

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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Come join us for
our next chapter meeting.
Sunday May 16, 2010.
3pm, 4836 Victor Street.
Speaker/Program
to be announced.

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.

Fat or Fiction?

Five Diet and Exercise Myths

By Joy Bauer MS, RD, CDN

Myth 1: By following a proper diet and exercise program, you can turn body fat into muscle.

False. Fat and muscle are two separate entities. You must burn fat and build muscle. When fat is burned, where does it actually go? When you lose weight (by eating less and exercising more), an enzyme located in fat cells disassembles the fat compounds and sends the components into the bloodstream. Liver and muscle cells take up these components and disassemble them even further, until what is left is a compound called acetyl-CoA.

Acetyl-CoA then enters the Krebs cycle, a series of chemical reactions that takes place in the mitochondria, the cell's "power plant." One product of this dismantling of acetyl-CoA via the Krebs cycle and subsequent cellular processes is carbon dioxide, which is expelled when you exhale. Other products of the breakdown of fat are water, which is lost as urine and perspiration, heat, which helps maintain body temperature, ATP, the molecule that fuels cellular activities that require energy.

Myth 2: As you age, your metabolism declines, and there is nothing you can do.

False. While it is true that our metabolism naturally slows down by about two to five percent per decade after age 40 there are plenty of things we can do to fight back. Exercise is the key. Engage in aerobic exercise, four to seven days a week. It is obvious that aerobic activities like running, brisk walking, swimming and bike riding burn calories and increase metabolism while you are working out. Interestingly enough, several studies show that aerobic activities cause your metabolism to stay high after exercising.

Work your muscles by lifting weights and/or other strengthening activities like pushups and crunches on a regular basis at least three or four times each week will boost your resting metabolism 24/7. That is because these activities build muscle, and muscle burns more calories than body fat. In fact, if you have more muscle, you burn more calories—even sitting still. When it comes to food, keep your metabolism revved with these three tips:

Eat enough food at least 1000 calories a day. Your body and metabolism thrive on food. When you fast, crash diet, or restrict calories below 1000, your metabolism will slow down in a response to conserve energy.

Eat every four to five hours. Because our bodies work hard to digest and absorb the foods we eat, our metabolism revs in response. This is called the thermic effect of food. Take full advantage and schedule meals and snacks every four to five hours.

Incorporate lean protein with every meal. Eating any food creates a thermic effect and will boost metabolism after consumption. However, eating protein has the greater metabolic boost than eating carbohydrate and fat. In addition, eating the appropriate amount of protein will ensure you are able to maintain and build muscle mass. The more muscle mass you have, the greater your metabolism.

Daily Protein Requirements: 50% of your weight in pounds = daily grams of protein. Some of the best protein sources include fish, chicken, turkey, lean sirloin steak, skim milk, yogurt, eggs and egg substitutes, tofu and beans.

Myth 3: It is better to eat six small meals than three squares.

False. This entirely depends on your personal lifestyle and food preference. As long as your food choices for the entire day are healthy and not too high in calories, either eating style can work. I find many people prefer to eat more volume less frequently because of hectic schedules and/or heartier appetites. If that sounds like you, just be sure your collective daily calories are in check and try not to go longer than four to five hours without eating. That is because your blood sugar may drop, causing low energy, headaches and unnecessary eating in response to feeling blah. Be sure always to keep small emergency snacks on hand in case you are running late for lunch or dinner, perhaps a fruit, nonfat yogurt, or baby carrots. The bottom line: Choose an eating style that fits with your lifestyle and you can live with!

Myth 4: It is OK to substitute a fattening dessert for a meal now and then.

True. Call me a disgrace to my profession, but I say, yes! As long as "now and then" means no more than a couple times a month, I think it is OK to enjoy a Ben & Jerry's dinner, or a Krispy Kreme breakfast. Chances are, if you deny your craving you will end up eating your regular meal plus the fattening dessert. Better that you cut your caloric losses by allowing yourself to indulge occasionally.

Myth 5: Health professionals recommend people eat four to nine servings of fruit and/or vegetables a day. It is incredibly hard and unrealistic to work in this many servings a day!

False. Four to nine servings may seem excessive, but a serving is not very large. In the vegetable category, one cup of leafy greens, one-half cup raw or cooked veggies, or six ounces of juice count as a serving. For fruit, it can be as little as 15 raisins, a small apple, one-half cup fresh, frozen or canned or one-fourth cup dried, etc. This means that if you have your glass of juice in the morning, a sweet potato during lunch, a banana or pear as a snack during the day and a nutritious salad and side vegetable with your dinner and you are fine. No, those oily fries with your greasy hamburger do not count.

A Pouch Falling Off

Adapted By *The New Outlook*

One of the most embarrassing situations that can befall a person with an ostomy is to have an accident because the barrier or the pouch pulled loose.

Multiple reasons exist to explain the falling off of an ostomy system:

- The stoma
- The skin around the stoma
- The barrier
- The pouch

The stoma may be placed too close to a scar, crease or bodily prominence so that the twisting or bending loosens the barrier. This is no single solution for a misplaced stoma. A different barrier may be tried; e.g., one that is softer and more pliable like the new and improved version of Hollister's New Image Ostomy System.

An irregular area may be built up with the new seals—like ConvaTec's Eakin Seals—or with paste. Using these products will usually solve most challenges.

A stoma may require surgical intervention if one has a prolapsing stoma that is pushing the pouch off. Conversely, a flat or recessed stoma may cause pooling of the effluent around the stoma eroding the adherence and eventually lifting the barrier from the skin. Fortunately, manufacturers have developed ostomy systems with curved barriers that put minor pressure on the skin around the stoma. These convex ostomy systems are a growing product line of retailers as more and more people discover the advantages of wearing a convex barrier.

The most stubborn falloff problem can usually be solved by using a seal with a convex barrier held on with a belt. Your ET nurse is expert in solving these types of issues.

The skin around the stoma might be too oily or too irritated for the barrier to hold satisfactorily. Bath oils and greasy creams should be avoided. But, there are products that may be put on the peristomal skin to treat skin irritation problems. Ostomy product manufacturers all carry skin care products that will treat peristomal skin and yet at the same time allow your barrier to adhere firmly to your skin.

There are many different producers of many different barriers. They offer you a large choice of products that may work for you. You need to try different products if you are having problems. One barrier will not work for everyone in the same way. For instance, one urostomate in our Chapter had a problem with falloff using a flat, Stomahesive barrier. He saw an ET from our Chapter and she recommended he try a Durahesive barrier with convexity along with a belt to gently hold it in place. It worked! Our member was so pleased that he could resume his life doing the same activities he did before surgery.

A well fitting pouch that is suited to your needs and lifestyle is essential. If your pouch keeps coming off, have your entire ostomy system evaluated by an ET nurse. Do not settle for less than excellent service from your ostomy system. There are solutions to most any problem with ostomy management. Invest the time to talk to a professional ostomy nurse—at a hospital, through your retailer, at a Chapter meeting or even by calling one of the manufacturers themselves. There is no need to suffer!

Seniors with Ostomies

Indian River Ostomy Association, FL

As baby boomers age, there are a greater number of illnesses just waiting for them. Years of fast foods and stress make a breeding ground for intestinal problems. When they can no longer deny that their fast-paced lifestyles and poor eating habits have caught up to them, they seek medical help.

When tests confirm intestinal problems that require surgery, their whole world seems to explode around them when the doctor says, "You need an ostomy." If the patient is fortunate enough to have a doctor who is aware of the local ostomy association, he/she will ask the ET nurse managing the pre-surgery examination to arrange for a visit.

It is only when an ostomate talks to other ostomates that the problems that seemed insurmountable are gradually chipped away. That is what the UOA and local chapters are all about — ostomates helping other ostomates. And where is the best place to find this information and help? Why, at a monthly chapter ostomy meeting, of course.

Bar Codes on Medication

The U.S. government moved to require human drugs and biological products to have bar code labels to reduce errors and protect patient safety.

The final rule issued by the Food and Drug Administration calls for linear bar codes—similar to those used on millions of consumer goods—on most prescription drugs and some over-the-counter drugs commonly used in hospitals. The bar code will provide company information about the drug—possibly down to details about lot numbers and expiration dates.

The rule also requires machine-readable codes on containers of blood and blood components for transfusion. Hospital patients will get computer-readable identification bracelets with a bar code, which combined with information on the drug bar code can verify the proper medication goes to the right person in the correct dosage.

FDA said the bar code rule could help prevent 500,000 adverse events and transfusion errors over 20 years—saving \$93 billion in healthcare costs. New medications will have to have a bar code within 60 days of FDA approval, while manufacturers of existing medicines and blood products will have two years to fully comply with the rule.

IOA Today 2nd Quarter 2010 Newsletter

IOA TODAY brings to you up to date **Ostomy related reports** from around the world.

<http://www.ostomyinternational.org/IOAToday/IOATodayFirstQuarter2010.pdf>

Other Websites Of Interest:

United Ostomy Association of America: www.uoaa.org

Your Ostomy Community Connection Center: www.c3life.com

Check Us Out On The 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 __

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