

# 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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Next meeting  
Sunday August 15, 2010.  
3pm, 4836 Victor Street.  
Speaker/Program  
to be announced.

## Public TV Documentary Movie

UOAA entered into a contract for the publication of a five-minute ostomy public awareness movie that will appear on public TV; the National Medical Report as shown on cable; network and international TV as part of Voice of America.

This excellently produced project—coordinated by UOAA President Elect Kristin Knipp—can now be viewed on the UOAA Internet site at [www.uoaa.org/uoaa\\_psa.shtml](http://www.uoaa.org/uoaa_psa.shtml). One may also view the movie at <http://uoaa.wordpress.com/>.

We encourage you to send one of these links to anyone with an interest in ostomy surgery; i.e., our members, local medical professionals, family and even friends who you might want to have better understanding about our organization.

## MY DOCTOR SAID I HAVE A HERNIA

Dr. R.B. Kelleck, Great Britain, Via Snohomish Insights

The new ileostomate may find it difficult to believe that life without a colon can be completely healthy. To understand this, one needs to know what is the normal function of the colon or large bowel which has been removed. This organ is only found in land animals and its major function is to absorb water from the food residue. When animals first moved from the sea to the land they moved from a world where water was plentiful to one where it might be very scarce and they adapted to this by developing the colon as one means of avoiding dehydration. The only other substance that is absorbed from the colon is salt. All the other things we get from our food and which we need for energy and health are absorbed from the small intestine which is unaffected by the usual operations for ulcerative colitis. People with an ileostomy get just as much food - whether carbohydrates, fats or proteins - as anyone else. The other function of the colon is to act as a reservoir for the waste products of the body until there is a convenient moment for disposing of them. This function is simply taken over by the pouch whether external or internal.

## POUCH CHANGES - HOW OFTEN

Via: GB News Review, Green Bay, WI. & So. NV Town Karaya

This question is among those most frequently asked, particularly by Ileostomates and urostomy patients. Like any other question, there is no one answer that applies to all ostomates.

An informal survey revealed that people change their appliances as much as 3 times a day, and as infrequently as every 2 to 4 weeks. Obviously, there must be reasons for this great variation. After pointing out that the great majority of ileostomy and urostomy patients change in the range of once daily to once a week. Let us explore some of the reasons. People on either side of this spectrum can have a skin problem or skin which is nearly indestructible. Some of the reasons for the variation in time between changes include:

**Stoma length:** A short stoma exposes the adhesive material to moisture which decreases wearing time.

**Amount or consistency of effluent:** Profuse effluent tends to loosen the seal. **Skin Type:** Moist or oily skin tends to decrease adhesion time.

**Skin Irritation:** Decreases adhesion. The appliance should be changed more frequently to evaluate the success of your attempts to heal the skin.

**Experience:** Good technique, such as allowing glue (adhesive) to dry well, increases adhesion. **Personal**

**Experience:** Preferences, convenience, and odor control.

## PAINS YOU SHOULD NEVER IGNORE

(By Dr. Mallika Marshal)

Pain is your body's way of telling you something is wrong, and failure to address it could lead to serious problems.

**Chest/Shoulder Pain.** It could mean that you're having heart problems. Sometimes it's a pain in the chest, sometimes in the left arm, shoulder, neck, or jaw. However, many people who've had heart problems say it's not really a pain, but a pressure or discomfort. Now there are other things that can cause pain in the chest such as acid reflux, inflammation of the chest wall muscles, or inflammation of the lining of the lungs. But the thing we really worry about and want to rule out is a heart attack. So if you develop these symptoms, especially if you have risk factors for heart disease or are over 40, you need to contact your doctor right away or call 911.

**Pain in the mid-back.** If you experience pain in your back or between your shoulder blades, it's most likely caused by arthritis. But pain in this area, especially if it's severe or sudden can indicate an aortic dissection in which blood actually gets trapped in a tear of the main artery in the body, the aorta. This can be life-threatening. It more commonly occurs in people with high blood pressure or people with a history of heart disease, so if you're concerned, call your doctor right away.

