JOIN US FOR THE FIRST MEETING OF THE SUMMER 2008

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JOIN USE FOR OUR  
CHAPTER MEETING  
July 20, 2008  
3:00PM

Please take note of our new location:  
4836 Victor Street

Michael Doan - Representative for CONVATEC  
will be the guest speaker  
Sunday July 20th 3PM

ConvaTec Sold By Squibb

Bristol-Myers Squibb Company announced that it has signed a definitive agreement to sell its ConvaTec business unit to Nordic Capital Fund VII and Avista Capital Partners for $4.1 billion.

Dave Johnson, who will remain the CEO of ConvaTec, said, “I am excited to partner with Nordic Capital and Avista Capital Partners as we transition ConvaTec to a stand-alone company. Both firms have a proven track record of success in the healthcare industry. They are passionate believers in ConvaTec's future growth and will be strong supporters of the ConvaTec business. Their deep experience in guiding strategy and backing companies will help take ConvaTec to the next level of success as an independent company.”

The transaction is subject to customary regulatory approvals and delivery of ConvaTec's audited 2007 financial statements. The closing is anticipated in the third quarter of 2008.

Medical Care Products is on the Web  
www.ostomymcp.com
What is Normal for Your Stoma? Coos Bay Ostomy Association

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 pouch is not too tight. It should fit about 1/16th of an inch from the base of the stoma—although the new extended wear barriers like the Hollister Flextend and the ConvaTec Durahesive may touch the stoma. If I should turn black—very unlikely but it does happen occasionally—seek treatment at once. Go to your local hospital emergency room if you cannot readily locate your doctor. Be sure to remove the pouch and the skin barrier for them to examine the stoma and peristomal skin. Always take at least one extra pouching system along.

I might bleed a little when cleaned. This is to be expected. Do not be alarmed. Please, just be gentle when you handle me. If I am an ileostomy, I will run intermittently just about all the time and stool will be liquid to semi-solid.

If you should notice that I am not functioning after several hours and if you develop pain, I might be clogged. Try sipping warm tea or taking a little mineral oil and then try walking or getting into a knee-chest position on the floor. Sometimes a hot shower with your barrier removed will relax you enough to loosen the obstruction. If I do not begin to function after about an hour of this, call your physician. If you cannot locate him/her, go to the emergency room. In the meantime, I might have begun to swell. Remove your skin barrier and put on one with a bigger 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. I can be controlled in some 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 solid.

If I am a urinary diversion, I should work constantly. My urine should be yellow, adequate in amount and will contain some mucous. If my mucous is very much more excessive than usual, I might have an infection. I will probably also have an odor and possibly a fever. Consult your physician if that is the case. If at any time, you doubt that your stoma is functioning normally, please seek help... call your WOC nurse. The cause needs to be evaluated. If your problem is a serious one, it needs correction. If it is not, you will be relieved to know your stoma is alive and well.

Note: If you do not have a WOC nurse, find one before you ever need help. Have his/her phone number in your wallet at all times—just in case. In addition, you should see your WOC nurse every year or two or three to have your stoma examined.
Hernias can develop postoperatively through any surgical incision. Incisions that are not closed tightly are more prone to hernias. Colostomies represent surgical incisions that cannot be closed tightly because to do so could result in a stricture or narrowing of the bowel opening. Hernias of colostomies, or pericolostomy hernias, can occur frequently. They can be apparent in the immediate postoperative period, or more often, develop years after the original surgery. They can be recognized as a bulge forming around the colostomy, most noticeably when the patient is standing. Good bowel function is dependent on good abdominal musculature and is especially dependent on the muscles around the colostomy site. Therefore, a colostomy hernia would give symptoms of poor colostomy functions, e.g., incomplete evacuation, difficulty in irrigation and discomfort during elimination.

Most hernias will cause fewer symptoms with some external support, e.g., an abdominal binder, but the colostomy itself and whatever appliance is used will interfere with good compression. Therefore, surgical repair has to be considered for the hernia.

Since the very same problems exist at the time of repair as were present at the original surgery, e.g., inability to obtain a tight closure, the recurrence rate for this type of hernia is much higher than with other hernias. Because of the possibility that even in the best of circumstances a colostomy hernia can recur, the decision to proceed with surgery should be made only after consideration of all the factors, such as general health and nutrition, the degree of disability and the level of physical activity required.
Swimming with a Colostomy

By Richard L. Towers, PhD

About twenty years ago, after a fitness screening pronounced me weak, overweight and a good candidate for a heart attack, I joined the fitness bandwagon. I bought some good running shoes, a sweat suit, gym shorts and joined a health spa. For two years, I experimented with jogging, lifting weights, swimming and jumping on a springboard. By the time I was diagnosed as having colorectal cancer, I had trimmed down, toned up and was feeling great, notwithstanding my sciatica and hypertension.

Lest you assume this is another one of those inspirational stories of how one man overcame cancer, arthritis and heart disease through regular exercise, be assured it is not. For almost a year after my surgery, I did not go near a gym. When finally I worked up the determination to begin exercising again, I wore bulky sweat suits to and from the spa and stayed out of the pool, sauna and shower.

Physically, my doctor advised, I could have resumed regular exercise six to eight weeks after surgery. Psychologically, I needed much longer. I had to overcome my embarrassment at having a colostomy. I had to convince myself that the sight of my prosthesis was something others would just have to get used to, if no one liked it that was their problem, not mine.

Tough talk? Well, even though I early on accepted the concept intellectually, it took a long time to overcome my self-consciousness in the locker room. However, once I did begin to exercise regularly, swimming, showering and changing in the locker room soon followed. My regular swimming regimen began twenty years ago with plenty of rest between each lap. After about a year, I could swim 20 laps without resting. Today, for the sake of time I limit my workouts to as many laps as I can swim in a 25 or 30-minute period.

I still have arthritis and my hypertension has not disappeared. Nevertheless, I have a sense of well-being and invigoration that just is not there if I skip a day of swimming.

Why swimming? It is great exercise for the heart and lungs and it is easy on my arthritic joints. The most important benefit for me, however, is psychological. I now feel comfortable with my body; swimming has given me a sense of accomplishment.

As for the mechanics of swimming with a colostomy, I have never experienced a problem. The two-piece pouching system that I wear lasts me five to six days without a change. Water does not seep in and since I irrigate daily there usually is nothing present in the pouch. However, if there were, that would not interfere with the act of swimming. Although I no longer use waterproof or paper tape around the edges of the flange, this does not seem to affect the condition of the new flexible flange.

Most pools have fast, medium and slow lanes and almost any style or stroke can be beneficial. I use a sidestroke because of a chronically dislocated shoulder. Many people prefer a crawl or back stroke for maximum physical benefit. In addition, I see many people doing the dog paddle. If you want them, many public pools offer swimming lessons and some now offer aerobic exercise classes right in the water.

If you do take up swimming, you should invest in a good pair of goggles to keep the chlorine in the pool from irritating your eyes. Other than that, all you need is a bathing suit. Tight briefs suits will help you swim faster; but loose, blousy ones will hide your bulges. As with any exercise program, consult your doctor first, start slowly, and be sure to do it regularly. Aim ultimately at working up to 15 to 20 minutes of continuous exercise three times each week. Good luck! Maybe someday, I will see you in the locker room.
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/ostomate支撑

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 __

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