

UOA Jacksonville Chapter #211

The Mailbag



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

Brenda Holloway—President
282-8181
Ronald Perry—Vice President
744-4082
Beth Carnes - Treasurer
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Please plan to join us
Sunday Jan 19th
starting at 3 p.m.

The
United Ostomy Association
41st Annual UOA Conference
Las Vegas, NV
August 10-13, 2003
www.uoa.org

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A MESSAGE FROM THE PRESIDENT & VISITATION COORDINATOR

I hope that everyone has had a safe and happy holiday season. Now that the New Year is upon us it is time to continue with the UOA mission. "To get the word out" that we are alive and active. I am now ready to schedule a workday to put together the Doctor's, ET's folders and patient folders at Patti's office. If you wish to volunteer and have not already signed up, please contact me at (904) 282-8181 or (904) 742-6504. After the folders are together I plan to distribute these folders by the meeting on January 19, 2003.

I would like to thank everyone who attended the December 2002 meeting, as it was a success even if we only had six of us there, we made the best of it. I took the presents to the Ronald McDonald house on Monday, December 16, 2002 and they were thrilled with the response we received and all the gifts that were given. I would like to thank everyone for his or her participation with this project. I think we ought to do it again next year but start a little earlier like November collecting gifts. This way anyone can drop their gift off at Patti's and have plenty of time to do so.

I look forward this month to having the representative for Hollister at our meeting and would hope that we have a good turnout for the representative.

We have dedicated the month of April (April 27, 2003, the fourth Sunday because of Easter) for our Visitation Program Training so please mark your calendars and plan to attend this training day. This is how you can be called to visit ostomates without a certified visitor.

Also, please note on your calendars that April and June's meetings are on the 4th Sunday instead of the 3rd due to Easter and Father's day.

Thank you for your time and hope to see ya at the meeting on Jan 19, 2003.

Sincerely,
Brenda L. Holloway
UOA, Jax Chapter 211
President & Visitation Coordinator

We are looking forward to Louann King (Hollister Representative) at our January 2003 meeting!! Don't Miss IT!!

UOA Jacksonville Chapter is now on the Web
http://www.ostomymcp.com/chapter/Jaxchapter1.htm

## Phases of Surgical Recovery

by Albert Wagoner, MD; via S Brevard (FL) *Ostomy Newsletter*

Each patient, along with his/her family, usually goes through four phases of recovery following an accident or illness that results in loss of function of an important part of the body. Only the time required for each phase varies. Knowledge of the four phases of recovery is essential. They are:

**The Shock Phase** - The period of psychological impact. Probably, you remember nothing of this phase after your operation. Nevertheless, it is a phase that requires a lot of support.

**The Defensive Retreat Phase** - The period in which you defend yourself against the implications of the crisis. You avoid reality. Characteristic of this period is wishful thinking, or denial, or repression of your actual condition. For example, an ostomate may believe that his/her entire colon is still there and will be reconnected later.

**The Phase of Acknowledgment** - In this period, you face reality. As you give up the existing old structure, you may enter into a period, at least temporarily, of depression, of apathy, or agitation, or bitterness, and of high anxiety. You hate yourself, your stoma, cry a lot, pity or condemn yourself. You may not eat, be unable to sleep, or may want to be left alone to die. In this phase, you need all the support that can be mustered.

**The Phase of Adaptation** - Now, you actively cope with the situation in a constructive manner. You adopt, during shorter or longer periods, the adjustments that are necessary. You begin to establish new structures and develop a new sense of worth. With the aid of an enterostomal therapy nurse and an ostomy visitor, you can learn about living with a stoma. Aided by your physician, social workers, ostomy association and family, you go about rebuilding and altering the life that brought about the condition.

## The Overactive Ileostomy

from So. NV *Town Karaya*; via Oklahoma City (OK) *Ostomy News*

An overactive ileostomy can result from a variety of problems. If the small bowel is inflamed due to Crohn's disease, radiation injury, or bacterial/viral enteritis, the output will be profuse. If there is narrowing of the small bowel close to the stoma, where the ileostomy goes through the abdominal wall, a pressure backup can lead to explosive high output.

Any food that has a laxative effect should be eliminated or, at best, kept to a minimum. People with lactose intolerance will have high output if they use any kind of milk product, including powdered milk, which is found in many prepared foods.

Excessive drinking of fluids will also increase the ileostomy output. An ostomate who has had a gall bladder removed may have increased output. Medicines to counteract bile salts can be used if the problem is related to gall bladder removal. Many prescriptions and OTC drugs list diarrhea as a side effect.

The ostomate should work with his physician to evaluate the problem. Once disease can be ruled out, therapeutic emphasis can be placed on diet, utilizing foods that decrease output. Bulk laxatives can be used with each meal to absorb and solidify some of the liquid output.

### 2003 UOA YOUNG ADULT CONFERENCE

July 17-19 2003  
Holiday Inn East  
St. Paul, MN

<http://www.uoa.org/yan/yacflyer.pdf> (Adobe PDF,  
95kB)

<http://www.uoa.org/yan/>  
Contact: [info@uoa.org](mailto:info@uoa.org)

### 11th IOA World Congress

Bangkok, Thailand  
October 26-30, 2003

The Amari Watgate Hotel <http://www.amari.com/watgate/index.htm>  
More Information: <http://www.ostomyinternational.org/congress2003.htm>

Contact Di Bracken IOA Vice President:  
[ioavicepresident@ostomyinternational.org](mailto:ioavicepresident@ostomyinternational.org)

Volume 1, No. 7

**News from Inside the UOA Central Office November/December 2002** by Nancy Italia **Executive Director**

The United Ostomy Association has received a **grant from the Bristol-Myers Squibb Foundation** to cover expenses associated with upgrading Central Office technology, enabling us to offer a new and expanded range of information and membership services. The \$45,000 grant will support a redesign of the UOA Web site and a new association management information system, replacing a 20+-year old DOS database of three separate record-keeping functions. We are grateful to the BMS Foundation and ConvaTec for their generosity and support.

The first annual **Young Adult Conference**, scheduled July 17-19, 2003, in St. Paul, MN, will enjoy strong support from UOA's corporate partners. To date **Coloplast, ConvaTec** and **Hollister** have taken a top level position of support, while **Cymed Ostomy Company** and **Nu-Hope Laboratories** are supporting the conference at a secondary level. Sponsors will exhibit at the conference, advertise in the program, receive recognition in all promotion and interact with conference participants in a number of ways. The program has been finalized and will appear in the *Winter Ostomy Quarterly*. We thank our sponsors for their support!

It's not too late to receive a **tax deduction by sending a contribution to UOA before the end of December**. If you are a federal employee, you should note that UOA is an approved agency of the Combined Federal Campaign. Our number is 2629. In addition, thousands of major corporations offer a matching gifts program to double the impact your donation will make. Please check with your employer, or previous employer if you are retired, to see if they offer these programs. You may also wish to consider donating stock. Please call the UOA office for more information. And finally, do you have a car, boat or RV that is just sitting in your driveway? Call the UOA office to learn how to donate your vehicle to our special cause. Your generosity will be recognized and appreciated.

**The winter issue of the *Ostomy Quarterly*** will contain a special section on youth. The UOA Strategic Plan identifies Youth, Advocacy, Leadership and Education (YALE) as major pillars on which we operate, and we intend to explore each of these areas in upcoming issues of the *OQ*. The winter issue will include features on parents of children with ostomies, teens, young adults, and the 30+ age group. Soon, networks for each of these age-related categories will be operational and services developed to serve them. We hope you enjoy this focus on our younger members who are one of the keys to a healthy UOA future. And lest you think we are forgetting the rest of us no longer in that under-40 category, this *OQ* will contain Ask the Doctor; Ask the Nurse; a Book Review; Chapter/Field Services; and articles on dehydration, cancer prevention, estate planning and more. There is something for everyone in this issue! Look for it in the mail mid-January.

UOA's **year-end fund-raising campaigns** are underway. In November, we began our Year-End Leadership Giving solicitation of our most generous leaders and donors. After just six weeks, I am happy to report a 20 percent response to this campaign—a very healthy early response rate. In early December, all UOA members and donors were sent a complimentary UOA memo pad along with an explanation of why we need ongoing support and how the money is used. Your generosity has made UOA what it is today. Because of you, we are making a difference, and we are grateful.

The November 2002 issue of the *Journal of Wound, Ostomy and Continence Nursing* (WOCN) contains a wonderful **tribute to UOA** in WOCN President Laurie McNichol's message, "A Ruby for a Friend." Laurie reviews UOA's mission and history, but more importantly, emphasizes the need for WOCN and UOA to work together to meet the needs of patients. She calls on WOC(ET) nurses to utilize the educational materials we produce, to share the UOA message with patients and to do more to assist chapters with visitor training and program content. We agree that joining forces with this important ally will provide better patient care and a faster rehabilitation. We thank WOCN for being a committed and caring partner. To review this article, visit the WOCN Web site at [www.wocn.org/publications](http://www.wocn.org/publications) and click to the *Journal of WOCN*.

The Central Office reports the following **response to member needs** for October:

Telephone Calls: 898

E-Mail Inquiries: 280

Chapter Members, "D" Quarter: 25,384

New Association/Professional Memberships: 488

As 2002 draws to a close, we want you to know how much UOA values you as a member and as part of our extended family. We appreciate what you do for the organization and your continued dedication during the past year. May you have a **joyful holiday season** and a New Year that delivers the very best of everything.

## Nutrition Suggestions While On Chemotherapy Or Radiation

By G. Winber, Quality Wellness via Metro Maryland & Green Bay News Review

Sometimes there are side effects from treatment which interfere with your usual eating patterns. When you are not feeling like yourself, just the thought of food may be unwelcome. I know these feelings because I was there myself years ago.

Ideally, you want to take in nutrients and calories for energy, tissue repair, healing, increased resistance, and tolerance to therapy. However, my bottom line has always been to eat whatever makes you feel as good as possible. Be okay with yourself whenever you are in the treatment process. Be aware of what works and does not work for you and do accordingly.

**Eating Suggestions:** Nausea and vomiting: Eat small frequent meals. Eat and drink slowly, Eat dry toast or crackers on arising. Avoid overly sweet, fatty or spicy foods. Avoid strong smelling foods and cooking odors (cold foods have less odor). Drink fluids, including soups, between meals, rather than with meals.

**Diarrhea:** Drink plenty of mild liquids at room temperature, such as broths, tea, fruit nectars-peach or apricot. Avoid very hot and cold food and drinks. Avoid fatty, spicy food, coffee, gas-producing food such as dried beans or peas, cabbage, brussel sprouts or onions. Reduce high fiber foods. Eat dry meals. Drink liquids 30 minutes before or after eating. Eat foods high in potassium, such as bananas and potatoes, to replace the potassium lost from diarrhea. Consult your physician if the diarrhea is severe.

**Sore Mouth:** Eat a liquid, bland, or soft food diet. Eat frequent small meals. Food which is at room temperature or cold is more easily tolerated. Avoid spicy, highly acidic foods, such as tomatoes, citrus juices, vinegar and alcoholic beverages. Put Vitamin E gel on the sore spots. (prick a Vitamin E capsule and squeeze the liquid out).

**Taste Changes:** If flavors can not be tasted try using spices, herbs and marinades.

**Weight Loss:** If your weight loss is the result of eating problems discussed above, try those tips first. Add extra calories and protein to your food. Add extra skim milk powder to hot cereals, soups, casseroles, vegetables, or beans. Eat peanut butter on whole grain bread, crackers, celery and apples. Drink shakes between meals. Eat frequently. Use a nutritional liquid or powder supplement.

### **Medical Aspects of an Ileostomy**

By Dr. R.B. Kelleck

The new ileostomate may find it difficult to believe that life without a colon can be completely healthy. To understand this one needs to know what is the normal function of the colon, also called the large intestine, which has been removed.

This organ is only found in land animals. Its major functions are to absorb water from the food residue and store it until elimination. When animals first moved from the sea to the land, they moved from a world where water was plentiful to one where it might be very scarce. The necessary adaptation to survival in this environment is a colon as the means of avoiding dehydration.

The only other substance that is known to be absorbed from the colon is salt. All the other things we get from our food which we need for energy and health are absorbed from the small intestine. The small intestine is unaffected by the usual operations for such diseases as ulcerative colitis or familiar polyposis.

People with an ileostomy get just as much food--whether carbohydrates, fats or proteins--as anyone else. The other major function, storage of waste, is simply taken over by the pouch, whether external or internal.

**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/chatroom.htm>

**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! Annual dues are **US\$25.00**. If you cannot afford to pay dues at this time, you may still be accepted as a "local-only" member.\* **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 \_\_

Please bill me for annual chapter dues of US\$25.00

Dues payment enclosed - make check payable to **U.O.A. Jax Chapter #211**

Master Card, Visa or Discover # \_\_\_\_\_ expiration \_\_\_\_\_

I cannot pay dues now and wish to be a local member only\*

You may use my name in chapter Newsletter & Directory: Yes \_\_ No \_\_

Mail to: Patti Langenbach, Treasurer, UOA Jacksonville Chapter ,  
 PO Box 10239 Jacksonville, FL 32247-0239



**United Ostomy Association , Inc**  
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**UOA Jacksonville Chapter is now on the Web**  
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MEETINGS ARE HELD AT THE  
BAPTIST MEDICAL CENTER  
8TH FLOOR - MEETING ROOM C  
3RD SUNDAY OF EACH MONTH  
3 P M

**UOA Jacksonville Chapter**  
**PO Box 10239**  
**Jacksonville, FL 32247-0239**

Phone: (904) 396-7827  
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Email: patti@ostomymcp.com

T O :

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**Sunday Jan**  
**19th starting at**  
**3 PM**  
**Baptist Medical Center 8th**  
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**Meeting Room C**  
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