

# 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 chapter meeting will take place on  
Sunday December 18th  
***Come celebrate the Holiday's***  
3PM 4836 Victor Street  
Speaker TBA  
Please join us.



Jacksonville Chapter is now a member of the United Ostomy Association of America. Please take the time and visit their Website <http://www.ostomy.org>.

## 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.

## Preventing Blockages and Hernias

By Ellice Feiveson

Blockages may occur when one has an ostomy. That is a fact. However, certain steps can be taken to minimize the risk. Here are some ideas:

When eating, always concentrate on chewing the food. Make sure it is chewed well before swallowing. For instance, if a piece of meat appears too tough and grisly, it might be better to leave it. Do not take the chance of swallowing it and then having it cause a partial or full blockage.

Try new foods in moderation. Do not eat a huge helping of something you have not tried before. This is a good rule to follow whenever you eat anything. As a person with an ostomy, it is better to eat small quantities of food at more times during the day than to eat one big meal. Always follow this rule for better health.

If a particular food has given you problems in the past, try to avoid it until you feel you can do so without a problem. Most of us try very small amounts of problem foods from time to time, and if we chew these well and drink water with them, we find that we are able to tolerate most anything.

Drink plenty of water or other fluids throughout the day. We should drink at least 64 ounces, about two liters, of water a day. Some fluids may be substituted for water. These include fruit juices and non-caffeine herbal teas. Caffeine drinks, alcohol in any form, soft drinks and beverages do not count for much. In fact, these items actually require you to drink additional water. Some drinks are actually dehydrating. Always check with your doctor before drinking more water just to make sure you are not one of those rare individuals who needs to limit fluid intake.

Hernia prevention is not under our control all the time. However, there are certain proactive steps that we should do routinely.

Never lift anything heavy. For some people even 10 pounds may be too much. Picking up children and tumbling around with them could cause a hernia.

Anytime you strain yourself, there is potential for a hernia. Slow down your actions and be more deliberate.

Try to exercise at least three or four times a week. This means about an hour each time. You should discuss a plan with your doctor. He/she will help advise you what is best for your exact health situation. With this warning stated, all people benefit from exercise. You will build up your abdominal muscles, which will prevent hernias. It is curious to note that every time a muscle is exercised it tears a bit. When it repairs, it builds the muscle. A big tear is a hernia.

Do not push boxes on the floor with your feet. This can definitely put a strain on your back and cause a hernia.

## What to do about Pouch Odor

By Eileen T. Carter, MS, RN, CWOCN

- You should never be able to tell a person has an ostomy by his/her smell
- Modern pouches are odor free
- No special precautions are necessary

It is only in rare cases that pouch odor needs special treatment. Disposable modern pouches are odor-free save for the brief odor everyone experiences during pouch emptying. Just be sure nothing has stained your clothes to leave a lingering odor. Cuffing the tail of a drainable pouch at the start of each emptying should prevent soiling the outside surface. Closed pouches need a bit more care when emptying but are used by many people with both colostomies and ileostomies.

Diet can play a role in odor control, if this is a personal concern. Certain foods may cause odor and certain others neutralize it. Keep track of your own body's response to foods. Some people avoid those that cause unwanted odor but most of us do not. Some may be overly sensitive especially if using a public restroom. Just so you know, most of us eat anything we like. Some of the tastiest foods are

the smelliest, but we eat them anyway. After all, the smell stays in the pouch. I love sardine sandwiches. This is a partial list of the foods that cause odor (the first three affect urine)

Asparagus  
Fish  
Odorous spices  
Hot peppers  
Onions  
Cabbage  
Broccoli  
Beans  
Garlic  
Turnips  
Eggs  
Stinky cheeses

On the other hand, parsley, orange juice and active-culture yogurt can help neutralize odors. A sudden increase in odor may be related to a bowel blockage. Contact your doctor or WOC nurse if other symptoms occur, such as decreased output and cramps. A blockage must be dealt with immediately and effectively managed!

Another tactic to suppress odor is to treat the inside of the pouch. The best procedure is to use one of the excellent product manufactured exclusively for this purpose, like Hollister, Inc. M-9 drops or Na'Scent Ostomy Odor Eliminator. A few people use products like antibacterial mouthwash when applying a new pouch and after each emptying (Most of these products will actually burn the stoma so this is not recommended). Simply apply a dab of mouthwash to a tiny scrap of tissue and drop it into the bottom of the pouch. Do not put aspirin inside the pouch, a practice that was once in vogue, it will probably cause the stoma to bleed.

There are homeopathic odor-reducing ingestible minerals are available for those seriously bothered by odor in their pouch. Consult your WOC nurse, and if you decide to go this route be sure to follow the directions carefully. Otherwise, you could be needlessly bringing on health problems. Everything we put in our mouths have some side effect so it is prudent to know ahead of time what these are; e.g.,

bismuth subgallate tablets—sold by Parthenon Company—although generally safe do turn stool dark green and can interfere with blood thinning medications.

Bear in mind, your sensitivity to your stoma's fragrance may be just that—your own sensitivity. Following a sensible lifestyle should allow you to be more odor-free than the next person, after all, your elimination area is covered better and more odor proof than people without the advantage of an ostomy. But if you sense difficulty, try these hints one at a time to see what works best for you.

## Urostomy Complications

By The Ostogram, Dayton, OH

People with urostomies have a high incidence of complications due to their surgery . . . some occurring after 10-12 years. Most complications occur gradually. One of the most common is caused by an ill-fitting pouching system. A skin barrier opening that is too large will result in urine that accumulates on the skin around the base of the stoma. The skin may become reddish-brown with raised, thick, leather-like areas. It is important to have a barrier opening that fits up to the stoma to prevent this and other long-term complication.

If the reddish-brown growth is extremely severe, it may be treated with soaks of white vinegar three times a day for three or four days. Vitamin C, taken according to medical advice of your health professional, may also be helpful to acidify the urine. Alkaline urine on the skin is irritating. If these measures are not successful, a revision of the stoma is an alternative.

Encrustations or sand-like deposits on or around the stoma are another complication. Your physician may order Mandelamine to increase urine acidity even more. Orange juice is not recommended because of the high alkaline ash residue it leaves.

One part vinegar to two parts water sloshed over the stoma helps if done once or twice a day. This encrustation can clog up the stoma and eventually cause a closure of the stoma.

Recurrent urinary tract infections are prevalent in most people with a urostomy. Most of you know the symptoms: fever, a strong urine odor, decreased output, amber-colored urine with a large amount of white sediment. You may need more fluids. You should be sipping water all through the day . . . at least two quarts of water each day. This will reduce infections and prevent kidney stones.

Remember: The urine coming out of the stoma is sterile; i.e., no bacteria are present. Once it goes into the pouch, bacteria immediately start to grow. It is important to empty your pouch when it is no more than 1/3rd full and to maintain cleanliness in anything that comes near the stoma.

## Does Your Stoma Hurt?

By Victor Alterescu, ET

Quite often people tell me their stoma hurt. This surprises me a great deal since stomas don't have any sensation. You could cut, burn, do virtually anything to the stoma and you would not feel a thing. That's hard to believe but true. Stomas do not have receptors for pain.

Sometimes the lack of stoma sensation can lead to problems. For example, an incorrectly fitting ostomy system may cut into the stoma, but no pain

will be felt. A stoma can be badly damaged before the problem is noticed. For this reason, it is important not to wear your barrier for more than a week. It is necessary to see the peristomal skin and see if the stoma is in good condition.

Actually, when people talk about stoma pain, they are usually talking about pain from the skin or tissue from around the stoma. Peristomal skin is full of nerve receptors that are sensitive to such things as heat, cold, chemicals and adhesives that can cause significant pain. It is the skin or surrounding tissue that is sensing the pain and not the stoma itself.

In addition, severe pain may be caused by a blockage either in the bowel or at the point where the intestine comes through the skin. These are different types of nerves that will sense this effect. Plus, the systems in the body are related and when one system is causing a problem another may cause a sensation to take place alerting us. These types of systems should not be confused with the absence of feeling in the stoma.

If any unusual symptoms or irritations are noticed, contact your ET nurse for an evaluation. He/she can offer advise and treatment for virtually any problem you have with your stoma. Do not settle for mediocrity in ostomy management.

## 2012 UOAC Conference in Toronto

"Caring in a Changing World"

August 15 – 18, 2012

Delta Chelsea Hotel

Downtown Toronto

[http://www.ostomycanada.ca/events/biennial\\_conference\\_of\\_uoac](http://www.ostomycanada.ca/events/biennial_conference_of_uoac)

View the 2011 Conference Slideshow:

<http://vimeo.com/27670162>



[http://www.ostomy.org/conferences\\_events.shtml](http://www.ostomy.org/conferences_events.shtml)

**Check Us Out On The Web**

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

**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 \_\_

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