The MailBag

JAN 2018

The Ostomy Support Newsletter Of Jacksonville, Amelia Island, Citrus County Support Group & Gainesville Ocala

Do you find yourself having to aggressively mould your seal to fit your stoma? Have gaps left you experiencing regular leaks? Is the skin below your seal sore and red? If so, the ***Trio Siltac® Silicone Ostomy Seal*** could be what you need to speed up your bag change routine and prevent leakages.

With Responsive Silicone Technology at its heart and the ability to provide a truly custom fit, Trio Siltac® provides ostomates around the world with the added security and confidence they have desired since surgery.

Unlike dated hydrocolloid seals, **Trio Siltac®** will fit the shape of your stoma without the need for aggressive moulding and therefore prevent leakages whatever your lifestyle. What's more, because of its silicone formulation Trio Siltac® does this whilst allowing the skin around your stoma to breath naturally and not sweat excessively.

Trio Siltac® has also been specially developed to not absorb moisture, such as sweat and body waste, throughout days of usage. This helps ensure it maintains its integrity and prevents skin damage caused by unhygienic hydrocolloid seals.

Gaps round the stoma exposing delicate sensitive skin
Responsive Silicone returns to its natural shape around the stoma, helping to remove gaps and protecting skin

Medical Care Products, Inc.
(904) 733-8500
(800) 741-0110

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https://www.facebook.com/JaxUOAA/?ref=aymt_homepage_panel

Jacksonville
Contact Information:
Patti Langenbach
(800) 741-0110
(904) 733-8500
patti@ostomymcp.com
Support group meets the 3rd Sunday of each month 3 p.m.
4836 Victor Street
Next Meeting: **Jan 21st**

Gainesville Support Group
Contact info:
Brinda Watson (352) 373-1266
Jean Haskins (352) 495-2626
Meets the 1st Sunday of each month (except Holidays)
at Hope Lodge2121 SW 16th St
Gainesville, FL
Next meeting: **Jan 7th at 2pm**

Ocala Support
Contact info:
Shirley Gonzalez-Day 352-209-4986
www.ostomyocala.com
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: **Jan 14th**

Citrus County Support Group
Meets third Sunday of each month at 2:00 PM in the Seven Rivers Regional Medical Center, 6201 N. Suncoast Blvd., Crystal River, FL 34428, in the Community Room of the Medical Office Building
Next Meeting: **Jan 21st**

Amelia Island Area
Ostomy Support Group
(904) 310-9054
Meets second Monday of each month at 6:30pm UF North Campus
UF Health North 15255 Max Leggett ParkwayJacksonville, FL 32218
(Meeting Room 3-4)
Free parking
Next Meeting: **Jan 8th**

“Gutsy’s FAB Gab-About: Stories of Ostomy ‘Glories/Gories’!”

“Speak Out and YOUR WORDS WILL Be Heard!”

By Linda Blumberg AKA “Mrs. Lips”

Riks Story

In 2010, Rik woke up in a hospital bed with a stoma. This came as no surprise to him. He had endured proctitis colitis for over 20 years and it had ruled, and to a great extent ruined his life. An endless round of rushing to toilets with only a few seconds notice and countless occasions when that wasn't quite long enough. (I will spare you the details; just use your imagination!)

The truth is, that for him, having an ileostomy was a step forward. A relief that he was back in control.The other big plus was that he was no longer taking massive doses of steroids. In fact, from that day he has never had to take a pill of any kind relating to his present condition. i.e. having a stoma.

Like every other first timer he had to learn to adjust; and, the first few bag emptying and changes he found challenging and to be brutally honest, a bit repulsive. However, as at any other time in your life when you have no choice, you simply get on with it. His initial routine when changing a bag was to remove it and then shower, clean all around the stoma and then get out of the shower to dry. All fine and dandy you may think but as anyone with a stoma will know they can have an uncontrollable life of their own and start discharging at will.

This depressed him more than anything else that had happened to him. The discharge would be down his legs, on his feet and all over the floor. What if this happened when staying with friends or on holiday? Sure you clean everything up but it's never a great experience. He then started looking for a solution and went to the internet. He saw people on You tube using towels and carrier bags to try and ease the problem but found nothing custom made to address the issue.

A few weeks later he had made the first prototype Riksack. At that time, it had no name and was made from some old plastic curtain rail, a leather belt and lots of gaffer tape. IT WORKED! Now he could change the bag standing up and if there was any discharge it would all be collected and not over him and the floor. Everything including the used bag, tissues and wipes were all put in the liner bag, that was removed from the outer container, simply sealed and put in the trash. (standing up to change appliance?)...Gutsy has always had reliance on Linda to “stand up” for her in every way possible!...hahaha…but, Rik’s idea IS sooo cool!]

He was so confident when using it he would even answer his mobile phone if it rang! It was then as a keen traveller and outdoors person he realised it had other uses. He could use it not only to securely change a bag but use it to empty a bag. It was fantastic when he was backpacking, no more kneeling on wet ground or hanging over a rock. He can simply stand upright, fully clothed and perform the deed. A quick clean up with a hand sanitizer and he was good to go. By using a biodegradable liner bag and tissues he could dig a cat hole in the normal way and bury it.

It was then that I got involved and we went about designing a better version of the Riksack and after a lot of work we came up with a design that could be manufactured and have now produced our first batch for sale.Even before having an ileostomy Rik was no great fan of using public toilets. As we all know they are sometimes not the cleanest of places (no need for too much info here), but using the Riksack completely eliminates the need to actually use the toilet; all you need is the privacy the cubicle offers. This is even more true on aeroplanes where due to the cramped conditions and size of the actual toilet can make emptying the bag an issue.

The Riksack is light, portable, and is easy to stow. If he's going to be away from my home for more than a couple of hours, then the Riksack will go with him. He even keeps a spare Riksack kit in the car just in case he forgets to take one with him. The Riksack may also benefit people with a colostomy or urostomy.”

The ostomy bag emptying and changing accessory, a stoma product for those with an ileostomy, colostomy or urostomy. A real help with sudden stoma activation during changing an ostomy pouch. Empty your ostomy bag or change your ostomy bag with the added security of the Riksack. Ideal when going on holiday with an ostomy. Empty your ostomy pouch or change your ostomy pouch standing up. See our video for emptying and changing an ostomy bag. An innovative stoma accessory product made in the UK. Great for emptying a drainable ostomy pouch as well as changing ostomy pouches. A real help when cleaning a stoma and caring for a stoma.

How to change an ostomy bag or how to empty an ostomy bag see our video links to see how the Riksack can be used when managing your stoma bag.

The Riksack starter kit consists of:

- 1 x Riksack
- 1 x Elasticated clothing belt
- 1 x Roll of 40 standard liners
- 1 x Sample pack of 3 water soluble liners

The Riksack is approx 8"/20cm high, 8"/20cm high and 24"/60cm in circumference.The belt fits all sizes between 26"/66cm (minimum) and 70"/180cm (maximum) and can be cut to size as required. Riksack ostomy bag starter kit for emptying and changing a stoma pouch.

- Brand: Stomaworks
- Product Code: Riksack starter kit
- Availability: In Stock   £29.99

Satisfied Customer wearing/using the product:

Ebay:

Connect with Stomaworks through social media/videos:
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Diets And Ostomies - What's Safe?

by Terry Gallagher; via Vancouver (BC) Ostomy HighLife and Metro Halifax (NS) News

Dieting holds special risks for some ostomates. Before I go into this further, let me stress that I am talking here to those with urostomies and ileostomies as well as, to a lesser extent, those with transverse and ascending colostomies. If you have a sigmoid colostomy, then you can basically do what you like with regard to diets, within reason and common sense, as your digestive system behaves as 'normal.'

Before starting any diet, it is well worth seeing one's own doctor to discuss the suitability of the prefered diet with him or her because of the problems which dieting can cause as well as any underlying other medical conditions which may make dieting or a particular diet hazardous.

Let's look at the problems in more detail. The urostomate has special requirements to avoid dehydration so, provided that the urostomate doesn't cut back on fluid intake, then they, too, can generally diet as they wish. The guide for the urostomate, remember, is at least 3 litres (about 12 glasses) of fluids per day. However, any urostomate who has short bowel syndrome because of the surgery to make the ileal conduit needs to take the same precautions as an ilestomate as set out below.

The ileostomate has lost the ileocecal valve at the end of the ileum where it joins the cecum and the colon. This valve slows down the transfer of food from the terminal ileum (the last part of the small intestine) into the cecum to allow for greater absorption of food through the ileum. With the loss of the valve, food passes through the system faster so the food is less well absorbed. In addition, the colon absorbs mineral salts such as sodium and potassium as well as water from the stool. While the ileum takes over some of this role, ileostomates still lose ten times as much sodium and potassium as a person with all or most of a colon. These factors together provide the key to the problems which some diets may cause.

The Atkins Diet is very high in fat. Those ileostomates like me who occasionally (who am I kidding...too often is probably more accurate in my case!) eat a high fat meal know that we will have very runny output which floats because of the high fat content. It's called steatorrhea. The stool also tends to be frothy from trapped gases.

The food passes through the digestive system much faster than normal as it is lacking in fiber which gives the intestine something to 'push' against during peristalsis -- the wave-like movements of the walls of the intestine which move the food through the digestive system -- as well as being well 'lubricated' by the high fat content. The problem with this is that the rapid passage of this fatty food means that not only are essential nutrients in terms of proteins not absorbed, but the vitamins and minerals are not absorbed either, leading to malnourishment. One vitamin which is fat soluble and can cause problems is vitamin K. Vitamin K is necessary for the production of blood clotting factors and proteins necessary for the normal calcification of bone. Because vitamin K is fat soluble, the fat malabsorption caused by its rapid passage through the ileum may result in the person becoming deficient or short on vitamin K. The very fatty liquid stool just rushes through the ileum so that little is absorbed of essential nutrients. This also overloads the pancreas and can cause problems there.

The Atkins Diet, being high fat, can produce chronic steatorrhea in the ileostomate so that the person rapidly becomes deficient as well as lacking protein. Dehydration is also a problem as water forms an emulsion with the fatty stool and is less well absorbed. If this diet is continued, the person may suffer protein deficiencies as well as osteoporosis through the vitamin K problem mentioned above.

The recommendation from the medical profession for ileostomates and those with short bowel syndrome from their surgery (perhaps through adhesion removal) is to diet by reducing food intake of both fats and carbohydrates, especially simple carbohydrates such as sugar, while taking care to maintain hydration by drinking plenty of fluids. For example, baked potatoes are complex carbohydrates with virtually no fat. Add low fat cottage cheese and a helping of mixed salad (for me, lettuce, tomatoes, cress, beetroot, sliced peppers, etc.- you get the idea!) and you get a meal which is both low fat and low carbohydrate and also full of fiber along the South Beach Diet lines.

The Atkins Diet isn't suitable for ileostomates as there are too many risks of malnutrition causing unhealthy weight loss produced by loss of needed body tissue and lack of vitamins and minerals, as well as the risk of dehydration. A low fat, low simple carbohydrate with reduction in complex carbohydrates diet together with plenty of fluids is the safe way to lose weight.

ILEUS - The Other Blockage

from Coquitlam (BC) Connection; via South Brevard (FL) Ostomy Newsletter

Bowel obstructions come in two varieties, mechanical and non-mechanical. Most ileostomates have encountered the mechanical variety, usually when we eat something fibrous and do not chew well enough.

Ileus, also called paralytic ileus, is the non-mechanical variety. It happens when peristalsis stops. Peristalsis is the natural wave-like contractions of the intestines that move material through the bowel. The symptoms can be very similar to those of mechanical obstruction, and include pain, vomiting, constipation and diarrhea. Several causes are cited for ileus: Infection of the peritoneum (the lining of the abdomen and pelvic cavities), or disruption or lowering of the abdominal blood supply. Heart disease or kidney disease, when coupled with low potassium levels, can trigger the condition. Certain orthopedic surgeries, such as joint replacements or back surgeries and some chemotherapy drugs such as vinblastine (Velban, Velsar) and vincristine (Oncovin, Vincasar PES, Vincrex) also can cause ileus.

So how do you know if your bowel obstruction is due to ileus? First, see a physician. Ileus is characterized by few or no bowel sounds, which your physician can easily check with a stethoscope. Diagnosis can be confirmed by X-rays and CT scans. Blood tests can also be useful in diagnosis. If you do have X-rays, note that barium swallows are definitely contra-indicated as they can complicate the situation. Barium enemas can be used to visualize blockages but administration can be a problem in persons with ostomies. A soft catheter should always be used in the case of ileostomies. Colostomates who irrigate should bring their irrigation catheter or ask for something similar.

Hospitalization is indicated. Treatment involves rest and intravenous administration of necessary salts, water and glucose. The stomach/intestinal contents may be removed via a nasogastric tube. Peristalsis usually restarts spontaneously after two to three days of resting the bowel. In cases where a partial mechanical blockage triggered the condition, surgery may be performed.

Fortunately, ileus is a relatively rare condition. The total rate is about one in one thousand for both mechanical and non-mechanical blockages. (Coquitlam editor's note: Unfortunately my source did not say what the rate in

Shut the Door, Maggie

from Metro Halifax (NS) News

We have a new puppy and her name is “Maggie.”
She is so cute and a beautiful Nova Scotia Retriever pup.
She is definitely in the learning stages and my husband is spending lots of time with her. It’s
“Sit, down, come and pee, Maggie.”
He keeps treats in a plastic bag in his coat or shirt and each time Maggie does something cute or correct, he rewards her.
She certainly knows the sound of the plastic bag.
Maggie’s Dad and Trainer is good at what he does and I’m sure Maggie will be well trained; however, Maggie’s Dad did not teach her that her Mom has an Ostomy pouch on her belly and that she doesn’t always shut the bathroom door. Don’t let your brain run ahead of the facts. There were not any big accidents; however, Maggie and I learned very quickly that there is a difference between a treat and an Ostomy pouch.
I sat on the throne and began doing what I do best and the first thing I knew Maggie came running and jumped up on my knees, digging and sniffing for the plastic bag.
I assured her there was no treat in my plastic bag and proceeded to get her down and yell for assistance from my husband.
I’m sure Maggie still hasn’t learned the difference in the sound of the rattle but her mother has certainly learned to “Shut the Door.”

UOAA Discussion Board

https://www.uoaa.org/forum/index.php

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To: