

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 or
(904) 733-8500
patti@ostomymcp.com

Brenda Holloway
282-8181

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

June 21st

3PM

4836 Victor Street



United Ostomy Associations of America, Inc.

www.uoaa.org

Join YODAA and 20/40 for some spectacular events, socialization, information, and a wonderful opportunity to meet others.

Ice-cream social, Colossal Colon, Exhibit Hall, Masquerade Ball/Banquet, Phenomenal Speakers, and industry-sponsored social events

Conference dates: 5-8 Aug 2009

Sheraton Hotel Canal Street New Orleans, LA, USA

Laissez Les Bon Temps Roulez



United Ostomy Associations of America
Sheraton - New Orleans
August 5-8, 2009
Let The Good Times Roll

Register online: www.uoaa.org

http://www.uoaa.org/conference_2009.shtml



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

<http://www.ostomyinternational.org>

Is Bleeding Normal for a Stoma

By Gwen Turnbull, WOC nurse, Cleveland Clinic

It is normal to see a bit of blood on your washcloth as you cleanse around the stoma. The tissue from which the stoma is fashioned is very much like the lining inside your mouth. You know how easy it is to nick your gum with your toothbrush and cause it to bleed.

It is the same with your stoma. If you injure your stoma, it will bleed. If you take blood thinners or other medications; e.g., aspirin or aspirin containing medication, your stoma may bleed more than normal.

If you have another condition, such as portal hypertension or cirrhosis of the liver or another live condition, the stoma can bleed excessively. The bottom line is that if you cannot stop stomal bleeding with 15 minutes, or the bleeding is excessive, you should seek medical attention immediately.

Irrigations—To Be or Not To Be

By Susan Wolf, CWOCN

Many people with a colostomy just do not like to irrigate. They find the whole procedure disagreeable, time consuming and often not very successful. In addition, despite irrigation, they still experience passage of stools one or more times a day.

Irrigation does not work for everyone. For one thing, your colostomy has to be in the descending or sigmoid colon. A colostomy in the ascending or transverse colon will not be able to be controlled satisfactorily with irrigations because the stool is too watery. One should never attempt to regulate an ileostomy with irrigation.

People who had a very unpredictable bowel schedule before surgery will probably continue to do so after surgery, despite efforts to achieve regulation with irrigations. On the other hand, some people whose bowel habits were irregular before surgery find that irrigation helps them achieve regularity. Some people have work schedules or lifestyles that do not permit them to irrigate at a consistent time each day. This too can cause irrigation to be unsuccessful or inconsistent.

You do not have to irrigate your colostomy. Your bowel will work anyway, irrigation or not. The purpose of irrigating a colostomy is to achieve regulation of the bowel so that no stool is passed between irrigations. The main reason for regulating the bowel is for the person with a colostomy to have an alternative in his/her ostomy management. The goal is to be as comfortable as possible. If irrigating is not accomplishing regulation and is in fact making you more uncomfortable, you should not be doing it.

My son Bosco, age four, came screaming out of the bathroom to tell me that he had dropped his toothbrush in the toilet. I fished it out and threw it in the garbage.

Bosco stood there thinking for a moment, then ran into my bathroom and came out with my toothbrush. He held it up and said with a charming little smile, "We'd better throw this one out too, because it fell in the toilet a few days ago."

Depression and the New Ostomate

by Mark Shaffer, from Northern Virginia The Pouch; via Chippewa Valley (WI) Rosebud Review

At a recent support group meeting, a subject came up that I found intriguing. One of the participants in the 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 go on for the rest of his life.

Some ostomates 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 to be, and is, very close to the grieving process, and 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 no 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, don't be afraid to seek professional help.

If your isolation is caused by a lack of confidence in your appliance, seek help from an ostomy nurse. If your appliance is working fine but you still feel separated from others, seek help from other ostomates. Go to a meeting and meet others in the same situation. If you don't already have one, call your local support group and ask for an ostomy visitor who can talk to you about how he or she managed post-operative emotions. But above all, give yourself time to adjust.

Keeping Your Pouch Odor Proof

by Victor Alterescu, RNET; via Quad City (IL) Newsletter and S. Brevard (FL) Newsletter

Rinsing a pouch out each time it is emptied is primarily a waste of time. For one thing, it takes longer to empty the pouch and you need more materials around you. You also leave more odor in the room since the pouch is kept open

longer. The water, especially if it is warm, may open the pores of the pouch material and encourage odor permeation. Also, rinsing can affect the seal of your adhesive.

