

The Mailbag

The Ostomy Support Newsletter Of Jacksonville, Florida

Support group meets the 3rd Sunday of each month 3 p.m. 4836 Victor Street

Contact Information:
Patti Langenbach
(800) 741-0110
(904) 733-8500
patti@ostomymcp.com



Next chapter meeting will be held on
Sunday July 17th
3pm, 4836 Victor Street.



Jacksonville Chapter is now a member of the United Ostomy Association of America. Please take the time and visit their Website <http://www.ostomy.org>.

Public TV Documentary Movie

UOAA entered into a contract for the publication of a five-minute ostomy public awareness movie that will appear on public TV; the National Medical Report as shown on cable; network and international TV as part of Voice of America.

This excellently produced project—coordinated by UOAA President Elect Kristin Knipp—can now be viewed on the UOAA Internet site at www.uoaa.org/uoaa_psa.shtml. One may also view the movie at <http://uoaa.wordpress.com/>.

We encourage you to send one of these links to anyone with an interest in ostomy surgery; i.e., our members, local medical professionals, family and even friends who you might want to have better understanding about our organization.

A Full Life after Ostomy Surgery

By K. Hazelwood, The Arizona Republic

At 19 years old, Susan Foster was diagnosed with ulcerative colitis, an inflammatory bowel disease that affects the colon. She had been experiencing symptoms for about a year, but did not want to believe that anything was actually wrong. After the diagnosis, doctors told her that they would try to treat it, but she might eventually need surgery.

"For the next six or seven years I didn't worry about this surgery," the Tempe resident said. "I just kind of thought it was something magical, that put everything back to normal."

But when she had to have her first surgery in 1987 at the age of 25, she realized it was not a magic fix. "When I woke up with that first ostomy, it was the most horrific shock of my life."

An ostomy is "a surgically created opening, which connects an internal organ to the surface of the body." For people with inflammatory bowel disease, ostomy surgery usually involves connecting the small or large intestine to the abdominal wall, to allow the drainage of bodily waste. Ostomies can be temporary or permanent, depending on the needs of the patient.

Needing support

Foster said she felt very alone. The local support group where she lived in Cheyenne, Wyo., had only about 10 members, and most of them were much older than she. However, while reading the United Ostomy Associations of America magazine, Foster learned that Rolf Benirschke, a place-kicker for the San Diego Chargers, also had ulcerative colitis. He even returned to football after his ostomy surgeries. She said she looked at Benirschke as a hero.

"I thought, 'Wow, someone famous has my disease,'" Foster said. "This was back in the day and age when I felt so alone and I didn't know anyone my age that had something like this."

Over the next 15 years, Foster had two temporary ostomies and had her large intestine removed. She and her doctor decided to try a new surgical procedure that preserves continence, an ileoanal pouch anastomosis, commonly known as a J-pouch. Unfortunately, she suffered chronic illness due to the complications from the surgery. She had pain all the time, her life was difficult to live and she was on daily medications. In 2002, Foster was living in Tempe when she finally decided that she had enough of the J-pouch, being sick all the time and having a poor quality of life. She deduced that in order to live a pain-free life, the best option would be a permanent ileostomy.

"That was a really, really hard decision to make because I really didn't want one," Foster said. "No one goes into this thinking, 'This is going to be great.'"

An opening was created in her abdominal wall through which the end of the small intestine was brought through and attached. The surgery essentially cures ulcerative colitis, but requires that an ostomy pouching system be worn at all times to collect one's bodily waste. After her ileostomy surgery, Foster's experience was much different. She now felt healthy, strong and well. In addition, there were numerous support groups online and in the greater Phoenix area that she could turn to for help.

"If you have no one to talk to that has gone through it, you don't know what's normal," she said. "There's lots of information out there now."

Making a comeback

After her surgery, Foster became more active than she had ever been. She traveled, went scuba diving, hiking and rock climbing. Before her permanent ostomy surgery, a friend in San Diego encouraged her to start swimming. When that friend died of breast cancer in 2003, Foster decided to return to the water with the Sun Devil Masters swim team in her honor, ostomy pouch and all.

"I was really nervous at first about swimming," Foster said. "But it turns out no one noticed anything, nothing fell off, and there were no disasters."

Foster began writing on online ostomy discussion boards like the one on the UOAA Web site

atwww.uoaa.org to reassure other people that they could be active after ostomy surgery. She also began calling and visiting ostomy patients to let them know they are not alone in their disease.

"To know that you're a part of a chain of 'okay, I can deal with this, so you can deal with this is wonderful. It keeps getting passed on," Foster said.

Foster submitted her story of dealing with ulcerative colitis to the Great Comebacks Awards Program in 2007. The Great Comebacks Program was started by Benirschke to encourage and inspire people who are dealing with inflammatory bowel disease, colorectal cancer and ostomy surgery.

"Reading the stories encourages patients to reach for their dreams," Benirschke said. "This foundation is about hope."

Two months ago, Foster learned that she had been chosen as the West Region award winner. She was honored earlier this month by Benirschke at the Buttes, a Marriott Resort.

"I don't feel like I'm doing anything special. I'm just carrying on," Foster said. "This is reality, this is how it is. And that's okay."

The New and the Old (with an Ostomy)

By Mark Shaffer

At a recent meeting of our local ostomy association, a subject came up that I found intriguing. One of the participants in a rap session stated that he found himself depressed and withdrawn, even though it had been a year since his surgery. He wondered how long he could expect that feeling to last, and I think, whether it would last for the rest of his life.

Some people with ostomies adjust almost immediately. These folks see an ostomy as a cure for an illness that threatened their lives or restricted their activities. Others take a few months, generally feeling better about the situation as soon as they master the fine art of pouch changing and maintenance. For many, ostomy surgery begins a process that appears, and is very close to, the grieving process. Like any grieving process, the amount of time needed to feel emotionally whole again will vary.

It took me almost two years following my surgery before I felt like I had regained my former personality and was ready to move on with my life. So there is not a magic amount of time needed to adjust to your new ostomy.

Allow yourself the time you need and realize that the feelings of depression and isolation will eventually go away. If the depression is severe, do not be afraid to seek professional help. If your isolation is caused by a lack of confidence in your pouching system, seek help from your WOC nurse.

If your pouching system is working fine but you still feel separated from others, seek help from other people with ostomies. Go to a meeting of your local ostomy association and meet others in the same situation. If you do not already have one, call your local ostomy association and arrange a meeting with an ostomy visitor. The person can talk to you about how they handled their postoperative emotions. Above all, give yourself time to adjust.

A Gas-tly Subject

Via: San Mateo OA & Hartford CT

If anyone were to search for the most embarrassing bodily phenomenon, the passing of gas would certainly come out on top. The average person passes gas about fourteen times a day, in spite of all attempts not to. Physicians refer to the process as flatulence, which only rarely requires a visit to the doctor's office.

Technically speaking, gas can pass either by way of the mouth (belching), or by way of the anus (flatulence). Each is considered unacceptable in polite society. Although in some cultures, belching after a meal is deemed complimentary to the cook. As a result of incomplete digestion, gasses are formed in the alimentary canal. Normally food is broken down into simple sugars, amino acids, and fats in order to be absorbed and used by the body. However, complex sugars found in certain foods tend to resist this process and end up in the large intestine where they begin to ferment, forming carbon dioxide which works its way to the outside.

To avoid intestinal gas, chew your food thoroughly; eat slowly and leisurely in a quiet atmosphere (when possible). Avoid washing solids down with a beverage. Don't gulp liquids. Avoid drinking through straws. Do not lie down or sit in a slumped position immediately after eating. Eating yogurt and parsley can help cut down on gas. Never put a pinprick in your pouch to release gas; it will also release odor. If approved by your doctor, Mylicon tablets or Mylanta liquid can relieve excess gas.

ILEOSTOMATES AND CHOLESTEROL

By David A. Merowitz, Baltimore Ostomy Group, via: UOAA 1/2011

People who have ileostomies do have altered cholesterol and this may be a benefit of having your

terminal ileum resected or an ileostomy performed, which usually results in the loss of a considerable piece of the ileum.

The terminal ileum is the site of absorption of bile salts (materials made in the liver), which aid in the digestion of fatty foods. People who lose bile salts in their feces because of ileitis, or those whose ileum is resected by surgery, often have low levels of cholesterol. They pour out bile salts into the stool faster than the liver can make them. Since those bile salts are used to digest fatty substances that may be rich in cholesterol, the cholesterol levels in individuals with ileostomies tend to be lower than those of the general population.



**Aug 7-11, 2011 • Third National UOAA Conference
John Ascuaga's Nugget Hotel,
Reno NV**

**For more information
please visit
UOAA www.ostomy.org**

http://www.ostomy.org/conference_2011.shtml

**Check Us Out On The Web
www.ostomymcp.com**

Other Websites Of Interest:
 United Ostomy Association of America: www.uoaa.org
 Your Ostomy Community Connection Center: www.c3life.com

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/>

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 _____

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

Medical Care Products, Inc
Toll Free 800 741-0110
 WE ARE ON THE NET
www.ostomymcp.com

Medical Care Products, Inc
PO Box 10239
Jacksonville, FL 32247-0239

TO:

Medical Care Products, Inc
Family owned and operated for over 40 years
Call For Free Catalog
800 741-0110
We accept Medicare Insurance Assignments

Visit Our Web:
www.ostomymcp.com