taken a bite of anything since about 5:00 p.m.

After it seemed to subside, the next sensation was like little squeezing motions that seemed to be racing up my SPINE (hind-sight, it was probably aorta spasms), gaining speed as they continued racing up and under my sternum (breast bone, where one presses rhythmically when administering CPR).

This fascinating process continued on into my throat and branched out into both jaws. 'AHA!! NOW I stopped puzzling about what was happening -- we all have read and/or heard about pain in the jaws being one of the signals of an MI happening, haven't we? I said aloud to myself and the cat, Dear God, I think I'm having a heart attack!

I lowered the foot rest dumping the cat from my lap, started to take a step and fell on the floor instead. I thought to myself, If this is a heart attack, I shouldn't be walking into the next room where the phone is or anywhere else ... but, on the other hand, if I don't, nobody will know that I need help, and if I wait any longer I may not be able to get up.

I pulled myself up with the arms of the chair, walked slowly into the next room and dialed the Paramedics ... I told her I thought I was having a heart attack due to the pressure building under the sternum and radiating into my jaws. I didn't feel hysterical or afraid, just stating the facts. She said she was sending the Paramedics over immediately, asked if the front door was near to me, and if so, to un-bolt the door and then lie down on the floor where they could see me when they came in.

I unlocked the door and then laid down on the floor as instructed and lost consciousness, as I don't remember the medics coming in, their examination, lifting me onto a gurney or getting me into their ambulance, or hearing the call they made to St. Jude ER on the way, but I did briefly awaken when we arrived and saw that the radiologist was already there in his surgical blues and cap, helping the medics pull my stretcher out of the ambulance. He was bending over me asking questions (probably something like 'Have you taken any medications?') but I couldn't make my mind interpret what he was saying, or form an answer, and nodded off again, not waking up until the Cardiologist and partner had already threaded the teeny angiogram balloon up my femoral artery into the aorta and into my heart where they installed 2 side by side stints to hold open my right coronary artery.

I know it sounds like all my thinking and actions at home must have taken at least 20-30 minutes before calling the paramedics, but actually it took perhaps 4-5 minutes before the call, and both the fire station and St. Jude are only minutes away from my home, and my Cardiologist was already to go to the OR in his scrubs and get going on restarting my heart (which had stopped somewhere between my arrival and the procedure) and installing the stints.

Why have I written all of this to you with so much detail? Because I want all of you to know what I learned first hand.

1. Be aware that something very different is happening in your body not the usual men's symptoms but inexplicable things happening (until my sternum and jaws got into the act). It is said that many more women than men die of their first (and last) MI because they didn't know they were having one and commonly mistake it as indigestion, take some Maylox or other anti-heartburn preparation and go to bed, hoping they'll feel better in the morning when they wake up ... which doesn't happen. Ladies, your symptoms might not be exactly like mine, so I

advise you to call the Paramedics if ANYTHING is unpleasantly happening that you've not felt before. It is better to have a 'false alarm' visitation than to risk your life guessing what it might be!

2. Note that I said: '**Call the Paramedics.**' And if you can, take an aspirin.

TIME IS OF THE ESSENCE!

Do NOT try to drive yourself to the ER - you are a hazard to others on the road.

Do NOT have your panicked husband who will be speeding and looking anxiously at what's happening with you instead of the road.

Do NOT call your doctor -- he doesn't know where you live and if it's at night you won't reach him anyway, and if it's daytime, his assistants (or answering service) will tell you to call the Paramedics. He doesn't carry the equipment in his car that you need to be saved! The Paramedics do, principally OXYGEN that you need ASAP. Your Dr. will be notified later.

3. Don't assume it couldn't be a heart attack because you have a normal cholesterol count. Research has discovered that a cholesterol elevated reading is rarely the cause of an MI (unless it's unbelievably high and/or accompanied by high blood pressure). MIs are usually caused by long-term stress and inflammation in the body, which dumps all sorts of deadly hormones into your system to sludge things up in there. Pain in the jaw can wake you from a sound sleep.

Let's be careful and be aware. The more we know the better chance we could survive.

A cardiologist says if everyone who reads this article sends it to 10 people, you can be sure that we'll save at least one life.

Diseases of the Gallbladder

April 09 UOAA UPDATE Via POS Newsletter 3/09 Reviewed by Barry Kisloff, MD

Chances are you or someone you know, has had gallbladders problems. An estimated 25 million Americans have gallstones or other gallbladder disorders and about 1 million new cases of gallbladder disease are diagnosed every year.

What does the gallbladder do?

The gallbladder is a small sac resembling the size and shape of a pear located on the right side of the abdomen just below the liver. Bile excreted by the liver is collected and stored in the gallbladder between meals. Bile is yellowish-brown liquid containing water, cholesterol, lipids (fats), bile salts (natural detergents that break up fat), and bilirubin (substance that gives bile and stool its color). The gallbladder can store about one and one-half fluid ounces.

When bile is needed to aid in digestion the gallbladder contracts and bile is transported through a small tube shaped structure called the cystic duct, to the bile duct, and into the small intestine. After digestion is complete, the gallbladder and bile ducts are known as the biliary system.

What are gallstones?

An imbalance of bile components can lead to the formation of gallstones. Gallstones are lumps of solid material that form in the gallbladder when substances in the bile (primarily cholesterol and bilirubin) separate from the liquid and form crystals. Eighty percent of stones are made primarily of cholesterol and are white or yellow in color. The other twenty percent are dark pigment stones composed of bilirubin and calcium salts. Gallstones vary in size and can be as small as a grain of sand or as large as a golf ball.

Why do people develop gallstones?

It is still not known why some people develop gallstones and others don't. Anyone is a potential candidate for gallstone disease, but women between the ages of 20 and 60 are three times more likely to develop stones than men. Other factors that may increase risk are:

- Pregnancy
- Birth Control pills or hormone replacement therapy
- Age (60 or older)
- Obesity
- Rapid weight loss
- Native American or Mexican American ancestry
- Presence of severe liver disease and/or hemolytic anemias

- Female
- Hypertriglyceridemia (elevated triglyceride concentration)
- Certain medications: estrogens and other oral contraceptives, cloribrate and ceftriaxone
- Diabetes mellitus
- Spinal cord injury
- Immobility

What are the symptoms?

Many people who have gallstones do not have symptoms. In fact, these so-called “silent” stones are often first detected during testing for other ailments.

Symptoms

- Severe, steady pain in the upper abdomen that may spread to the chest, shoulders and back. This pain is sometimes mistaken for a heart attack.
- Indigestion, nausea and vomiting
- Right-sided abdominal pain and tenderness
- Sweating, fever and chills.

How are gallstones diagnosed?

A thorough reporting of the symptoms is the first step in diagnosing the problem. Write down details such as intensity, duration, location of pain and other symptoms, such as vomiting, etc.

Abdominal X-rays will detect gallstones that are rich in calcium but the most common diagnostic tool is an abdominal ultrasound.

How are gallstones treated?

Ursodial (Actigall) and chenodiol (Chenibix) tablets (drugs made from bile acid) can usually dissolve gallstones that are small and composed of cholesterol. However, it may take months before the treatment is complete and some patients experience diarrhea as a side effect. The medication must essentially be used for life as stones reform upon cessation of therapy.

The most common treatment is the surgical removal of the gallbladder. Although the gallbladder is an important organ for digestion, it is not essential for life and more than 500,000 Americans have gallbladder surgery (cholecystectomy) each year. Surgery can be done by an open cholecystectomy where the surgeon removes the gallbladder through a 5 to 8 inch abdominal incision or laparoscopically. The latter is less invasive and the recuperation time is shorter than traditional surgery. The choice of which type of surgery will be performed is based on many factors and is determined on a case by case basis.

Great strides have been made in the diagnosis and treatment of gallbladder disease. However, keep in mind that gastrointestinal symptoms can be caused by a variety of diseases and disorders, some more serious than others. It is important to form a partnership with your physician by providing him or her with the best possible information regarding your symptoms.

Psychological Issues After Ostomy Surgery

April 2009 UOAA UPDATE

These are a few of the types of people who fare better after ostomy surgery:

1. Those who think of others before themselves;
2. Those who look outward and upward;
3. Those who are busy and active;
4. Those who are interested and always inquiring and learning;
5. Those who are not bogged down in the grief process.

The four Ls of the ostomy patient are:

1. Learn—through the your local UOAA affiliated support group;
2. Lean—on each other;
3. Laugh—through troubles and with a positive outlook;
4. Lead—others through your time, by volunteering and becoming an *Ostomy Visitor*

Ostomy Chat Room Weekly Meetings

Yahoo Peoples with Ostomy2* - Mondays, 8:00 pm US Central time

<http://clubs.yahoo.com/clubs/peopleswithostomy2>

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>

UOAA Chat Sundays 9pm ET / 6pm PT

<http://www.yodaa.org/chat.php>

Use this form to join our chapter! 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 __

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

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