

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:
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Next chapter meeting will take place on
Sunday Sunday July 15th
Come join us!
3PM 4836 Victor Street
Speaker TBA



Jacksonville Chapter is 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.



The United Ostomy Associations of America
Invites you to

“A TIME TO SHARE”

UOAA SOUTHEAST LEADERSHIP WORKSHOP

Registration is FREE!!

WHEN: August 25, 26, 2012

**WHERE: Hyatt Regency Jacksonville Riverfront
225 E Coastline Drive
Jacksonville FL 32202
888-421-1442 (for reservations)**

To register for a room at the Hotel please call 1-888-421-1442, mention the UOAA Leadership Meeting and dates of your stay before July 27, 2012 to receive the UOAA special rate of \$99/night plus tax.

SATURDAY EVENING:

7 – 9 PM Welcome Reception

SUNDAY:

8 – 9 AM: Registration & Continental Breakfast
9 AM – Noon Interactive Program
Noon – 1 PM: Sponsored Lunch
1 – 4 PM Program Discussion, Wrap Up

Each ASG sending a representative will be given a (1) comp registration for the August 2013 UOAA National Conference in Jacksonville FL.

Topics for Discussion will include:

- Communications/Communications/Communications
- ASG Leadership, where do we find them?
- Interaction with your local docs and WOC Nurses
- Marketing your VISITOR PROGRAM
- Developing Home Health Care relationships
- UOAA national and its ASGs... Determining ASG needs

PLEASE RSVP BY AUGUST 1, 2012

We need to know the number of attendees so we can arrange for the reception, breakfast, lunch and meeting space.

To register, please email the office at 2oa@uoaa.org
Let us know if you'll be attending the reception as well as the Sunday Leadership Workshop.

If you have any questions please call the office at 800-826-0826

Experience is the Best Teacher!

by Elise Fieveson, of Metro Maryland

Having an ileostomy does require some patience, I'm afraid. Even though, as a person with an ostomy, I have a 100% better quality of life than I did when I had ulcerative colitis—there are, of course, some minor drawbacks. One of which are pouch leaks—infrequent, but unpredictable. The best approach to these situations is to be calm and relaxed as best one can. I have had several accidents and have dealt with them in various ways.

In the beginning, I would get frantic and anxious and thought that this was the ultimate in disasters! I really did not have the coping skills to deal with a half-full or full pouch coming off or leaking. Almost always, it was due to my not completely clicking the two-piece appliance together, or not closing the end of the pouch completely. My first reaction was horror—now what can I do? Of course, the answer was obvious—I clean myself up, throw out the pouch that leaked or fell off, put on a new one and go about my business.

However, in the early months after surgery, I was very apprehensive that an accident was going to occur and I really was not prepared as to how to deal with one. By now, I have experienced occasional leaks and know what to do.

These are my suggestions:

- 1 Never wait too long to empty your pouch.
- 2 Always carry an extra set of clothing and appliances with you— either in your drawer at work, in a tote bag, or in your car—anywhere it will be accessible to you.
- 3 Always take your time when an accident occurs—if you rush when changing your pouch, you will become more anxious and accident-prone.
- 4 Always stay calm—experienced in changing another leak occurs.
- 5 Last of all remember—most likely you and you alone know that a leak occurred—nobody else has any idea what happened.

POUCH CHANGES – HOW OFTEN

via Green Bay (WI) GB News Review, Edited by B. Brewer, UOAA Update 3/12

This question about pouch changes is among those most frequently asked, particularly by ileostomates and urostomy patients. Like many other questions, there is no one answer that applies to all ostomates.

An informal survey revealed that some people change their pouching system as much as 3 times a day, and some as infrequently as every 2 to 4 weeks. Obviously, there must be reasons for this great variation. After pointing out that the great majority of ileostomy and urostomy patients change in the range of once daily to once a week, let us explore some of the reasons. People on either side of this spectrum can have a skin problem or skin which is nearly indestructible.

Some of the reasons for the variation in time between changes include:

Stoma length: A short stoma exposes the adhesive material to moisture which may decrease wearing time.

Amount or consistency of effluent: Profuse effluent tends to loosen the seal.

Skin Type: Moist or oily skin tends to decrease adhesion time.

Skin Irritation: Decreases adhesion. The pouch should be changed more frequently to evaluate the success of your attempts to heal the skin.

Experience: Good technique, such as allowing paste to dry well, will increase adhesion. **Personal Experience:** Preferences, convenience and odor control.

SELF ACCEPTANCE – A MUST FOR RECOVERY

Edited by B. Brewer, UOAA Update 3/12

Frequently, among the first things to enter a recovering patient's mind after major surgery is: "Will I be a whole person in the eyes of my spouse/partner?"

Accepting one's self is the first step toward a happier marriage and sex life (at any time, for that matter!). By accepting one's self, one appears as an emotionally well-balanced and relaxed person appealing to his or

her spouse/partner. When one has fear of rejection, fear of being unable to perform, fear of being loved, these fears can be self-fulfilling.

A healthy, mutual, emotional caring for and about each other's well being, always plays the most important role in a loving relationship. Another most important ingredient is openness...

a comfortable attitude that accompanies self-acceptance and invites acceptance by the spouse.

It is normal to be concerned about how your spouse will react to the change in your body. The hardest part is accepting what you cannot change, but you must for a healthy outlook. Once you manage to banish fear of rejection and the anger of "Why me?" You can work toward rebuilding emotional health and toward becoming comfortable with your new image.

2012 UOAC Conference in Toronto

"Caring in a Changing World"

August 15 – 18, 2012

Delta Chelsea Hotel

Downtown Toronto

http://www.ostomycanada.ca/events/biennial_conference_of_uoac



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

Your spouse may have greater emotional hang-ups than you, concerns that may be magnified by concerns for your emotional health. Your own positive attitude goes far in rebuilding the relationship and rekindling the old spark!

Ostomy Q & A

Q: My ileostomy produces a lot of waste. Is it okay to fast so I don't get this output at inconvenient times?

A: Some ileostomates delay eating or time their meals so they have less waste at certain times (e.g., intimate moments, going to the movie). However, your ileostomy will continue to produce gas and digestive juices even if you haven't eaten, and an empty digestive tract seems to produce excessive gas. Starving yourself to avoid producing waste is foolish and dangerous. (Angela Kelly, RNET, High Life)

Q: What causes warts to form on the edge of the stoma?

A: A poorly fitted appliance can cause nodules to form around the edge of the stoma. They are benign and will do no harm. If they get in the way, they can be removed by cauterization. (ET Panel, Vancouver Ostomy High Life)



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 __

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