



Coloplast Brava Protective Seal Brand/Manufacturer: COLOPLAST

Coloplast Brava Protective Seal improves the fit of the ostomy appliance. It features an improved and new polymer formulation designed to directly address leakage protection, skin protection, and easy handling. It is designed to protect against leakage and protect the skin. The seal is also easy to shape, apply and remove. Comes in both Thin and Thick styles.



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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: **Sept 17th**

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: **Sept 10th at 2pm**
Date change due to Labor Day

Ocala Support

Contact info:

Lynn Parsons (352) 245-3114

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: **Sept 10th**

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: **Sept 17th**

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: **Sept 11th**



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

“Speak Out and YOUR WORDS WILL Be Heard!”

By Linda Blumberg AKA “Mrs. Lips”

Carolanne’s Story: “FUN AT THE AIRPORT By C.J. Papoutsis

My husband and I travel to Greece frequently and since my ileostomy surgery in 2009, we’ve gone four times. I pack my ostomy supplies in transparent plastic bags divided between my husband’s carry-on and mine. Airport security has never questioned us until our last trip and the problem wasn’t caused by my ostomy supplies, but a scarf!

When I dressed that morning in Athens, I put a scarf around my neck to keep me cozy for the long trip to Victoria in B.C. Security staff in the Athens and Frankfurt airports showed no interest in me, my scarf, or the ostomy supplies in my backpack. I’m always happy when “Lucifer,” my stoma, doesn’t cause undue attention at airports.

We arrived in Vancouver, claimed our bags, passed through Customs, and rushed to catch the puddle jumper plane for the twenty-minute flight to Victoria.

At Security, I placed my belongings on the conveyer belt and proceeded through the metal detector. Things must have been deadly slow that day, because waiting at the end of the conveyer belt, a middle aged, pompous-looking authority figure looked at me and shouted, “We have a woman with a scarf here!”

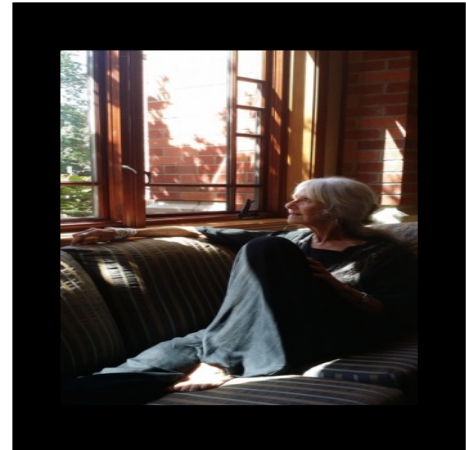
I’d forgotten to take off my scarf. Two more security officers rushed over, ready to assist him if I caused trouble. I relinquished the scarf without incident.

“You have two choices,” Captain Regiment announced to me at top volume. “You can step over here,” he pointed to a large, buzzard-faced woman standing beside a screen, “or” he pointed to a transparent cylinder, “the full body scan.”

AT THE AIRPORT: The joy of it all. I’d travelled all the way from Athens and 20 minutes from home, I meet up with the Goon Squad. I chose the body scan and stepped into a machine like something on Star Trek and had all my secrets revealed. When I came out, Captain Regiment pointed to my abdomen and said, “Is that a money belt?” A money belt? I wish!

After a 20-something hour trip, I was tired and growly. This guy was only doing his job. Not particularly well, but with alacrity. I resisted the temptation to have some fun. “No, it’s an ostomy pouch,” I answered.

“A what?” he asked. “Kind of a medical thing. Would you like to see it?” “No, no! Please go on through.” His face turned purple as he handed me my scarf. Justice served.



Contemplative Carolanne: kouneli@islandnet.com

Gutsy “met” Carolanne P. and her original ileostomy stoma, “Lucifer” on Inspire.com [ConvaTec’s “24-7/365” social media website]. Lucifer became a STAR in Gutsy’s Gab!

Carolanne called her initial temporary “loop poop” ileostomy “Lucifer,” who was an aptly named little “red devil,” who likely reveled as he sucked the life out of her, much like his vacuum namesake! Planned as a “Rehearsal for a Reversal,” they cohabited for 6 years, during which complications and abominations ensued that had Carolanne in/out of hospital like it was a “revolving door!”. The docs advised he be revised as a colostomy...once pursued, well, this one, she named “Hezaka-ka!”...have you yet surmised its meaning?!...hmm; take a moment, and you will surely foment as his gleaning comes to you! Not there yet?...here’s another from a US “cousin:” “HerbeHind,” another former STAR in Gutsy’s Gab!...both, names and their hostesses, ever clever!

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Proper Care & Storage of Ostomy Supplies

from an article by Teresa Murphy-Stowers, Fort Worth, TX; via Dallas (TX) Ostomatic News

Ostomy supplies are not inexpensive, to say the least. So, it is important to understand how to apply them properly with the fewest errors possible and equally important to know how to take care of and store supplies until use. Proper care may avert the need to discard unused supplies and thus be as economical as possible.

- Be sure to read carefully the instruction sheet included in the box or guidelines on the container for specific recommendations for a given product.

- Generally, all ostomy supplies should be stored in a cool, dry location. Too much heat can melt or weaken many of the materials used in ostomy wafers, pouches, and accessory items. Avoid leaving supplies in a hot car or in direct sunlight.

- Review instructions periodically to refresh your memory and to see if any recommendations have changed over time.

- Keep supplies such as wafers and pouches in their original box. By doing so, you save the brand name, product identification number, and the lot and date information for those items. Perhaps you will never need this information, but in the event you do, the box you have saved will provide the information you (or someone helping you) will need for reorder or to report any quality control problems.

- Some ostomy supplies do have a "shelf life." Be sure to check for dates that may be recorded on their containers. If you find you have a box with an expired date, check with the manufacturer, your local supplier, or an Ostomy nurse for advice on usage.

- While you do want to keep a "stock" of supplies so you are always prepared to change out your system, avoid the practice of stockpiling too much so your reserve will be as fresh as possible. This, of course, depends on factors such as the availability, proximity to a local supply house, or shipping issues.

- Purchase supplies from a trusted vendor—one you know will provide good service as well as stock/ship current stock.

Reporting Defective supplies

- If you determine your supplies are defective in spite of proper use and storage, contact the manufacturer at their toll free number to report the problem and receive product replacement or adjustment.

- Let your supply source know of your report to the manufacturer. They need to be aware of problems;

however, the complaint needs to be directed to the manufacturer to ensure the defect can be addressed.

My Change of Life(style): What Happened When I Stopped Irrigating

by Judy Lippold, Editor, Chippewa Valley (WI) Rosebud Review

Most women go through their "change of life" gradually, over a period of years. I experienced that transition also, but the change I'm describing now was quite different from the one programmed by Mother Nature. This change in my lifestyle occurred almost overnight, because I stopped irrigating my colostomy.

Thirty years ago I had surgery for rectal cancer resulting in a sigmoid colostomy. Before I left the hospital, I was taught to irrigate my colostomy. "You'll want to do this daily or every other day," the ET nurse said, and I did as I was told. Over the years, I managed my altered elimination process as best I could, trying new techniques now and then, acquiring improved equipment occasionally, adjusting my diet as needed, and always learning, learning, learning--especially learning how to communicate with and listen to my body. I made good use of one of the most common methods of learning anything: trial and error. Sometimes I mused about what it might be like to not irrigate, but a small voice within cautioned me against tampering with success, so I continued with my usual colostomy management procedures.

Enter calcium. During an annual physical examination, it was determined that I had rather severe osteoporosis, the weak-bone disorder. I always had been conscious of needing calcium in my diet, but every time I attempted to increase the amount, for example by taking calcium tablets or Tums daily, I experienced constipation extreme enough to put me in a bind (literally!) and make my irrigations miserably ineffective. My simple (and simple minded) solution was to discontinue the added calcium.

With my new diagnosis of osteoporosis came the doctor's strict orders to, among other recommendations, ingest 1500 mg of calcium per day. I decided to do this by consuming calcium-rich orange juice, soy milk, skim milk, plus soft calcium "chews" that successfully imitate delicious candy, hoping to skirt the constipation problem by avoiding the more obvious calcium supplements I had tried previously.

Well, as we've been told, "You can't fool Mother Nature," and so it was I could not fool my body. "Calcium is calcium," my body said, "and I'll react the way I've always reacted to an increased intake of that mineral." This time, the doctor's order

and a mental image of my bones crumbling led me to a different plan of action. After a week-long struggle with futile irrigations, I did not quit taking calcium as I had done before; I quit irrigating my colostomy.

Suddenly I, a 25-year "expert" in my personal colostomy management, became an insecure novice needing help, advice and encouragement from ET nurses and fellow colostomates. My learning began anew, and I heard my body's message loud and clear: "Now listen up and pay attention to my needs, address my problems sensibly, and we'll get along fine."

As I adjusted to the physical and management changes I was experiencing, I realized my thoughts and attitudes were changing too. I no longer had "mono-bathroom phobia," a term coined years ago by a newspaper columnist who said she was reluctant to stay in homes where there was only one bathroom--and she didn't even have an ostomy!

Since I no longer had to spend two hours or more in the bathroom while irrigating, I felt differently about early morning appointments or late night meetings. Why, I could be out and about at 7 a.m. without having to arise at 4 a.m. to do so. (I had learned early-on during my irrigating years that not only could you not fool Mother Nature, you couldn't hurry her either. Even a covert wish for the process to go faster would usually shut down the irrigation completely--an impressive demonstration of the mind-body connection!) Having company in my home no longer posed a problem for me. Although I have more than one bathroom available, it had been awkward when I, the hostess, would disappear for hours at a time. Long-distance train travel, a favorite mode of transportation for me and my spouse, became much more pleasant to contemplate--no more need to spend hours jostling around in that teeny tiny Amtrak restroom. Another travel plus: less ostomy gear to carry on.

Additional issues that are no longer issues: sharing a bathroom in a Bed and Breakfast or in a college dormitory or an Elderhostel is not problematic any more, and the thought of visiting a country with questionably pure water is not so worrisome.

There were advantages to irrigating, of course. Once a day and that was that. I greatly appreciated the clean-pouch condition that I experienced for many years.

As I move along this new path in my ostomy life, I sometimes speculate whether I would choose to resume irrigating if I could do so successfully. I'd have to weigh seriously the pros and cons and listen to advice from my body. I wonder what I would decide!

Hernia and the Ostomate

by Eugene Broccolo; via Orange County (NY) Ostomy Support Group

Hernias can develop postoperatively through any surgical incision. Incisions that are not closed tightly are more prone to hernias. Colostomies represent surgical incisions that cannot be closed tightly because to do so could result in a stricture or narrowing of the bowel opening.

Hernias of colostomies, or pericostomy hernias, can occur frequently. They can be apparent in the immediate postoperative period, or more often, develop years after the original surgery. They can be recognized as a bulge forming around the colostomy, most noticeably when the patient is standing. Good bowel function is dependent on good abdominal musculature and is especially dependent on the muscles around the colostomy site. Therefore, a colostomy hernia would give symptoms of poor colostomy functions, e.g., incomplete evacuation, difficulty in irrigation and discomfort during elimination.

Most hernias will cause fewer symptoms with some external support, e.g., an abdominal binder, but the colostomy itself and whatever appliance is used will interfere with good compression. Therefore, surgical repair has to be considered for the hernia.

Since the very same problems exist at the time of repair as were present at the original surgery, e.g., inability to obtain a tight closure, the recurrence rate for this type of hernia is much higher than with other hernias.

Because of the possibility that even in the best of circumstances a colostomy hernia can recur, the decision to proceed with surgery should be made only after consideration of all the factors, such as general health and nutrition, the degree of disability and the level of physical activity required.

United Ostomy Associations of America

is the place for ostomy resources, advocacy, and support. UOAA is over 300 Affiliated Support Groups strong, and is here to help you get the answers you need as you begin your "new normal" life.

We invite you to explore our website to find information about ostomies. You'll find answers about nutrition and intimacy, and useful knowledge about living with an ostomy or continent diversion.

UOAA is a proud member of the [International Ostomy Association](#).

Ostomies versus False Teeth

from Spacecoast Shuttle Blast, FL; via Seattle (WA) The Ostomist

How often have members of ostomy groups said that having an ostomy is no worse than wearing false teeth? Non-ostomates often laugh at this and can't believe that we are being honest.

False teeth? Everyone dreads the day that teeth must go and an expensive set of "false choppers" replaces them. But think of false teeth as the equivalent to that "awful surgery?" Never!

Well, before folks feel so sorry for us ostomates, let's look at the similarities. Everyone would prefer to keep his own teeth—or his own colon or bladder. Wearers of false teeth try to pretend their teeth are real—many ostomates hide their surgery. A big problem is keeping false teeth in place—same way with ostomy appliances. No one wants the "click" of teeth to be heard—ostomies may gurgle audibly.

After a few months, false teeth are supposed to feel like a natural part of you—also true of your ostomy

appliance. As one grows and changes, a set of false teeth may have to be changed—and appliances may have to be changed due to weight gain/loss or stoma retraction.

False teeth are expensive—but so is ostomy surgery. False teeth must be worn all the time—ostomates wear appliances, or at least tiny pads, all the time. Many products are sold to keep false teeth clean and odor-free—the same is true for ostomy equipment. Let's say that false teeth are a necessary evil, a little nuisance in the mouth—at the opposite end of the tract may be the nuisance of a stoma needing an ostomy appliance or pad.

So the next time a distressed family member says a relative will "have his life ruined" by having an ostomy, ask whether someone who has all his teeth suddenly knocked out has a ruined life. If we could think of ostomies with the same calm humor with which we view false teeth, wouldn't everybody see them for what they really are? Not really worse than false teeth.



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