Rinsing a pouch after each emptying serves only an aesthetic purpose; the interior of the pouch may be clean but it does not serve a functional purpose. Frankly, it does not matter whether the interior of your pouch is clean any more than it matters if the interior of your colon is clean. The pouch is replacing an organ of storage, the colon and/or rectum.

The most important portion of the pouch that should be cleansed very thoroughly is the tip of the drainable pouch.

Rinsing the interior can only increase permeation but cleaning the exterior neck will avoid any odor that may be present as a result of having fecal residue on the end of the pouch. Therefore, I often recommend that a person carry an alcohol wipe (individually wrapped in foil) to clean the tip of the pouch. The pouch is emptied, the toilet flushed immediately, and the lower portion of the exterior pouch cleansed with toilet tissue and alcohol.

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 preferred 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 ileostomate 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.

Ostomy Tips for the Pool Getting Into the Swim of Things

via Orange County (NY) Area Newsletter

Can I go swimming with an ostomy? The answer is a resounding "YES!!!" Swimming is an excellent exercise—an opportunity for a good cardiovascular workout without overly stressing your joints (like knees and hips) or your spine. The pool is a great place to work on those range-of-motion exercises, too. The water helps support you while you move. And water exercises can be done in the deep end or while sitting in the shallow end of the pool. Best of all, swimming is an activity you can enjoy with family and friends of all ages and abilities!

So why are so many of us afraid to get back into the water? Here are some of our issues and solutions: I'm afraid that my appliance will leak or come off while I'm in the pool. This is by far everyone's number one concern. The thing to remember is that your pouching system is designed to be leak-free and water-proof, and your wafer adhesive actually gets stronger in water. As long as your seal is strong and intact, strap on your swim fins and jump in. TIP #1: Don't go swimming right after you've put on a new wafer. TIP #2: Make sure your pouch is empty. TIP #3: Picture framing your wafer with water-proof tape isn't necessary but may give you the extra confidence you need. TIP #4: Avoid wearing pouches with filters into the pool. Water may get in through the filter.

I'm concerned that people will be able to see my pouching system under my bathing suit. A dark colored suit with a busy pattern will camouflage your appliance better than light colors like white or yellow, which can become almost transparent when wet. Note: your pouch will dry just as quickly as your suit will, so no need to worry about a tell-tale damp spot. TIP #1: For women, choose a suit with a small, well-placed ruffle or skirt. TIP #2: For men, choose a suit with a higher cut waist or longer leg. TIP #3: You may wish to wear a smaller, non-drainable pouch (those designed for intimate moments work well here, too!). TIP #4: If you

have a colostomy and you irrigate, you may try wearing a stoma cap while you swim.

I'm embarrassed about changing into/out of my bathing suit in the locker room and people noticing my ostomy appliance. Some of us don't care who sees what, while others are more modest when it comes to who knows about our ostomies and pouching systems. If you're a little on the shy side, try to find a spot that's out of the way or less crowded. Don't let the possibility of problems arising when changing prevent you from an enjoyable afternoon swim with family or friends. TIP #1: You may wish to change and towel off in a convenient bathroom stall. TIP #2: Put on a dry, oversized T-shirt as a cover-up while you change. TIP #3: A dry suit is easier to take off than a wet one. Relax by the side of the pool with a good book or a talkative friend before heading for the locker room. TIP #4: Wear your bathing suit under a jogging suit or sweat pants and don't worry about changing at all.

What about using the hot tub or Jacuzzi? Go ahead. Again, as long as your appliance seal is good and your pouch is empty you should have no problems with your ostomy.

General Tips:

Do some planning – you know your body better than anyone and how long after eating your ostomy starts to work. Try to arrange your swimming for a time when your output will be minimal. If you are still concerned about entering the pool with your appliance, try this: put on your bathing suit, fill your bathtub with water and sit in it for half an hour. You'll feel more confident when you see there's no leakage. You'll also get to see what your suit (and your covered pouching system) look like wet.

A support garment or bike shorts under your suit or a snug, Lycra bathing suit can help to keep your pouching system in place and prevent your pouch and clip from migrating to the groin area. Some ostomates sew pockets into the inside of their suits as a way of providing additional pouch support, if needed. If you wear an ostomy belt, you should know that cloth belts stretch in the water – wear a rubber one if you want to wear a belt in the pool. Again, remember to get your doctor's okay before you take to the water or begin any exercise.

Visit Our Web:

www.ostomymcp.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/>

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 _____

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