November 2005 Volume 7 Issue 11

The Mailbag

Meetings are held at the Baptist Medical Center
8th Floor - Meeting Room C - 3rd Sunday of each month 3PM

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

Brenda Holloway
282-8181

Inside this issue

Please plan to join us Sunday Nov. 20th starting at 3 p.m.

OSTOMY SUPPORT GROUP

WE ARE STILL HERE FOR YOU!!!!!

We need volunteers to put packets together at Medical Care Products. Please telephone me at (904) 422-8165 so that we can get a couple of people to put packets together. Thanks Brenda & Patti.

We will be having a meeting on November 20, 2005 and November 20, 2005 at 3:00 p.m. at Baptist Medical Center, 8th Floor, Function Room C.

We are starting our Ronald McDonald House annual Christmas present donation, which began in October 16, 2005 (last meeting). Please bring a wrapped gift with a minimum amount of $5.00 spent on the gift. Label it if it is a girl or a boy and what age. Then bring it to our meetings or drop it off at Medical Care Products. In the years past, we have gotten a lot of present. So lets see how many we can get.

We are still collecting the pop tabs for the Ronald McDonald House. We are going to see if we can fill a gallon jug by the end of the year. We will collect these at every meeting or you can drop them off at Medical Care Products. So please get your whole family involved and even your fellow employer by putting a can next to either the garbage cans or the soda machine. This is to help a very important cause

Also, please remember if you have any extra supplies that can be donated to our closet for those less fortunate and or to help individuals during the hard time or in between insurance companies. Either bring to a meeting or take them to Medical Care Products or call Brenda Holloway and she will arrange to pick them up at your home, her number is 422-8165. We appreciate all you do for our closet.

Thank you for your time,

Brenda L. Holloway, Support Group Contact

SPORTS AND EXERCISE

An Ostomate Looks at Sports: Practical Advice for All

Sporting activities are some of the most exciting things for any ostomate to participate in. Good muscle tone and increased strength are important for anyone who has suffered a prolonged illness, but for ostomates, there is the added pleasure of doing something which, because it is a challenge, adds to our emotional strength.

When I was ill, I had no desire to do any kind of vigorous physical activity. After my operation, while I felt better, I was still worried about taking part in any activities, especially athletic ones. I was afraid that my appliance would fall off, that I would strain my abdomen, and that I would feel inhibited from really throwing myself into a sport. But, by starting to do various exercises, and by taking a certain number of precautions, I not only have enjoyed vigorous activity, but have also found myself doing many sports I had never done even before my illness. This successful activity has in turn increased my courage and made it easier for me to accept my ileostomy. It has certainly brightened my outlook many times over.

Swimming is one of the first sports an ileostomate should try. It is a gentle form of exercise that uses all your muscles and should get your body into good enough shape to start any other sport. I would suggest to ostomates to wear waterproof tape around the appliance. No water will seep under it to loosen the appliance. (I have worn a temporary appliance to the beach and found this perfectly satisfactory.) I also suggest wearing some sort of reinforcer (a stretch panty, the panty part of pantyhose, or a gentle support belt) under your bathing suit. This will keep your appliance from moving around, loosening or causing discomfort.

(Barbara Hurewitz)

Swimming Undercover

Are you a beach bum afraid to go in the water this summer? No Fear. Here are some ways to cover-up so no one has to know you are wearing a pouch.

First off, select disposable child-size or closed-end mini pouches. This eliminates the bulkiness and line of a clip.

A patterned suit hides lines much better than a solid color swimsuit. Swimsuits tend to run small so choose a size 1-2 times bigger than you normally wear. It's easy for a man to select swim trunks. A women's suit with more Lycra than nylon will be more slimming and keep a pouch in place.

A two-piece is not out of the question. Women may benefit from a tank style that fits loosely over the abdomen. Make sure the bottom has a high waist. Beware of suits with high cut legs that may not adequately cover a mini pouch.

Boy leg short suits may hide more but it takes a slim figure to pull it off. Scars lighten months and years after surgery. It's up to you how comfortable you feel bearing your abdomen.

If a two-piece is not your style, try swimsuits with skirts, or matching shorts. No one said you couldn't go swimming in shorts! Sarongs are great cover-ups while not in the water.

Don't let a day at the beach or pool pass you by. Swimming is great for toning all muscles of the body.

Tips For Swimming With An Ostomy

Allow considerable time after changing a flange before swimming (overnight is best, but at least several hours). Flanges with waterproof tape built into the flange (flexible ostomy system) work best. If not using a flexible flange, “picture frame” the flange with waterproof tape (that is, put tape around all four sides of the flange, as if you were putting it in a picture frame). Some say the pink tape is most effective. Micropore and similar paper-like tapes can be made more waterproof by covering them with Skin Prep after they are in place. Cloth belts stretch in water, so wear a rubber belt if you wear one at all.

Swimsuits, with “busy” patterns camouflage the pouch; solid colors reveal the pouch. Skirts, bows, sashes, ties, drapes on a swimsuit can camouflage the pouch. Boxer-style trunks work well for men. A tight garment under your swimsuit can help hold the pouch in place. Try a lightweight two-way stretch panty girdle, the top part of old panty hose, biking shorts, or sew a pocket in the lining of your swimsuit to support the pouch. These are “unisex” ideas! Men can also try a pair of jockey shorts for similar support. Mini, non-drainable pouches may be more comfortable and have a lower profile under swimsuits than your usual pouching system. They may be used over and over if you rinse them out and air dry after every use. Avoid pouches with built-in filters for swimming. Water can get in, and water mixed with stool can soil your clothing.

Plan ahead for swimming. Try to calculate your transit time (how long it takes food to get from mouth to pouch), and eat your meals at a time that will allow you to have the least amount of output when you plan to swim. For most people, the first few hours after getting up in the morning will be the time of least output.

COLOSTOMY–GENERAL

Colostomy

What is the difference between a descending colostomy and a sigmoid colostomy? These ostomies are named for the area of the large intestine where they have been created. Our large intestine consists of four parts: The ASCENDING, moving up on the right side of the abdomen; TRANSVERSE, running along the waistline; and DESCENDING, heading downward on the left side. At a point about three-quarters of the way down is the SIGMOID which connects to the rectum (or the last ten inches of the large intestine). Colostomies may have permanent or temporary stomas. The opening may also be a double barrel, which is two separate openings or may be a loop. In loop ostomies, a loop of the intestine is brought out of the abdomen and is held in place with a rod. The most common type is the end stoma, which has a single opening.

The consistency and form of the feces depends on how much intestine is left in the body. Since the purpose of the large intestine is to remove liquid from the fecal material, the further along the intestinal tract the stoma occurs, the more formed the material. Feces form an ascending or transverse colostomy will be loose and watery, without form. Feces from a descending stoma will be soft-formed to formed. The sigmoid stoma

Previous bowel habits play a major role in bowel function after surgery. If you have loose stool prior to surgery, chances are good that you will have loose stool after surgery regardless of stoma location.
(JoAnn Mok, LPN, ET)

Colostomy & Constipation

Way back before surgery, did you go to the bathroom after a hot cup of coffee, milk cold juice, bourbon or beer? Well, whatever made you feel that need then can make you feel the need now. Check it out. See if your irrigation can be helped by some of the things you used to do. Of course, if you have had colostomy surgery for a number of years, your previous habits may not be the same now. Your body can, however, be trained as it was before, and you can adapt yourself to certain habits which can help you to be in control.

A glass of hot water or juice, or a cup of coffee before a morning irrigation may initiate gut reaction. Also, a glass or two of water after the water return starts is usually helpful. If you irrigate before going to bed, a glass of ice water or a cup of hot coffee should get you started. If you have not drunk much water during the day, it would be wise to drink an extra glass or two to make sure your tissues will not absorb so much or you may be left with little or no return.

But what if you do not irrigate? Part of the difficulty in elimination of waste matter experienced by colostomates is due to lack of bulk in the diet. Consumption of white bread, pastry and highly refined foods does not provide the roughage and bulk necessary for proper evacuation of the colon. The deficiency can be overcome in part by the simple addition of bran to the diet. Bran can be made into muffins. Add raisins and molasses to taste.

Diet. There is no such thing as a colostomy diet. A colostomy is not an illness, so try to eat the same foods you have eaten and enjoyed in the past. If you are on a diet for a condition such as diabetes or high blood pressure, of course you should stay on this diet. Foods can be acidic or alkaline, bland or spicy, laxative like or constipating. Individuals react differently to food. Try to return to your formal, normal diet; those foods, which disagreed with you in the past, may still do so. Chew well and see the effect of each food on your colostomy output.

To maintain good health, the body requires carbohydrates, proteins, fat, minerals, and vitamins. Water is not nutritious but is absolutely necessary. Having a balanced diet is a fitting way for people to maintain good nutrition and keep bowel activity normal. Every day your body needs meats or fish, dairy foods, vegetables and fruits, cereals and bread, and liquids. Talk to your physician or ET nurse if you have problems.

Colostomy Bowel Control

Patients with a right-sided colostomy do not have as much remaining colon as those with a left-sided colostomy. Because of this there is usually too little colon left to absorb enough water to make a solid stool. This type cannot be controlled by irrigation, but instead behaves very much like an ileostomy with a fairly continuous discharge. The left-sided colostomy is often described as a “dry colostomy” because it discharges formed stool. One has the choice of attempting to manage this type either by trained control or irrigation control.

Only one-third of the people who attempt to train themselves to control the colostomy without irrigation are successful in doing so. This type of training relies very heavily on diet and medication to achieve regularity. Many physicians in this country feel that control is more easily and satisfactorily achieved by irrigation.

However, there are some patients who can’t achieve irrigation because they have an “irritable bowel." This problem has nothing to do with the colostomy. It is just part of some people's makeup. Some people, even before they have their colostomy, may have very irregular bowel habits. They retain these habits after the colostomy is performed, so that regular irrigation does not assure them of regularity. When this condition exists, the physician will sometimes suggest that the patient dispense with irrigation since it will not produce the desired regular pattern, and the person may become frustrated trying to achieve this. In this case, once again the colostomy is treated much like an ileostomy with the wearing of an appliance all of the time.

WOUND MANAGEMENT

The Perineal Wound

If you are a new ostomate and had your rectum and anus removed as part of your ostomy surgery, you will have what is called a perineal wound, the area of the perineum where the anus and rectum used to be. This area requires a great deal of care and attention and can be quite tender for a long period of time. - You may feel like you will never be able to sit comfortably again, and eating and watching TV while standing up is no fun!

The area may take a long time to heal, because it takes a long time for scar tissue to fill the opening. The amount of time can vary from two months to more than a year, depending upon the individual circumstances. This area does not usually have a good flow of blood that is necessary for quick healing!

It is very important that the outer part of the wound does not heal before the inner part, lest abscesses and fistulae may form. Fluids may accumulate in these areas, forming pockets, allowing infection to set in. Some surgeons pack the wound with gauze and leave it open to allow healing from the inside out. Other surgeons believe that the skin should be stitched together. This requires drainage tubes and the use of absorbent pads.

While you are waiting for the perineal area to heal, you may be more comfortable siiting on a soft cushion. It is not a good idea to sit on a "doughnut cushion" because it causes the skin to pull outward, putting more strain on the area and causing pain. Stretching the area can also slow down the healing.

Sitz-baths can be both soothing and helpful. Park your derriere in warm water. Not only is this pleasant, relaxing and comfortable, but it can stimulate the blood circulation for better healing. To further reduce the healing time, keep the area clean. Use a hand-held shower spray twice a day for ten minutes (or as directed by your doctor). To avoid infections, follow doctor's order to a "T.

TEENS/YOUNG ADULTS

Ostomy Surgery in Young People

Colectomy (the surgical removal of all or part of the colon) and ostomy, is a major step in anyone’s life. Yet it is still more traumatic when performed on a teenager or young adult.

The older person, who is married and has found his or her place in the world, may rapidly adjust to his or her new situation, aided and encouraged by one’s partner. There is a job to resume, usually with renewed vigor and strength. Life is resumed. The younger ostomate may not have this feeling of belonging. If preceded by a long illness, then he or she will have fallen behind classmates, both academically and socially. Returning to school without old familiar friends may seem strange and disquieting.

A major difficulty for the young is being different, regardless of the cause. Not being “one of the crowd” is a major consideration. Already singled out previously by the ulcerative colitis with its dietary and physical restrictions, the younger person may feel this difference from others more acutely, when returning to the social circle with an ostomy. True, no one need know about the ostomy, yet an inner feeling of being different still exists. Gym classes and swimming must be approached carefully, not to mention the more intimate aspects of dating.

Another obstacle for the young is the choice of occupation. For the individual who is self-employed, engaged in a profession, or working for a small company, there is no need for concern. However, for those who must work for large companies with employment physicals, there is a greater fear of rejection because of the ostomy. The medical examiner or company nurse may be completely unfamiliar with an ostomy and assume that it is a handicap to productive work. They are not aware that the ostomate, freed from debilitating disease, is eager to make his or her mark in the world to show that he or she is normal again.

A constant battle is being waged against the type of medical discrimination based on lack of knowledge. The only way victory can be achieved is by unmasking these practices. One approach is to ask for a telephone call or letter on behalf of the ostomate to the medical examiner of the company by another physician, such as the surgeon who performed the ostomy, or the medical advisor to the local ostomy chapter. Constant pressure on companies may bring about needed reforms.

Finally the biggest barrier of all, to find a mate. Since the ostomy is not noticeable externally, casual meeting and dating does not present a problem. When a deeper relationship is established, then the problem arises as to whether the other person should be told about the ostomy before serious plans are made bout marriage. A simple and calm manner should be used to explain about the ostomy. For example, “I was very sick at one time and was cured by an extensive operation which required the removal of my colon. I am fine now, but I must wear a leak and odor-proof pouch to contain my waste products.”

The emphasis is on good health with the ostomy – the price for the beneficial result.

VISITING PROGRAM

More Precious than Gold: The Value of an Ostomy Visitor

There are times when a person can make a difference that no one else can make... so it is with the ostomy visitor! Your value is literally beyond measure. It's like dropping a pebble into a pool. It may seem like a small thing to those of you who volunteer...yet the rippling effect is expansive. Who know how far it might go? You help someone at a time when they are very vulnerable. They in turn might be the visitors of the future.

Do you remember your ostomy visitor? Just when you thought that you couldn't possibly deal with this operation, a friendly face appeared at your hospital door (or home). This person assured you that he or she had once been the patient in the bed. They could also empathize with your aches and pains, your depression, and your fear of the future.

You can reflect back on your questions when you first had surgery. Am I still lovable? How will I ever wear clothes? Will there be an odor? Won't the pouch leak at an embarrassing moment? How well you probably remember these feelings. The visitor somehow made you feel lovable. The idea dawned that if he or she could make it, you would too.

The possibility of participating in your own ostomy care didn't seem quite so overwhelming. Perhaps you could begin learning ... one small step at a time. Yes, you might be thinking, wasn't that visit the beginning of a turning point? There was much to be done and perhaps miles to go, but that was the First Step. You are Living Proof that life goes on. You are out there doing the very thing that the new patient wonders about. You are indeed a Symbol of Hope in the midst of their pain, confusion and fear. Making a visit may seem like a small thing to you. It is like lighting a candle in the midst of darkness. It is helping them to help themselves. Your generosity of time and caring is indeed "More Precious Than Gold.” If you weren't blessed with an ostomy visitor, then remember the struggle you had to find the answers to your questions before you could become one who was “More Precious Than Gold” to the person with a new ostomy.

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

StuartOnline Ostomy Chat* - Tuesdays, 8:00 pm US Central time
http://www.stuartonline.com/id10.html

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

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
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TO:

Join us
Sunday Nov.
20th starting at
3 PM
Baptist Medical Center 8th
Floor
Meeting Room C