

# 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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**Mark your calendar and plan to join us  
for our next chapter meeting.**

**August 16th**

**3PM**

**4836 Victor Street**



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**For more information please visit the  
International Ostomy Association Website:**

<http://www.ostomyinternational.org>

## Traveling Again

by Di Bracken Past IOA President

vis IOA Blog <http://www.cblog.ostomyinternational.org/>

Seems that I always have a story to tell about travelling and this time, another experience to share with you. I was leaving for Chicago and if your destination is in the USA when leaving Canada you clear US customs before you leave Canada. So I went through to immigration. No problems, nice young man chatted with me and then I proceeded to check in my luggage. Did that and then joined the line to put your hand luggage on the X Ray machine etc.

As I approached the conveyor belt, a young lady came up to me and said, "Are you Mrs Bracken travelling to Chicago?" I replied that I was and she said, "You have been selected as the passenger on this flight for a random search. This means that we will be conducting a through search of your hand baggage and your person." So, the people behind me were sent to another conveyor belt while I put my stuff on the belt for XRAY. I was travelling light, only a handbag but off came my jacket, my shoes and my socks. I was given a pair of plastic slippers for my feet. Of course when it came to walking in through the XRAY machine itself, off went the alarm and I just said, I have a replacement hip. It didn't matter as I was going to have this thorough search. I did read a notice that said in the event of being searched, the passenger could request a private room so I decided I would do that if necessary.

First procedure was that I was wanded down and there was no problem here. Then another female arrived to pat me down. I have never been so thoroughly patted down.

First of all she started with my hair. Ran her hands through my hair and behind my ears.

Completely pressed around my neck and then carefully down my back.

Carefully she patted my arms completely paying attention to the underarm area. Then it was around the front.

She started with each leg; very thorough including my feet.

Then it was the front. This is when I thought here goes. Let's see what happens. As she felt the appliance through my pants, she asked me to turn out my pockets. I did so and she patted again still feeling the appliance.

She looked at me and asked, "What am I feeling?"

I explained that I had surgery which removed my bowel and I now wore a bag on my stomach to collect waste material. The conversation went like this:

"What's waste material?"

"It's the stuff that you get rid of when you go to the bathroom."

"Go to the bathroom? What do you get rid of when you go to the bathroom?"

Being polite I said, "Feaces"

What's faeces?"

So I thought here goes, "It's a bag of SH.."

She broke out laughing and virtually chuckled through the rest of the search which she conducted.

Everything came out of my handbag but while she was doing this she asked me about the surgery and we had quite the conversation about ostomy surgery and why it happens. I had to turn off and on my cell phone. My laptop was swabbed and I had to turn it off and on. Apparently, these random searches are conducted on flights leaving Toronto and going into major US cities. One passenger is

selected and it happened to be me!! I ended up giving her one of my business cards having told her about the IOA. As I left she shook my hand and laughingly said, "Do I have a story to tell my family tonight!" I said, "That makes two of us!"

It's interesting the opportunities that we have to let people know about ostomy surgery. My advice to you when travelling is, Stay Calm. These people are only doing their job and if you do encounter any difficulties, ask to see the person in charge. I have three more flights before I am home at the end of the month. I wonder what other adventures await!

Cheers

Di

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## My Travels Continue

by Di Dracken Past IOA President

via IOA Blog: <http://www.cblog.ostomyinternational.org/>

As we all know the cardinal sin for ostomates is to pack your ostomy supplies and not carry them in your hand luggage. Well, guess what I did on my trip to Chicago – that's it, I packed my ostomy supplies. But I deliberately made this decision. The flight from Toronto to Chicago is a little over an hour, so I wanted to travel light with just my laptop so I packed my supplies. This is after the many trips I have made abroad and I certainly ought to know better. However, I learned my lesson because all hell broke loose in Chicago with extreme weather conditions.

My flight was due to leave at 12:30 so for an international flight I had to be there two hours early and I was. Having gone through the rigmarole I previously told you about, I went to the departure area to do some work on my laptop. What I found however was that an announcement was being made that Chicago O'Hare airport had been closed because of extreme thunderstorms and twisters so my

flight was delayed. We were asked to sit tight while the weather system made its way out of Chicago, so we all did. We were then scheduled to leave at 2:00 PM which was not bad at all. About 1:30, we began the boarding process and by 2:00, we were all set to leave. As the doors of the aircraft were about to be closed the pilot suddenly came through with the message, "Everybody off the plane we are not leaving."

Off we got and we were asked to sit tight until we knew what was happening. There were two further flights in the afternoon that were cancelled. The airport had reopened but priority was being given to landing the long distance flights from Europe, South America and Asia. We were still sitting tight until 6:00PM when we were rescheduled to leave. It was about this time that I began to feel "uncomfortable" and I realized that I probably needed to change my appliance but I didn't have one. They were all in my suitcase. I figured out that if we left at 6:00 PM I could manage until I got my luggage in Chicago. Well, we didn't leave at 6:00PM or 7:00 PM and I now knew I needed to change the appliance. I decided to go and buy tape and tape around the appliance and hope for the best, when the announcement was made that there would be no flights to Chicago that evening. Another bank of thunderstorms had rolled into Chicago and all flights from Toronto were cancelled. We now had to collect our luggage, go through Canadian Customs as if we had left the country because we had been cleared by American customs and we were scheduled to leave on Saturday morning.

I was rescheduled on an early morning flight so made the decision to stay in a hotel close to the airport and not go home. There was no reimbursement for the hotel room regardless of where one came from although special room rates were negotiated. I got to the hotel at about 9:30 PM and the first thing I did was change the appliance which had by this time began to seriously leak. I have to tell you I shook my head at my stupidity. I have not had an

appliance leak in years and certainly was unprepared for this to happen.

So lesson learned; no matter what the distance carry your supplies - even for short distances, make sure that you have one change with you. I knew that too. This is what comes of not thinking about all eventualities.

What with the experience getting through immigration and then the appliance, Friday 19<sup>th</sup> was quite the day!!

Happy travels

Di

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## Peristomal Hernias

By The British Hernia Centre  
Translated by The Ostomy Assn. of Greater Chicago

A hernia is a weakness or split in the muscle wall of the abdomen, which allows the abdominal contents, usually some part of the intestine, to bulge out. The bulge is particularly noticeable upon tensing the abdominal wall muscles—such as occurs when coughing, sneezing, straining or simply standing.

Stomas pose an additional problem. When a stoma is brought out to the surface of the abdomen, it must pass through the muscles of the abdominal wall, thus a potential site of weakness is immediately created. In the ideal situation, the abdominal wall muscles form a snug fit around the stoma opening. However, sometimes the muscles come away from the edges of the stoma thus creating a hernia—in this case, an area of the abdominal wall adjacent to the stoma where there is no muscle.

Factors that may contribute to causing a stoma hernia to occur include coughing, being overweight or having developed an infection in the wound at the time the stoma was made. The development of a stoma hernia is often a gradual phenomenon, with the area next to the stoma stretching and becoming weaker with the passage of time.

This weakness, or gap, means that every time one strains, coughs, sneezes or stands up, the area of the abdomen next to the stoma bulges, or the whole stoma itself protrudes as it is pushed forwards by the rest of the abdominal contents behind it.

As with all hernias, the size will increase as time goes by. Stoma hernias are rarely painful, but are usually

uncomfortable and can become extremely inconvenient. They may make it difficult to attach a pouching system properly, and sometimes their sheer size is an embarrassment as they can be seen beneath clothes. Although a rare complication, the intestine can sometimes become trapped or kinked within the hernia and become obstructed.

Even more seriously, the intestine may then lose its blood supply, known as strangulation. This is very painful and requires emergency surgery to untwist the intestine and prevent the strangulated part of the bowel from being irreversibly damaged. Regardless of inconvenience or pain, hernias are defects in the abdominal wall and should not be ignored simply because they might not hurt.

There are surgeons who advocate that small stoma hernias that are not causing any symptoms do not need any treatment. Furthermore, if they do need treatment, it should not be by operation in the first instance but by wearing a wide, firm ostomy belt. This is probably true with small hernias, in people who are every elderly and infirm or people for whom an anesthetic would be dangerous; e.g., serious heart or breathing problems.

Nowadays operative repair of the stoma hernia should be given a more serious consideration in order to achieve an improved quality-of-life, prevent progressive enlargement of the hernia and make it easier to manage the stoma.

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## Doctors, Learn to Listen

Contributed By Jane Michnik

Studies shows doctors rarely let a patient finish what he/she is saying, and most interrupt in a matter of seconds of the patient's starting to speak. Researchers specializing in communication studies, say surveys of doctor-patient exchanges found about a third of those polled were reluctant ever to question their doctor's opinions.

"We're ultimately responsible for our health," researchers say. "We can find another doctor, we can get second opinions but psychologically that reality doesn't exist for many people." It is the patient who speaks up who lives longer and gets the treatment he/she needs. Their advice: "Before your doctor's appointment, write down all of your questions so you'll remember what to ask, and don't hesitate to ask plenty of questions."

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## 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/>

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>

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 \_\_\_\_\_  
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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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