



## Adapt CeraRing Convex Barrier Rings

Infused with ceramide – a natural component of the skin – Adapt CeraRing is designed to support healthy peristomal skin. The convex shape helps provide uniform pressure around the stoma to help prevent leakage and provide an optimal fit. Adapt CeraRing convex barrier ring can be used individually, or stacked together to create a customized level of convexity.

### Features

- Flextend skin barrier formulation infused with ceramide
- Available in round and oval shapes
- Not made with natural rubber latex



Medical Care Products, Inc.  
 (904) 733-8500  
 (800) 741-0110

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[https://www.facebook.com/JaxUOAA/?ref=aymt\\_homepage\\_panel](https://www.facebook.com/JaxUOAA/?ref=aymt_homepage_panel)

### Jacksonville Contact Information:

Patti Langenbach  
 (800) 741-0110  
 (904) 733-8500

[patti@ostomy MCP.com](mailto:patti@ostomy MCP.com)

Support group meets the 3rd Sunday of each month 3 p.m.  
 4836 Victor Street  
 Next Meeting: **Mar 18th**

### Gainesville Support Group Contact info:

Brinda Watson (352) 373-1266  
 Jean Haskins (352) 495-2626

Meets the 1st Sunday of each month (except Holidays)

at Hope Lodge 2121 SW 16th St  
 Gainesville, FL

Next meeting: **Mar 4th at 2pm**

### Ocala Support

#### Contact info:

Shirley Gonzalez-Day 352-209-4986

[www.ostomyocala.com](http://www.ostomyocala.com)

Meets the 2nd Sunday of each month (except July & Aug) at 2 p.m. at the Sheriff's Station 3260 SE 80th Street between Ocala and Belleview.

Next Meeting: **Mar 11th**

### Citrus County Support Group

Meets third Sunday of each month at 2:00 PM in the Seven Rivers Regional Medical Center, 6201 N. Suncoast Blvd., Crystal River, FL 34428, in the Community Room of the Medical Office Building

Next Meeting: **Mar 18th**

### Amelia Island Area Ostomy Support Group

(904) 310-9054

Meets second Monday of each month at 6:30pm UF North Campus

UF Health North 15255 Max Leggett Parkway Jacksonville, FL 32218 (Meeting Room 3-4)

Free parking

Next Meeting: **Mar 12th**



## “Gutsy’s FAB Gab-About: Stories of Ostomy ‘Glories/Gories!’”

“Speak Out and YOUR WORDS WILL Be Heard!”

By Linda Blumberg AKA “Mrs. Lips”

### Jane/Betsy’s story: “Follow Your Heart:”

“Life seemed perfect in 2014. I had gotten married again after the death of my first husband. We had settled into a good and comfortable life together. We had vegetable garden, and I had zinnias blooming and hummingbirds galore at the feeders on the front porch.

But we were about to receive catastrophic news. I had begun having rectal bleeding. My primary care physician suggested that it was probably internal hemorrhoids, and I replied, “Probably is not good enough. I want to be referred for a colonoscopy.” [Gutsy says this is the first FEISTY!...]

The PCP asked who I wanted to be referred to, and I gave him the name of the only board certified colorectal surgeon in our area. Once again, the PCP tried to place an obstacle to my request. He said, “He probably won’t accept you as a patient since you don’t have a history of cancer.” To which I replied, “Let him make that decision. Please refer to me him.” [More FEISTY!...]

I waited six weeks for the first available appointment, and my appointment was with his physician assistant. She listened to my history, which included the removal of a benign rectal polyp 15 years before, and she listened carefully to my symptoms. I had now been experiencing rectal bleeding for eight plus weeks. So she suggested that she perform a digital exam just to make sure that he didn’t need to do the colonoscopy sooner rather than later. She immediately felt a growth in my rectum and proceeded to perform a flexible sig exam where she could visually see the growth. My husband was in the exam room, and she told us to be expecting cancer.

The colonoscopy two days later confirmed that it was cancer, and I had CT scans and a rectal MRI to determine what stage cancer I had. Ten days later, my husband and I listened to my surgeon as he said that the cancer had spread to my lungs and that I had two choices, “Call hospice or fight.”

And I replied, “I’ll fight.” And I thought to myself, “I still feel fine. I’m working full-time. I love my husband and our life together. There is no way that I will go down without a fight.” [More FEISTY evidence precedence!]

My surgeon began by explaining that most patients in my situation usually begin with chemotherapy. There were two choices of chemo centers. I chose the one that I trusted most, due to their long history of treating cancer. The time spent waiting between each of these critical appointments was excruciating ... and yes, it was another ten-day wait.

But, finally that Friday afternoon appointment came, and it was a game changer. A cheerful, female oncologist came into the exam room and introduced herself. Within 15 minutes of going over my medical history and looking at my CT scan on her computer, she said to me, “You are the best preserved Stage IV cancer patient that I have ever seen.” For the first time, I smiled at her off-handed compliment.

She explained to us that she disagreed with the first radiologist’s opinion regarding my lung nodules. She believed that only the 10 mm nodule was cancerous and that the other nodule was scar tissue. “This,” she related, “could change everything. If we are aggressive, we can probably remove that nodule in your lung during the resection of your rectal tumor. The light at the end of the tunnel might be a cure.”

In that moment, she gave me hope. But she also warned, “You’re going to have to have a colostomy, you know.”

And I replied, “I was afraid of that.”

I was so terrified by the prospects of having to have a colostomy that I could not even google the topic. The sight of a cherry red stoma sent me into a high state of anxiety. So I decided to put the topic of a colostomy on the top shelf of my brain – out of sight and out of mind – until we reached the point in my treatment where the surgery could be scheduled.

We began an aggressive chemotherapy regimen. After five cycles, I had my first scans to evaluate my response, and my case was taken to the tumor committee. The good news was that my tumor was shrinking, and the tumor committee recommended daily pelvic radiation with oral chemo for 5 ½ weeks followed by SBRT radiation (also called the CyberKnife) for the metastases in my lung. Once these two radiations were complete, I was ready to talk to the surgeon.

During those months of radiation, I had the good fortune to meet a fellow rectal cancer warrior on the Inspire Ostomy site. We became email buddies, and she helped allay my fears regarding a colostomy. ["Cancer warriors are FEISTIEST of all!..."]

When the time came for my APR surgery (removal of my sigmoid colon, rectum, and anus, and my behind sewn shut along with receiving a permanent colostomy), I admit that I was frightened. I had a good cry two days before and asked my husband to hold me for a few minutes. I regained my confidence and arrived at the hospital at 6 am on Monday morning.

My surgery was performed robotically, and amazingly, I was discharged late on Wednesday afternoon. My recovery was uneventful, and I began adjuvant chemotherapy six weeks later because I still had live cancer cells in my tumor and also had six positive lymph nodes. Six cycles later, my treatment concluded.

Throughout my treatment, I began dreaming of writing a book for cancer warriors and their caregivers. My goal was to share inspirational quotes that encouraged me to stay the course during my year-long treatment.

What should you do if you have hopes and dreams? Act on them. Take the first step towards making them a reality. I began my research. I subscribed to a clip art service so that the artwork I created would be licensed and legal. I decided to self-publish on Amazon. And then I began writing and creating inspirational artwork. I devoted time every day to work on my book. All that I wanted to do was to complete it and help others who received a devastating diagnosis of cancer. [Proactive, active, reactive, attractive=FEISTY!...]

In October, 2016, *CANCER: The Light at the End of the Tunnel* was published on Amazon. I had followed my heart. And what happens when you follow your heart? Good things happen because you have trusted your intuition. [Our "hearts" are with you two, too! Bravo for your bravery without bravado!...]

Giving back to the colorectal cancer community is one of my prime goals, and I have provided several hundred free Kindle versions of my book to patients and their caregivers. I have also contributed several articles to the Philadelphia Inquirer. [Kindle kindness in abundance!...Philly transplant to FL, Linda read that newspaper!...]

When I wrote my first page, my book was a dream. Never then did I imagine that it would be awarded a 2017 Georgia Author of the Year award for Best Inspirational – Secular book. [YAY YOU!!...]

Never, ever allow a cancer diagnosis or becoming an ostomate deter you from having hopes and dreams. It's difficult to leave your house at first. Learning how to dress and feel confident again presents challenges. There are so many products –which one is right for you? You just have to force yourself to get back out into the world because the world is too beautiful not to enjoy. ["Never say die!"=FEISTY!!!!...]

I am reminded of one of my favorite quotes by William Arthur Ward. He said, "Adversity causes some people to break; others to break records." Never ever give up – life is precious. [WORDS to LIVE by!...]



FIERCELY FEISTY:" Email: [janekashley@yahoo.com](mailto:janekashley@yahoo.com)

## Jane/Betsy's ACCOMPLISHMENTS:

- AWARD-WINNING AUTHOR: 1) book: "CANCER: The Light at the End of the Tunnel" published by Amazon, October 2016, for which Jane received: <http://amzn.to/2dPXNVW>
- AWARD: "2017 Georgia Author of the Year Award for Best Inspirational—Secular Book"  
2) articles: Philadelphia Inquirer newspaper: [A cancer survivor: Why positive thinking really matters](#)

## Jane/Betsy's FAVORITE QUOTE:

- "Adversity causes some people to break; others to break records" by William Arthur Ward...to which Jane/Betsy adds: "Never ever give up—life is precious"  
[Gutsy says: THIS "actually" says it ALL!..."FIERCELY FEISTY" ALL THE WAY!!!!...]

Gutsy "met" Jane/Betsy, like most of previous contributors, on Inspire.com [ConvaTec's 24-7/365 social media website]...so, what is Gutsy's connection with them?...first, our differences: Jane survived Stage IV rectal cancer that had spread to her lung(s), that led to her colostomy, Betsy; Linda suffered long time Crohn's Colitis, complicated by rectal cancer *scare*, along with former formidable PE [pulmonary embolism], that led to her ileostomy, ...so, what did we "actually" share?!...a respective, collective "loving" "Attitude of Gratitude"...for LIFE!...despite circumstances that lessened our chances for survival...until our stomas' arrival!...but, what "actually" earned Jane/Betsy the February 2018 vital title of "FEISTY?!"...Jane's comfortably contented world was initially turned upside down when rectal bleeding [which Linda had suffered from, but from combo internal AND external hemorrhoids...ouch!] was leading to PCP's wrong "song and dance" questioning her reckoning that perchance she needed specific medic-al intervention attention...which caused Jane to frown...refusing to wait, be sedate, or too late for her Fate: proactive, and reactive, she sought the answer: not so attractive fraught diagnosis of rectal cancer...she chose to fight...for her right!...[Feisty!]...to "party?"...[for now, ok...but, later...]...with "hearty" zest for life, she endured chemo and radiation...managed her best...eventually to be "cured!"...but, first she was "ass-ured" she needed a colostomy...viewed more like a degradation abomination...but, Jane although bummed, eventually succumbed to this "alteration"...she had consulted "fellow rectal cancer WARRIORS" on Inspire.com [Gutsy always talks about "battles" fought, wrought with scars, but becoming ostomy STARS!=FEISTY!...Admiration for her determination!]...she continued to fight, now, for her right to "POTTY" [Gutsyism!]...endured more post-surgical chemo...but, her "Attitude of Gratitude" was primo!...coupled with wanting to "give back to the colorectal ostomy community"...despite her own hard times and medical "mountains" to "climb"...dreamed of writing a book FOR OTHERS in similar situation...a FEISTY(!) inspiration!...written, published, won prestigious well-deserved award...as well as local newspaper articles [see "credits" indebted herein]...with "Never Say Die!" platitude, and that contagious FEISTY attitude: "Never ever give up—life is precious(!)"...

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## Pouch Changes – How Often

via Green Bay (WI) GB News Review and Seattle (WA) Ostomist

This question 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 people change their appliances as much as 3 times a day, and 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 decreases 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 appliance should be changed more frequently to evaluate the success of your attempts to heal the skin.

Experience: Good technique, such as allowing glue (adhesive) to dry well, increases adhesion.

Personal Experience: Preferences, convenience and odor control.

## What's Normal... Answers from Your Stoma to You

by Liz O'Connor, RN, CETN, Metro Maryland; via Fairfield (CA) Solano Ostomy News

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 skin barrier/wafer is not too tight (this can vary according to the barrier type, as some require a small gap between your stoma and the barrier material, while others are intended for a snug fit where the wafer material actually touches your stoma). If I should turn black (very unlikely – but it happens occasionally), seek treatment AT ONCE. Go to an Emergency Room if you cannot readily locate your doctor. (Be sure to TAKE AN EXTRA POUCH ALONG so you can remove the pouch for doctors to examine the stoma.)

I might bleed a little when cleaned. This is to be expected. Do not be alarmed. Just be gentle please, when you handle me.

If I am an ileostomy, I will run intermittently and stool will be semi-solid. If you should notice that I am not functioning after several hours and if you develop pain, I might be slightly clogged. Try sipping warm tea and try getting in a knee-chest position on the bed or on the floor. (Have your shoulders on the floor and your hips in the air. Rock back and forth in an attempt to dislodge any food that might be caught.) If I do not begin to function after about an hour of this, call your physician. If you cannot locate him/her readily, go to an emergency room. In the meantime, I might have begun to swell. Remove any pouch with a tight wafer and replace it with a flexible one with slightly larger stoma 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 (daily, twice daily, three times weekly, etc.). I can be controlled in most 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 fairly solid.

If I am a colostomy in the transverse colon, I will have a more loose stool than a descending or sigmoid colostomy. Because there is less remaining colon in this case to absorb water and solidify the stool, its consistency will be closer to that of an ileostomy.

If I am a urinary diversion, I should work almost constantly. My urine should be yellow, adequate in volume and will contain some mucus. If my urine becomes too concentrated or dark, try increasing your fluid intake. If my mucus becomes more excessive than usual, I might have an infection. I will probably also have an odor and you may have a fever. Consult your physician if this happens.

If at any time, you doubt that your stoma is functioning normally, please seek help. The cause needs to be evaluated. If your problem is a serious one, it needs to be corrected. If it isn't serious, you will be relieved to know that your stoma is alive and well.

### Saturday March 10, 2018

#### Ostomy Product/Health Fair

51st Annual Ostomy Product/ Health Fair and Luncheon

Location: **Free Admittance** Briar Creek Clubhouse  
100 Briar Creek Blvd, Safety Harbor, Clearwater, FL

**For more information contact:**

Marilyn Bossard 727-391-5682 or Leslee Hall 727-418-0820



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### UOAA Discussion Board

<https://www.uoaa.org/forum/index.php>

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To: