November 2006 Volume 8 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 19th starting at 3 p.m.

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

OSTOMY SUPPORT GROUP

Nov. 19th Speaker: Kathy Johnson, WOCN

Topic: ASK THE ET!!

Dec 17 Christmas Party
at a local restaurant

International Ostomy Association IOA Today Newsletter

You will find the following reports are in the Fourth Quarter 2006 issue:

1. Presidents message
2. Report from China
3. Report from India
4. Report from Iran
5. Report from Italy
6. Report from Poland
7. Hollister Photograph Competition
8. Report from UOAA
9. Report from UOAC
10. Letter to Countries
11. Criteria
12. Entry form
13. Time line
14. World Ostomy Day e-mail chain
15. Congress Puerto Rico

Sign up for your FREE Quarterly Subscription:
http://www.ostomyinternational.org/Today.htm

A Loving Wife Speaks Out

by Sandie Storer, Warner Robins, GA; via Hemet-San Jacinto (CA) *Stoma-Life Newsletter*

Family members experience a period of adjustment to ostomies just as ostomates do. I would like to share the process of adjustment I've undergone as a spouse, in order to encourage others. I hope other spouses or loved ones can benefit from knowing the process of change I have experienced concerning my husband Gene's ileostomy, and that they will realize any guilt or pain will pass to brighter days.

The change in our lives seems so much smaller than it did a year and a half ago when my husband had ileostomy surgery. Looking back on the process of acceptance, I can see different stages much as one experiences in bereavement:

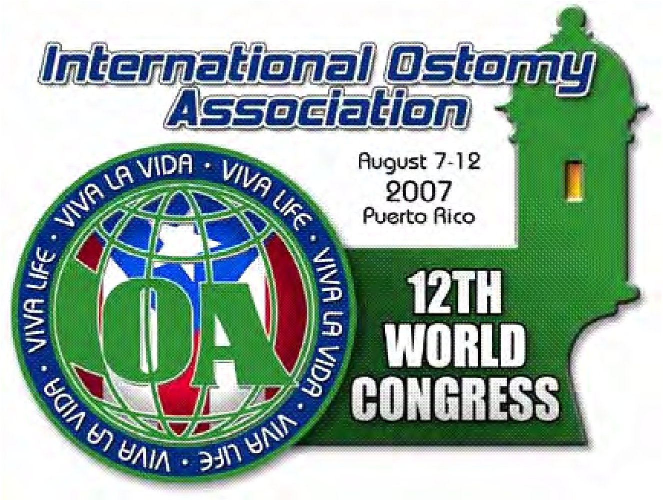
DENIAL: For the year prior to Gene's surgery, we both denied its necessity. I tended to slip back and forth between denial and anger. I was angry that he was denying the inevitable--then I would deny it. When he actually had the operation, I tried to act like nothing had happened. I refused to look at his stoma and wanted nothing to do with the Ostomy Association. This was a mistake. Now I see there were avenues of emotional support the Association had to offer; but I was pretty stubborn.

ANGER: I had little support here in our home community as we were fairly new in the area and I got into some pretty traumatic emotional problems. I became very angry and withdrawn and had to rely on professional help to bring me around to the bargaining stage.

BARGAINING: I was angry with Gene for something he had no control over. Once I admitted that, I was willing to talk with him about compensating for his stoma. I was expecting him to somehow be a better husband to make up for "what he was putting ME through." When I could have been a staunch support for him, I was expecting HIM to consider ME. Thank goodness he had his ET nurse, the doctors, and the Ostomy Association to help him.

DEPRESSION: I finally reached the depression state and spent a lot of time sleeping. It was difficult to do housework. I started to feel guilty about not giving him more support and for being so upset with the procedure that would put an end to the dreaded ulcerative colitis he had suffered for ten years, a procedure which would probably save his life.

ACCEPTANCE: Now I am more accepting of his ileostomy. I will someday make some fancy pouch covers -- maybe a Santa Claus! Seeing how well other ostomates get along in the world has been encouraging to me. What has happened is not something terrible, but something life giving and wonderful.



Please visit the International Ostomy Association Website for more information.

www.ostomyinternational.org

Traveling with an Ostomy

By John Paruolo, Ostomy Association of Greater Chicago

Frequently, I find myself having to plan for travel in my line of work as a professional musician. Here are a few of the rules I try to follow before and during one of my trips.

I try to change my ostomy system as close to the date of my departure as possible. This allows me to obtain more "wear time" while I am out on the road. I am sometimes gone for only a few days yet involved in a whirlwind of activity. I hope that I will not have to change my system while I am away even though it only takes me a few minutes to do so.

If my trip is going to be longer than my scheduled change times, I always bring more supplies than I plan to use. For instance, if I am planning on one change while I am gone, I will make sure to bring at least three changes of ostomy systems along with me . . . just in case.

If my trip is going to be an extended one, I try to find medical supply facilities in the cities that I will be visiting. Calling ahead to make sure that they carry the type of ostomy systems I use is usually prudent. Although, our local ostomy retailers, like Mark Drugs, as well as the mail order houses can now ship emergency supplies overnight if need be. This means that I do not have to be worried if an urgent situation arises.

I just returned from a trip this past weekend. I had to allow for the new carry-on restrictions imposed by TSA and the airlines. I had to use a different odor control product. I was not allowed to carry-on my Hollister M9 liquid drops, so I bought a supply of DevKo tablets to travel with me.

I always try to keep my supplies in my carry-on items. I feel better knowing that they are always with me. In addition, I do not like subjecting the products to the drastic temperature changes that may be present in checked baggage.

If traveling by auto, I keep my supplies in a cool spot, out of direct sunlight. I have had a few skin barriers begin to melt when the luggage I had them stored in was subjected to hot temperatures or direct sunlight. (You see, I had to learn the hard way, by personal experience.)

I always bring along a supply of waterproof "pink tape." This is an excellent emergency fix in case one has an unexpected leak in one's skin barrier that cannot be dealt with immediately. This will only buy a little bit of time, but for me, it is enough to get me by until I can go to a place to change my ostomy system, which is usually until after a performance when I can get offstage.

You can now bring along small scissors in your carry-on luggage, as long as they are not over four-inches in length. Beware, if you travel out of the country, there are other restrictions instituted by foreign countries. For instance, Canada does not allow scissors on any carry-on baggage and will take them from you. Always check the rules of your destination.

I do not eat or drink too much before I fly. I find that if I do not have to use the lavatory on the plane, it makes my flight much more bearable.

Last by not least, if you plan, you really need not worry. Enjoy your trip. When you have a few travel experiences under your belt, going away from home by plane or car should be a pleasant experience. As far as all the other things related to travel, i.e., crowds, long lines and shrinking airline seats, well you are on your own. Enjoy!

Join us
Sunday Nov. 19th starting at 3 PM
Baptist Medical Center
8th Floor

UOAA Upcoming Conference

Aug 16-18, 2007 • UOAA National Conference • Chicago, IL

www.uoaa.org

Visit our chapter Website:
http://www.ostomymcp.com/chapter/Jaxchapter1.htm

You Have Adjusted to Your Ostomy When…

via Hemet-San Jacinto (CA) *Stoma-Life*

You stop spending all of your spare time in the bathroom waiting for your stoma to work so you can empty the pouch right away.

You can move about freely, without holding your appliance as though it might fall off any minute.

You make that first trip to the mailbox without taking along your ostomy supplies.

You stop grabbing your abdomen when the grocery clerk asks if you need help to the car with your bag.

You go out for the evening and realize too late that you left your emergency kit at home.

You begin to think how lucky you are to be alive instead of how unlucky you are to have an ostomy.You attend the monthly support group meetings with an expectation of learning more about your ostomy rather than staying

ILEUS - The Other Blockage

from Coquitlam (BC) ***Connection;*** **via South Brevard (FL)** ***Ostomy Newsletter***

Bowel obstructions come in two varieties, mechanical and non-mechanical. Most ileostomates have encountered the mechanical variety, usually when we eat something fibrous and do not chew well enough.

Ileus, also called *paralytic ileus,* is the non-mechanical variety. It happens when *peristalsis* stops. Peristalsis is the natural wave-like contractions of the intestines that move material through the bowel. The symptoms can be very similar to those of mechanical obstruction, and include pain, vomiting, constipation and diarrhea. Several causes are cited for ileus: Infection of the *peritoneum* (the lining of the abdomen and pelvic cavities), or disruption or lowering of the abdominal blood supply. Heart disease or kidney disease, when coupled with low potassium levels, can trigger the condition. Certain orthopedic surgeries, such as joint replacements or back surgeries and some chemotherapy drugs such as *vinblastine* (Velban, Velsar) and *vincristine* (Oncovin, Vincasar PES, Vincrex) also can cause ileus.

So how do you know if your bowel obstruction is due to ileus? First, see a physician. Ileus is characterized by few or no bowel sounds, which your physician can easily check with a stethoscope. Diagnosis can be confirmed by X-rays and CT scans. Blood tests can also be useful in diagnosis. If you do have X-rays, note that barium swallows are definitely **contra-indicated** as they can complicate the situation. Barium enemas can be used to visualize blockages but administration can be a problem in persons with ostomies. A soft catheter should always be used in the case of ileostomies. Colostomates who irrigate should bring their irrigation catheter or ask for something similar.

Hospitalization is indicated. Treatment involves rest and intravenous administration of necessary salts, water and glucose. The stomach/intestinal contents may be removed via a nasogastric tube. Peristalsis usually restarts spontaneously after two to three days of resting the bowel. In cases where a partial mechanical blockage triggered the condition, surgery may be performed.

Fortunately, ileus is a relatively rare condition. The total rate is about one in one thousand for both mechanical and non-mechanical blockages. (Coquitlam editor's note: Unfortunately my source did not say what the rate in ostomates was.)

Medical Care Products, Inc
PO Box 10239
Jacksonville, FL 32247-0239

TO:

Join us
Sunday Nov.
19th starting at
3 PM
Baptist Medical Center
8th Floor
Meeting Room C

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