

The MailBag

Jacksonville group meets the 3rd Sunday of each month 3 p.m. 4836 Victor Street.
Ocala support group meets the 2nd Sunday of each month (except July & Aug) at 2 p.m. at the Sheriff's Station 3260 SE 80th Street (between Ocala and Belleview).
Amelia Island Area Ostomy Support Group meets last Monday of each month at 6pm - Bapt Medical Center Nassau board room.

Please take the time and visit UOAA Website <http://www.ostomy.org>.

Welcome
Amelia Island Area Ostomy Support Group
to the MailBag



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Jacksonville Contact Information:

Patti Langenbach
(800) 741-0110
(904) 733-8500

patti@ostomymcp.com

The Jacksonville UOAA chapter meets the 3rd Sunday of each except when otherwise posted.

To help offset the mailing cost you may now receive the MailBag Newsletter via email.

Please contact:

Patti: patti@ostomymcp.com
(Newsletter will be in PDF format)

Support group meets the 3rd Sunday of each month 3 p.m.
4836 Victor Street
Next Meeting February 16th

Ocala Contact Information

Lynn Parsons
(352)245-3114

www.ostomyocala.com

Ocala support group meets the 2nd Sunday of each month (except July & Aug) at 2 p.m. at the Sheriff's Station 3260 SE 80th Street (between Ocala and Belleview).
Next Meeting February 9th

Amelia Island Area Ostomy Support Group meets last Monday of each month at 6pm - Bapt Medical Center Nassau board room.
Free parking (904) 310-9054
Next Meeting February 24th

“Gutsy’s Gab:” “Speak Out and Be Heard!”

By Linda Blumberg AKA “Mrs. Lips”



January 2014: a time to embrace the New Year, its possibilities...and, each other...at our January 19 Jax ASG meeting, we renewed friendships with fellow ostomates/spouses, reveled in having survived 2013, heartily welcomed a newbie, and resolved to continue our commitment to advocate for ostomy awareness and acceptance. “Gutsy,” Linda’s ileostomy stoma, again embraced the awesomeness of Inspire.com, touting this social media website that creates a true fellowship online for ostomates!...Posters/readers: Bette (BeeJay65),

Joe (JEG), Ann Marie (Blessed Life), and Linda (Gutsylips) all chimed in to encourage newbie, and others to check out this transformative, informational, and inspirational website!

SPOTLIGHT ON: February 2014: Ground Hog’s Day(2nd), Valentine’s Day(14th), Presidents’ Day(17th), Mardi Gras...In February, sales of cards, flowers, and candy soar...so-called sentimental “hype and tripe” disguised as love for Valentine’s Day?...Of course, REAL L-O-V-E emanates from our souls, NOT our wallets. Love extends to everyone in our live (24-7/365) and, must include OURSELVES. What about our STOMAS? It is NOT egotistical to realize you LOVED YOURSELF enough to submit to life-saving and affirming ileostomy, colostomy, or urostomy surgery .But, imagining LOVING YOUR STOMA! Whether it arrived planned or unexpected; it IS an adjustment! The first step in this “Love process” is: 1) ACCEPT YOUR STOMA’S EXISTENCE!...whether permanent or temporary...TODAY, you have this red thing on your abdomen, that hopefully shrank to a manageable “CozyRozy” as Gutsy did. Even if you are in a “rehearsal for a reversal” tomorrow, it behooves you to: 2) CELEBRATE YOUR STOMA TODAY!: Show appreciation for your “Pal-oma Stoma—Forever Friend,” bonding as did Linda with Gutsy by NAMING YOUR STOMA!...December 2013 Phoenix magazine (p.78 for Linda’s article) sponsored a Name Your Stoma contest, offering cool prizes...you may have missed the early January 2014 deadline...but, you can still honor your stoma by emailing its name to: Patti@ostomymcp.com or Linda: blumbergl@duvalschools.org ...for inclusion in future Gutsy’s Gab column...cathartic and fun!...that’s one way to show your stoma the L-O-V-E she/he deserves!...another is to dress her/him up in Koolostomy.com’s “Hearts and Flowers” pouch cover, as Gutsy will wear!

BOTTOMLINE/MARK YOUR CALENDAR: Speaking of L-O-V-E, we’d LOVE to see you at our next Jax ASG meeting, Sunday, February 16, 2014!...Like Lincoln, you can be honest about your ostomy concerns/experiences...in our “nothing is off-limits” atmosphere...and, help abolish ignorance and blatant disregard/denial of changes in bowel/bladder habits (AWARENESS)...Like Washington, who crossed the Delaware, you can encourage others to cross over to GI centers to follow up with life-saving colonoscopy...Like the Ground Hog, who sees his shadow/doesn’t, predicting 6 more weeks of Winter/early Spring thaw, don’t have a “shadow of a doubt” that colorectal/bladder cancer/diverticulitis/emergency can’t happen to you/loved ones. Gutsy says you need to L-O-V-E YOURSELF, and others in your life enough to CHOOSE TO LIVE/LOVE...Then, you can CELEBRATE LIFE...just like Mardi Gras, the ultimate fun fest celebration...Join us and FEEL THE L-O-V-E...a warm embrace...straight from the HEART!...See YOU there!!...

Things Not To Do If You're An Ostomate

via Chicago North Suburban and Halifax (NS) News

This is a collection of items compiled from the Internet and many other sources. It is just a reminder that we should not take ourselves too seriously.

