January 2006

Volume 8 Issue 1

The Mailbag

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

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Inside this issue

Please plan to join us Sunday Jan. 15th starting at 3 p.m.

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OSTOMY SUPPORT GROUP

We are still having our meetings. Sorry I was not there, everyone in my family was very sick so I could not leave them.

I have decided to restart the door prizes, 50/50, snacks, and beverages. So please come out and help me with these new people as they need advise from the people who already have an ostomy.

We need volunteers to put packets together at Medical Care Products on Thursday, January 12, 2006 at 10:00am. This is for anyone who can attend. Need directions, please call them at 733-8500.

In the upcoming year, we plan on having guest speakers from Hollister and Convatec. We plan on getting the packets together and getting with the ET/ Wound care nurses at the various hospitals. We may even have a ET nurse speak at a meeting.

We will be having a meeting on January 15, 2006 at 3:00 p.m. at Baptist Medical Center, 8th Floor, and Function Room C.

We are going to continue this year collecting the pop tabs for the Ronald McDonald House. We are going to see if we can fill a gallon jug by the end of the year again. In 2005 we filled the a gallon jug up. We will collect these at every meeting or you can drop them off at Medical Care Products. So please get your whole family involved and even your fellow employer by putting a can next to either the garbage cans or the soda machine. This is to help a very important cause.

Also, please remember if you have any extra supplies that can be donated to our closet for those less fortunate and or to help individuals during the hard time or in between insurance companies. Either bring to a meeting or take them to Medical Care Products or call Brenda Holloway and she will arrange to pick them up at your home, her number is 422-8165. We appreciate all you do for our closet.

Only meetings that are changed this year due to holidays are the following:
April = April 23, 2006 due to Easter
June = June 25, 2006 due to Father's Day

Thank you for your time,

Brenda L. Holloway, Support Group Contact

SURGERY

Bowel Transplantation

While bowel transplantation sounds like it should be a simple medical procedure (j*ust move one piece of hose from here to there),* it is rather complex and difficult. Bowel transplantation is still very much in its infancy, with research and experimentation going on in only a few select medical centers around the world.

Experiments have been undertaken on rats, dogs and less than a dozen human subjects. Small bowel transplants have been chosen for experimentation because the loss of large portions of the small bowel can be life threatening (short bowel syndrome) and commits persons to costly, cumbersome intravenous nutrition for the rest of their lives. So far, the majority of human subjects have survived less than two weeks, and a few have died of technical problems or sepsis.

The use of an immunosuppressive drug called Cyclosporine A offers great promise in reducing the major complications associated with bowel transplantation, such as rejection and host-versus-graft disease. Research continues, with the hope that some day bowel transplants will become as routine as corneal or kidney transplants.
(Diane Krasner, RN, ET)

Laparoscopy Techniques Prove Useful for Colorectal Cancer

New applications of the technique of laparoscopy—which is sometimes called "band-aid surgery," because it requires such a small incision—made surgery much less of an ordeal for a group of cancer patients at St. Mary's Hospital Medical School (London, Great Britain). After excellent success using laparoscopic techniques in gallbladder surgeries and appendectomies, surgeons there decided to attempt laparoscopic-assisted colorectal surgery on 40 consecutive patients who required removal of part or all of the colon or rectum.

Because of various difficulties, seven of the surgeries had to be finished with traditional open methods, but the remaining 33 patients fared very well. Follow-up examination of tissue specimens showed that the cancerous areas had been fully removed, and the number of involved lymph nodes that were visualized and harvested were comparable to those obtained through open methods.

The advantages of the procedure were quickly evident. Most of the patients were mobile by 48 hours post-urgery, and nearly all were up and around within 72 hours. The mean postoperative stay for the traditional method is 14 days, but laparoscopy reduced this to just eight days. From the physician's perspective, the laparoscope provided "unrivaled views of the pelvis" that were especially useful for rectal excisions. In retrospect, the surgeons decided that even the seven complex cases could have been completed laparoscopically if they had been equipped with greater experience in the technique; however, they caution that in some circumstances, such as obesity, laparoscopy would be unsuitable.
(S.C.S. Medical Affairs)

Post-Surgery Chemo Helps Seniors

Elderly patients who undergo surgery for colon cancer can experience the same life-extending benefits from follow-up chemotherapy treatments as younger patients, researchers at the Mayo Clinic and elsewhere have discovered. What's more, patients age 70 and older tolerate the chemo treatments nearly as well as their younger counterparts, the researchers say.

The discovery is significant because colon cancer is the nation's third-deadliest cancer, behind lung and breast/prostate cancer. Every year, it kills nearly 48,000 Americans.

While colon cancer occurs most often after age 65, many of these patients who undergo surgery either aren't being offered follow-up chemotherapy or are refusing it because the perceptions that they will experience toxic effects or will tolerate it poorly.

The Mayo study, published in the New England Journal of Medicine, shows those beliefs are wrong. "Age isn't really an issue," said *Dr. Richard*

Goldberg, a medical oncologist and a professor of oncology at the Mayo Clinic and one of the study's authors. "The main importance of this treatment is that it reverts some people who would have a relapse into the cured category. For someone who is healthy and is 75, their life expectancy is 12 to 14 years.

Among other things, the researchers found that chemotherapy reduced the risk of death after surgery for colon cancer by 24 percent. The overall five-year survival rate for patients who had chemotherapy after surgery was 71 percent, compared to 64 percent for patients who did not receive chemotherapy.

The researchers also found that patients in their 70s and 80s had the resiliency to successfully withstand the chemotherapy's side effects.

However Goldberg cautioned that doctors must select only otherwise healthy, fit patients for the treatment.
(Tom Majeski, St. Paul Pioneer Press 10-11-01)

Preparing for Your Ostomy Survery

What can a person, or should a person do to prepare for having ostomy surgery? Learn as much as you can about the type of ostomy you are going to have created, where it will be located, what it will look like, how it will function, and what you will need in the way of supplies to care for it. Pamphlets that explain the various types of ostomies and how they are created are available through the United Ostomy Association by calling 1-800-826-0826. ConvaTec and Hollister both have informational booklets and videos available that explain a great deal about the different types of ostomies and how they are cared for.

They are available by contacting these suppliers direct. Both have Web sites and toll-free numbers. Discuss any concerns you may have with your surgeon ahead of time. The surgeon you choose should be experienced in the number of ostomy surgeries performed. Ideally the stoma he or she will create should protrude outward from the abdomen at least one-half inch for ileostomies. Patient's that have stomas that are created flush with the skin tend to experience more skin excoriations with ileostomies and some colostomies.

During peristalsis, the skin surrounding the stoma will pull inward with the result being that discharge-containing enzymes will get between the barrier and the skin causing the pouch to fail, excoriating the skin. Ask the hospital where you will be having surgery to help you arrange for an ostomy visitor. You have a right to ask for and receive a trained ostomy visitor through the local chapter of the United Ostomy Association. They can match you up with a visitor that has undergone the same type of surgery you will be having and who can answer many of your questions and calm your fears and anxiety. Ask the visitor if you can call them later with any further questions you might have. Ask the hospital where surgery will be performed if they have an Enterestomal Therapy (ET Nurse) on staff that you can visit to have your stoma site marked prior to surgery being performed. This allows the surgeon to place the stoma on the abdomen in the area that is least likely to be obtrusive or cause pouching problems after surgery. Your stoma will be easier to care for if it is not created in a beltline, fold or scar tissue crevice in your skin and will result in better adhesion of the wafer, with fewer leakages and skin problems. The ET nurse can also show you samples of the pouch you will wear during your stay in the hospital. During this visit, make sure that the ET will show you how to change your wafer and pouch and teach you the basics of stoma care before you leave the hospital. Adopt a positive mental attitude and realistic expectations about your surgery and life afterward. Face the realization that you are not the only person this has happened to in life.
(Rodney Crick)

Some Questions to Ask Surgeons, Anesthesiologists

1. *What operation are you recommending? Do you have photos/illustrations/written information about the procedure?*
2. *Where can I get additional reading material?*
3. *Are there different ways of doing this procedure? Why do you want to do the operation one way instead of another?*
4. *Why do you think I need this operation? (To relieve pain? To reduce symptoms? To*

improve body function? To diagnose a problem? To save my life?)

5. *What are the risks/side effects/complications associated with this surgery? How common are they? How long will they last?*
6. *What are the benefits of this surgery? How long will they last?*
7. *How much pain is involved in this surgery? How will it be controlled?*
8. *Is this surgery considered experimental in any way? How many times is it performed in the U.S. each year?*
9. *Can this surgery be done on an outpatient basis?*
10. *How many procedures of this type do you /the hospital do each year? How does that compare to other doctors/facilities in this area?*
11. *What are your results with this type of surgery? (Note: Choose a surgeon who has plenty of experience.)*
12. *What kind of anesthesia will be used? Is there a choice?*
13. *Are there any alternative medical treatments? What are they?*
14. *Are there any alternative nonmedical treatments? What are they?*
15. *If you don't do anything about this problem, what's likely to happen? When?*
16. *Is one alternative to surgery "watchful waiting"?*
17. *How will this surgery affect my family and I – physically, mentally, and emotionally?*
18. *What is your plan if this surgery does not work?*
19. *How much of the cost will my insurance/ Medicare cover? How much will I have to pay out of pocket? (Note: you may also have to call your insurance company for this information.)*
20. *What effect will this surgery have on my other medical problems?*
21. *Will there be other medical costs after the surgery? How much? Who will pay?*
22. *Can I donate blood before surgery to have on hand in case I need it? ("autologous donation")*
23. *When will I be discharged from the hospital? How much medical care will be needed when I return home? Can my family care for me? Can I get extra help? (How, and how much will it cost?)*
24. *When will I be able to return to work/everyday activities?*
25. *Do you have a copy of my Advance Directives? (Note: This is a must before any hospital procedure—no matter how minor.)*
26. *After surgery, can I prevent this problem from happening again? How?*
27. *Where can I get a second (or third) opinion about this? (Note? Many insurance companies and Medicare pay for a second opinion.)*

(The Hope Heart Institute, Seattle, WA)

Warning on Laparoscopic Colon Surgery

Laparoscopic surgery for colon cancer may not be a better option than more invasive surgery. A study published in the journal of The American Medical Association suggests that laparoscopic, or keyhole, surgery does not necessarily mean a quicker recovery for patients. In the study, researchers looked at 428 colon cancer patients who were randomly assigned to have either laparoscopic or open surgeries to remove their tumors. They found that the laparoscopic patients required almost as much pain medication as patients who had larger incisions and were able to go home an average of only one day sooner. The researchers are continuing their study to see whether there are any differences in long-term survival and quality of life between the two surgeries, the Associated Press reports. In the meantime, they say their findings suggest no reason to recommend laparoscopic surgery for colon cancer.

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/id10.html

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! **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:

Join us Sunday Jan. 15th starting at 3 PM
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