**Abdominal pain.** We all get the occasional bad stomach ache but what we are talking about here is sharp pain that that hurts so much that it takes your breath away. This kind of pain could signal appendicitis or a ruptured appendix which is a very serious condition that needs to be treated right away. Severe abdominal pain could also signal problems with your gallbladder, pancreas, or even an ulcer.

**Calf pain.** Whenever we hear someone complain of calf pain, we worry about a blood clot or deep venous thrombosis in the leg. These clots affect about 2 million Americans every year and can be life-threatening...if the clot breaks off and travels to the lungs. People most at risk are those with cancer, pregnant women, people who have had recent leg surgery, bed-ridden patients, and people who have been on long plane flights. So if you have pain in your calf, especially if there's redness and swelling and no recent injury or muscle strain, you need to call your doctor right away.

**Feet or leg pain.** Burning in the feet or legs could be a sign that you have peripheral neuropathy or nerve damage. One of the most common causes is diabetes which we all know is a very serious condition. And the sad fact about diabetes is that many people who have it don't even know they do. So a burning sensation in the

feet could be the first indication. Other causes of nerve damage could be injury, inflammatory conditions such as Lupus, or vitamin deficiencies. So talk to your doctor.

## Types of Pouching Systems

Forwarded by the DuPage County Ostomy Association

Pouching systems may include a one-piece or two-piece system. The pouch (one-piece or two-piece) attaches to the abdomen by an adhesive skin barrier (previously called a faceplate or wafer) and encloses stoma to collect the diverted output, either stool or urine. The skin barrier is designed to protect the skin from the stoma output and to be as harmless to the skin as possible.

Colostomy and ileostomy pouches may be drainable, with a spout or tail at the bottom that is kept closed with a clamp or a tail clip or they may be closed-end pouches, which are emptied when they are removed. Patients with colostomies who can irrigate and patients who have regular elimination patterns are more likely to use closed-end pouches. Closed-end pouches are usually discarded after one use.

Patients who use a two-piece system can change the pouch without removing the skin barrier. The pouch part has a closing ring that fits into a mating piece on the skin barrier. Often, a pressure fit snap ring, similar to that used in Tupperware™ is used for this closing ring. Some two-piece pouching systems use an adhesive to seal the skin barrier to the pouch.

In one-piece pouching systems, the skin barrier and pouch do not separate. When the patient changes the entire pouching system is removed.

Both two-piece and one-piece pouching systems are available in drainable and closed styles.

Some people with colostomies irrigate the stoma to wash stool out of the colon, much like using an enema to irrigate one's bowel. Irrigation requires an irrigation bag with a connecting tube (or catheter), a stoma cone and an irrigation sleeve. A special lubricant may be used to help insert the catheter into the stoma. In between irrigations, some people with colostomies can wear a stoma cap to cover and protect the stoma (not a recommended practice) or wear a regular pouching system.

Patients with urostomies any use either one- or two-piece pouching systems to contain urine. In both systems, the pouches have a spout or valve that can attach to a leg bag or a drainage tube that leads to a large collection bottle for use at night.

These are the major types of pouching systems. There are also a number of styles. For instance, there are flat skin

barriers and convex ones. There are rigid and very flexible ones. There are barriers with or without adhesive backing and a perimeter of tape. Some manufacturers have introduced drainable pouches with a built-in tail closure that does not require a separate clip. Each person must find the pouching system that performs best for him/her.

The larger mail order catalogues will illustrate the types and styles from all or most of the manufacturers. If you have any trouble with your current pouching system, discuss the problem with an ostomy nurse or other caregiver and find a pouching system that works better for you. It is common to try several types until the best solution is found. Free samples are readily available by calling the manufacturers for you to try. There is no reason to continue using a poorly performing or uncomfortable pouching system.

## Psychosocial Issues

UOAA

### Patient's Concerns about Surgery

The reaction to intestinal or urinary diversion surgery varies from one individual to the other. To some, it will be a problem, to others, a challenge; what one person considers it life saving, another finds it a devastating experience. Each person will adapt or adjust in his/her own way and in his/her own time.

### Body Image/Self-Esteem Concerns

Permanent and significant changes in the one's appearance and functional ability may change the way one internalizes one's body image and self-concept.

Fear of loss is normal, and facing any loss is difficult. What are patients giving up by having this operation? Is there any gain? How changed will they be? Such thoughts may lead to weeping or depression, or they may be denied.

It is important to understand the impact of the ostomy surgery on the patient's self-image. It may be accepted as the lesser of two evils, or the patient may cling to the belief that the situation is temporary.

Patients should have the opportunity to express or deny their feelings about their surgery, the changes in their body, or their self-image.

### Self-Care Concerns

Patients have to be reassured that they will be taught self-care and that they will be able to master the management process. Basic anatomy and physiology should be explained to new patients, so they can better understand the extent of their surgery.

Patients should be given a choice about their pouching systems. Patients should begin to assist the ostomy nurse with caring for the ostomy as soon as possible so that they can build confidence and quickly regain control.

### Relationship Concerns

Patients may fear that their social role may be changed and that others may not accept them as in the past. One of the first concerns seems to be how to tell others about their surgery, who to tell and when.

Patients should be prepared to explain their surgery with a few brief statements such as, "An ostomy is a surgical procedure for the diversion of bowel (or bladder)."

They should understand that they do not have to tell everyone about the surgery. They may choose to tell only friends who will be supportive throughout the rehabilitation process. Returning to the work place may present a concern about restroom facilities,

interaction with coworkers, and feelings of being watched. Maybe a few of their coworkers may need to know in the event of an emergency.

Employability and insurability are issues for some individuals. If these issues develop, seek help from healthcare professionals and/or talk with a lawyer or social service agency that helps disabled persons.

Sexuality issues are common concerns for the person with a new ostomy. Linked closely to our feelings of sexuality is how we think about our body image and ourselves.

Any sexuality concerns should be discussed between the patient and the partner. Professional counseling may be helpful. It is likely that the partner will have anxieties due to a lack of information. In an intimate relationship, the people must be able to communicate about the most personal of human functions, that is, bodily elimination and sex.

Ostomy surgery may present more concerns for single individuals. When to tell depends upon the relationships. Brief casual dates may not need to know. If the relationship grows and leads to intimacy, the partner needs to be told about the ostomy prior to a sexual experience.

### Go for It

ConvaTec's Better Together Newsletter

When Cynthia Garrett was born with spina bifida 40-some years ago, no one expected her to be able to work, let alone support herself. However, boy, has she proved them wrong . . . several times over! "I was blessed with a family who never wanted me treated differently than my brothers," this San Antonio, Texas, native tells us.

Even after urostomy surgery at age 12, her dreams were never discouraged. Not that anyone could have! Today, Cynthia has been a licensed occupational therapist for 23 years; she earned a Master's Degree in allied health services, a neuro-developmental certification to work with adult head injuries, and a hand certification, enabling her to become one of the first certified hand therapists in the country.

Moreover, if that were not enough, she runs a successful hand clinic in San Antonio. Whew! In her spare time, Cynthia is an experienced equestrian who has two horses, three cats and six dogs. In addition, she enjoys antiquing with her supportive and patient husband, Michael. When summing up her life, Cindy quotes poet/author Maya Angelou, "My goal is not merely to survive—but to thrive, with passion, compassion and style." We would say she is succeeding!



**Check Us Out On The Web**

[www.ostomymcp.cpom](http://www.ostomymcp.cpom)

### IOA Today 3rdQuarter 2010 Newsletter

IOA TODAY brings to you up to date **Ostomy related reports** from around the world.

<http://www.ostomyinternational.org/IOAToday/IOATodayThirdQuarter2010.pdf>

**Other Websites Of Interest:**  
 United Ostomy Association of America: [www.uoaa.org](http://www.uoaa.org)  
 Your Ostomy Community Connection Center: [www.c3life.com](http://www.c3life.com)

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/>

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 \_\_

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

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