- Drop a clip in the toilet. It is a prudent idea to always carry a spare clip.
- Stand up too quickly when the clip is caught on the edge of the toilet seat. Most of us have gotten up too quickly and ended up stopped instantly in mid-air because the clip caught on the inside edge of the toilet seat. The clip will lift the seat and you feel like a fish caught on the end of a line. Quite a bad visual, but we only do it once, or maybe twice; no, we'll make this goof our whole lives and it will surprise us every time. This is especially a problem for a woman. Imagine being at someone's home and dropping the toilet seat loudly just before you leave the bathroom. Everyone just looks and wonders why a woman would be dropping a toilet seat.
- When drying your appliance with a hair dryer, use the cool setting only. Plastic melts!
- Do not have your dog jump on you when your pouch is full. The dog's nails will puncture the pouch.
- Drink Power Ade Mountain Blast or Gatorade Blue Bolt before a doctor visit. It turns your output bright green. This is especially true if you have an ileostomy. All food dye turns your stool the color of the dye, temporarily. It will surprise you the first time it happens. This includes Blue Hawaiians or red beets. Beets make you look like you are bleeding to death.
- For men only: You may want to angle the pouch toward your leg. This warning is especially true if you use a drainable pouch. This will keep the clip away from your private parts. Sorry if this is a wee bit graphic for the faint of heart, but it will make you more comfortable.
- For women only: The clip may bother you also. You have the same option. Also, keep the clip away from a sanitary napkin. If the clip gets caught on the pad's adhesive, the clip could be pulled off.
- Put a cat on your lap. A cat's claw could cause a tear in your pouch. If you sleep with a cat, they sometimes curl up next to it when you sleep to keep warm.
- Beer may blow up your pouch with gas. This may be helpful when you need a flotation device.
- Don't accidentally lean against an oven door, barbecue grill or fireplace. The pouch melts quickly.
- Don't put underarm type deodorants around the pouch or barrier. It is made of either plastic or a latex material and will dissolve it. If you want to use some type of odor control--although modern pouches are odor proof--use mild mouthwash or one of the commercially made products that will not harm your stoma or your pouch. Many chemicals can damage an appliance.

Check Out Past MailBag Newsletters

<http://ostomymcp.com/id6.html>

What's Normal... Answers from Your Stoma to You

by Liz O'Connor, RN, CETN, Metro Maryland; via Fairfield (CA) Solano Ostomy News

What is normal for my stoma? This is a frequently asked question. Here are some answers from your stoma to you.

My color should be a healthy red. I am the same color as the inside of your intestine. If my color darkens, the blood supply might be pinched off. First make sure your skin barrier/wafer is not too tight (this can vary according to the barrier type, as some require a small gap between your stoma and the barrier material, while others are intended for a snug fit where the wafer material actually touches your stoma). If I should turn black (very unlikely – but it happens occasionally), seek treatment AT ONCE. Go to an Emergency Room if you cannot readily locate your doctor. (Be sure to TAKE AN EXTRA POUCH ALONG so you can remove the pouch for doctors to examine the stoma.)

I might bleed a little when cleaned. This is to be expected. Do not be alarmed. Just be gentle please, when you handle me.

If I am an ileostomy, I will run intermittently and stool will be semi-solid. If you should notice that I am not functioning after several hours and if you develop pain, I might be slightly clogged. Try sipping warm tea and try getting in a knee-chest position on the bed or on the floor. (Have your shoulders on the floor and your hips in the air. Rock back and forth in an attempt to dislodge any food that might be caught.) If I do not begin to function after about an hour of this, call your physician. If you cannot locate him/her readily, go to an emergency room. In the meantime, I might have begun to swell. Remove any pouch with a tight wafer and replace it with a flexible one with slightly larger stoma opening.

If I am a colostomy located in the descending or sigmoid colon, I should function according to what your bowel habits were before surgery (daily, twice daily, three times weekly, etc.). I can be controlled in most cases with diet and/or irrigation. This is a personal choice. There is no right or wrong to it, as long as I am working well. My stool will be fairly solid.

If I am a colostomy in the transverse colon, I will have a more loose stool than a descending or sigmoid colostomy. Because there is less remaining colon in this case to absorb water and solidify the stool, its consistency will be closer to that of an ileostomy.

If I am a urinary diversion, I should work almost constantly. My urine should be yellow, adequate in volume and will contain some mucus. If my urine becomes too concentrated or dark, try increasing your fluid intake. If my mucus becomes more excessive than usual, I might have an infection. I will probably also have an odor and you may have a fever. Consult your physician if this happens.

If at any time, you doubt that your stoma is functioning normally, please seek help. The cause needs to be evaluated. If your problem is a serious one, it needs to be corrected. If it isn't serious, you will be relieved to know that your stoma is alive and well.



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Upcoming Events

May 2-4, 2014
**UOAA Mid-Atlantic Regional
Conference**
Sept 1-6, 2015
**5th UOAA National Conference,
St Louis MO**

CHECK UOAA WEBSITE FOR
MORE INFORMATION

<http://www.ostomy.org>



**Sept 1-6, 2015 • Fifth UOAA
National Conference •
St Louis MO**



[http://ostomycanada.ca/events/
biennial_conference_of_uoac](http://ostomycanada.ca/events/biennial_conference_of_uoac)

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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To: