The MailBag

November 2018

The Ostomy Support Newsletter Of Jacksonville, Amelia Island, Citrus County Support Group & Gainesville Ocala

Jacksonville
Contact Information:
Patti Langenbach
(800) 741-0110
(904) 733-8500
patti@ostomymcp.com
Support group meets the 3rd Sunday of each month 3 p.m.
4836 Victor Street
Next Meeting: **Nov 18th**
Hollister Representative
will be the speaker.

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 Lodge2121 SW 16th St
Gainesville, FL
Next meeting: **Nov 4th**
Patti Langenbach from ***MCP***
will be the speaker.

Ocala Support
Contact info:
Lynn Parsons 252 337-5097
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: **Nov 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:**Nov 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 ParkwayJacksonville, FL 32218
(Meeting Room 3-4)
Free parking
Next Meeting: **Nov 12th**

Check Out The MailBag Now On FaceBook
https://www.facebook.com/JaxUOAA/?ref=aymt_homepage_panel

"Gutsy's FAB Gab-About: Stories of Ostomy 'Glories/Gories'!"

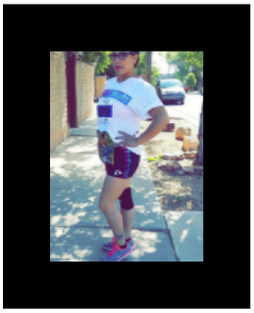
"Speak Out and YOUR WORDS WILL Be Heard!"

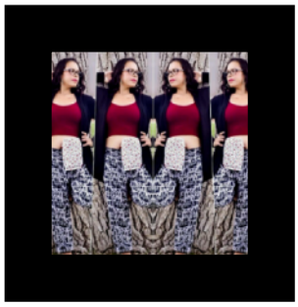
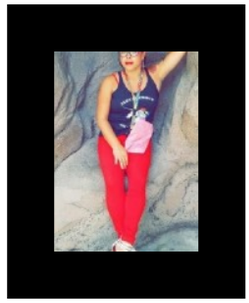
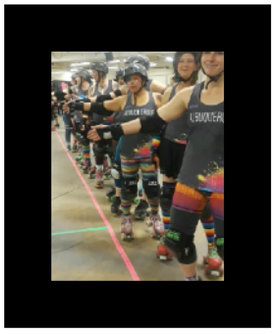
By Linda Blumberg AKA "Mrs. Lips"

CELIA'S STORY:

I ended up getting the temporary colostomy bag due to diverticulitis. The doctor gave me 3 months than 6 months before I would be reconnected, but once he opened me up he said I was so bad he wanted me to wait 1 year. I am currently single with no kids, but I did help raise my niece for over 10 years now. I am a dog mom. 5 dogs and 3 ferrets. I am a community support worker. I work with homeless youth. I am also currently going back to school to become a stoma nurse. I am a runner and I play roller derby. I got the reversal December 4 and I'm just miserable without the "blob". My issues are back. 😔 it's been a rollercoaster. I would consider getting my colostomy back, but my doctor is not having it. He's determined to make me right.

It's been a 3-month struggle with my reversal. I thought it would go back to normal, but nope I was in for a surprise. Now 3 months later I am running again. I hope to accomplish a 10k May 7, and in September a half marathon. I really miss the blob, but I got over that phase and moved on with my life. I have not had good luck with men so I tend to think all of them are the same, but I do not give up that someone out there is ready to live an amazing woman like me. Maybe I can send you my video and you can get information from that? Or did you already see it?"




Celia: in her many "colorful" moods…prior to reversal, she proudly displaying her colostomy in her own creative Pouch Covers: "Freebies for Newbies" [and everyone else!] Celia in favorite pastime: ROLLER DERBY! [Don't let ANYONE keep YOU from YOUR dreams!]

Email: cellybelly27@yahoo.com

Thoughts on Odor Management

by Rosemary Van Ingen, ET, Greater Detroit Chapter; via South Brevard (FL) *OSTOMY NEWSLETTER*

Isn't it interesting that people with normal intact bowel tracts and urinary systems manage odor problems in an acceptable manner in our society? But when disease or trauma strike, and the person is the owner of an ostomy, the one big concern is the fear of offending society with an odor.

Basically, and simply, an ostomy is a man-made exit site that changes the point of exit from the bottom or back of our body to the front. Our eyes and nose are obviously on the front of our body, which leads us to be more aware of our changed body image and our odor-producing products.

I'm sure you've heard the statement "You've come a long way, baby." Yes, ostomy management has come a long way--considering that as little as ten years ago we had very few 100% odor-free appliances. When ostomy surgery was first developed, ostomates wore anything to collect output. Tin cans, rubber gloves, cups of all sizes and shapes, bread wrappers, and plastic margarine cups, just to mention a few, were standard equipment for the ostomate. Not only the feasibility, but odor problems this type of equipment produced, was enough to give ostomy surgery and people who had ostomies a very deplorable place in our society. Presently, almost all the ostomy equipment available to us today is made of odor-barrier materials. Therefore, if an ostomate does have a fecal or urinary odor about them, some detective work should be done:

1. Check out the application of the appliance to the body -- is it leaking?
2. Check out the closure of the appliance -- is it closed properly so that no fecal matter is oozing out after the closure is applied?
3. Do not put holes in the appliance as gas will seep out continuously.

The urostomate should rinse off or wipe off the spout of the appliance with a bathroom tissue after emptying. Those few drops left in the spout after closing the appliance can cause a urine odor under clothing. It's interestingly to note that most urostomy appliances on the market are odor-proof, but the connector tubing and bedside and leg bags are not. You must dispose of and replace these products when they take on urinary odors, or else your entire living quarters will smell.
Emptying an ostomy appliance is comparable to a person with an intact bowel or urinary tract having a bowel movement or emptying their bladder. How does the non-ostomate handle the odor produced by this normal function of their body? Room deodorizing sprays are popular; a quick flush of the toilet when defecation occurs, and striking a match or opening a window are some acceptable methods that have been used for odor management since the invention of indoor plumbing.
Why then, as ostomates, are we so "up-tight" about the odor produced when our appliances are emptied? This constant complaint has encouraged ostomy equipment manufacturers to create products to meet this need of "odor control." The trouble is, the ostomy deodorants do not work for everyone, and they are expensive.

Can we then consider ourselves "as normal as blueberry pie" so far as waste odors are concerned? Just remember, there is not a man or woman on this earth whose wastes do not smell. If someone tells you their waste products are odorless, then a nose overhaul is in order.

Why Doesn't My Tape Stay Stuck?

via Jacksnville (FL) *Mailbag*

This question is often asked because non-sticking tape can lead to some rather embarrassing situations. Usually it is not the fault of the tape itself. Manufacturers generally produce a pretty reliable product that does its job… provided the "working conditions" are proper. And there is the "rub:" the working conditions!!! Here are some no-nos:

Moisture on the skin: Tape will not stick properly if there is moisture on the skin. After washing, dry the skin with a hair dryer —towels may leave your skin damp.

Insufficient application pressure: In order to stick, pressure must be applied, particularly at the edges.

Water-soluble foreign matter on the skin: Such as residual soap, skin prep, dried perspiration or mucus. Perspiration and mucus should be washed off with water. If wiped off, a thin coating of dried matter is left on the skin. Stomal output or perspiration will dissolve this film and undermine the adhesive.

Touching the adhesive before application: Moisture, skin cells and other material transfer from your fingers and reduce adhesion.

Loose solid particles on the skin: Such as powder, flaky skin or an overabundance of dead skin cells. The best remedy is to stick down and peel off tape before applying a dressing, thus removing the loose material.

Subjecting the adhesive bond to stress immediately after a dressing is applied: It takes time for the adhesive to flow into the microscopic irregularities of the skin and develop 100 percent contact and maximum adhesion.
Stretching of the skin under the adhesive area: Adhesives will release when the surface to which they are attached is stretched. If your dressing always comes loose in the same place, chances are that your normal body movements are stretching the skin at that point. You might try to stabilize the skin by applying a one-inch (or more) wide tape beyond the edge of the dressing.

Low surface energy level of the skin: Adhesives will only stick to surfaces that have a higher surface energy level than the adhesive. A very high level results in a permanent bond; nearly equal levels produce a very weak or no bond. Oils and waxy materials, including lotions, mineral oil and moisturizing soaps, such as Dove, are absorbed by the skin, making it nice and soft, but also reducing the surface energy of the skin to a point where little or no adhesion results.

Sometimes a more aggressive adhesive is required: The bandage or foam tapes should be used in such cases.
A majority of alleged tape adhesion problems are really due to physical skin injury: The skin consists of two layers, the epidermis (outer layer) and the dermis (inner layer). If the tape is placed on the outer layer with tension, the constant pull on the outer layer can cause a strain in the bond with the lower layer, inducing irritation or causing an actual separation, forming blisters. The same effect will also take place if swelling occurs after an adhesive backed pouch is in place. To prevent this type of injury, gently place the tape without tension and then press down with firm rubbing motion.

Skin damage may also be caused by rapid removal of adhesive tapes. If you pick up a corner of the tape and **push the skin away from the adhesive,** skin trauma is reduced substantially.

Redness of the skin may also be caused by chemical irritants that are trapped between the adhesive and the skin. Usually the irritant is residual soap (Ivory is a known offender), skin preps that are not completely dry, deodorants, antiseptics and other outer skin coatings such as lotions and sunscreens.

Chemical substances from within the body may also cause irritation. When these byproducts are trapped under nonporous tape, the increased concentration at the skin surface may cause a problem. Another cause of skin irritation may be small quantities of pouch contents on the skin that are not removed. The enzymes present with an ileostomy do not know the difference between you and a piece of steak. With a urostomy, alkaline (high pH) urine does the most damage. Certain foods, such as cranberry juice, may lower the pH and minimize the problem. If skin prep is used for protection, be sure it is non-water soluble.

Aging and The Ostomate

from Metro Denver (CO) Newsletter; via Halton-Peel (ON) Counties

Growing old is a life-long process, and the physical, social, and psychological liabilities of aging are all part of it. Thanks to gerontology and geriatrics, we know more information than ever before on an intelligent approach to aging.

As we grow older, subtle changes occur in our bodies. The most insidious is our skin. It loses elasticity and becomes thinner and drier, thus becoming prone to wrinkles and irritation. These changes can become real problems for those who must wear an appliance all the time. To prevent leakage as the skin becomes more wrinkled, one should stand up straight when changing the appliance. With one hand, stretch the skin so that it is tight, and with the other hand attach the appliance (using a mirror may help you see what you are doing).

The skin over the entire body tends to bruise more easily and heal more slowly as we age. We need to be more careful when removing an appliance. A skin barrier covering the entire area under the appliance, or a very thin application of a skin-care product may help protect the tender skin.

Skin Care--Push the Skin
Don't Pull the Tape

from Metro Maryland *Newsletter,* via Oklahoma City *Ostomy News*

Damaging the skin around a stoma (or anywhere else) is asking for infection. Don't peel your pouch away from your body. Take hold of an edge of the adhesive sections of tape and **push the skin away from the tape.**

In older people and babies with thin skin, you can peel their skin off by pulling on the tape. Take a good look at what is happening when you pull on the tape. The tape is being pulled upwards, dragging the skin with it until it is pulled hard enough to break loose. It even looks painful!

When you push the skin away from the tape, it does not hurt and the outer layer of skin is not torn off which sometimes happens with pulling. And those who think pulling it off quickly is best, ought to take a good look at the skin afterwards!
If you have a leak, digestive enzymes in the discharge will excoriate your damaged skin quicker and deeper than if your skin is in good condition or protected with some kind of skin preparation. The farther away your stoma is from the rectal area, the stronger the digestive enzymes are in the discharge leak. Therefore, your skin can become excoriated much sooner. Learn to treat skin very gently.

UOAA HAS A VISION FOR THE FUTURE

We work toward a society where people with ostomies and intestinal or urinary diversions are universally accepted and supported socially, economically, medically, and psychologically. Please help us fund our educational and advocacy resources to a new level in 2018.

You can donate while you shop through the AmazonSmile Program. By following the link on the ostomy.org site and shopping on Amazon, 0.5% of the price of your eligible AmazonSmile purchases will be donated to UOAA.

UOAA Discussion Board
https://www.uoaa.org/forum/index.php

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To: