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 786-2359 Patti Langenbach - Secretary 396-7827

> Contact: Patti Langenbach (800)741-0110 or (904)396-7827

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Please plan to join us Sunday Mar 16th 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

I would like to thank everyone for attending our February meeting. We broke down into groups to a discussion each different ostomy. Well, it ended up all of us getting together and telling about our experiences. It was an inspirational gathering and sharing of each other's problems and situation that we have all encountered.

I would also like to welcome two new people to our association, Leouora T. Gay (who became a new member at the meeting) and Nancy Toshiach. Also we would like to welcome back an old member, Mattie L. Kingsbury (who renewed her membership at the meeting). It was nice to see new faces. I hope that you all continue to join us each month.

The month of March 2003 there will be a presentation on another product called "Cymed". Patti will be putting on the presentation, as Cymed doesn't have a representative in the area yet. So this will be an informative meeting, please try to attend to show your support for our association.

Eugene Sommerville and I had the pleasure to attend a Chrohn's Colitis support group on February 3, 2003 at 7:30 p.m. at the Jacksonville Library, the Southeast Branch off JTB and Gate Parkway. There were about 15 people that attended this meeting the highest that the group as had in a long time. They have invited us back on April 7, 2003 at 7:00 p.m. to put on a presentation about our group and ostomys in general. They want to see what an appliance is and everything that has to do with an ostomy. Eugene, Ron and I have accepted the invitation but we still need someone with a urostomy especially and/or anyone else who has an ostomy and wishes to share openly with these individuals, to attend with us. If you wish to attend please call me and we will make arrangements with you. It is important that we get the word out and this is one way.

I also this month I went to all, the colon/rectal surgeons about 7 of them and passed out our information folders to them. I hope that someone in the office takes the time to look at the information provided to them and we start receiving new visitation calls. I can't wait. The next goal is the GI doctors. So I am going to focus on them next. Ms. Gay (one of our new members) took a couple of the folders because she goes to doctors in Gainesville, to pass them out over there. We really appreciate all the help we can get. If you know of a certain doctor that you feel would benefit from this informative information please contact me and I will see that they receive a folder.

I also announced a health fair at the end of June 2003 at the Avenue's Mall. Please be thinking of this, as we need to start preparing for this. As, we do want to put up a display. We will have to have a workday to get the display finished and that will be announced at a later date.

Please sign up for the visitation program training class on April 27, 2003 at 3:00 p.m. even if you do not want to become a certified visitor you are still welcome to attend, as it will be very informative.

Thank you for your time and hope to see you at the meeting on March 16, 2003.

Sincerely, Brenda L. Holloway, President UOA, Jax Chapter 211

Secretaries Report TREASURER'S REPORT

Balance: \$776.89 Petty Cash 25.50

Paid Members 69

SECRETARY REPORT:

President, Brenda Holloway brought the February 16TH meeting of the Jacksonville Chapter UOA to order.

Brenda announced the Certified Visitors Training during our April 2003 meeting. At the present time, Brenda is our only certified visitor.

Training is April 27th. You must register for the training. Kathy Johnson and Debbie Saelinger with ET Nursing Services will help conduct the training. The training will begin 3pm.

On February 3rd, Eugene Summerville and Brenda attended a Crohn's and Colitis meeting. Over 15 people showed up. Brenda did not get to speak so she was invited back to their next meeting on April 7th at 7pm. The meeting is held at the Jax Library off JTButler. She asked that at least one person from each ostomy type attend. See Brenda for further details.

There is going to be Health Fair at the end of June at the Avenues presented by Clear Channel Radio. We will put a booth there and Brenda will get more information.

Brenda spent all day visiting physician offices to hand out packets outlining UOA and our chapter and what we have to offer. We hope to get referrals from the doctors and their staff.

Ron Perry presented Eugene Sommerville with a plaque of appreciation for all of his hard work and service to our organization.

Brenda presented the minutes of the January meeting from the newsletter. She asked if there are any corrections. She approved the minutes as read.

Brenda read the treasurer's report (see above). We have 119 people on our newsletter mailing list and 69 paid members.

Brenda will ask Patti to add the doctors she visited to the newsletter mailing list.

Brenda asked for help getting new speakers. Cymed will be discussed at the next meeting. Patti will present the information.

Brenda mentioned the annual UOA conference in August. Ron asked how we are planning to raise money to send a representative. Brenda is going to see if she can find airline deals. Ron suggested that we form a committee to explore sending someone to the conference. Ron volunteered to chair the committee. Brenda said that the hotel is approximately \$81 a nite including taxes.

As Visitation Coordinator, Brenda discussed the calls she received requesting information. One was from our internet site. Kathy Johnson requested a visitor for a new ostomate that is having difficulty accepting it. Brenda made the first visit. Ron and Brenda made a subsequent visit. Sandy Davis made an additional visit and follow-ups.

Ron updated us on the 19 year old we have been following.

Members shared different how we are getting information out to doctors and ET nurses and end users.

Door prizes were handed out.

Brenda won the 50/50 and donated it back to the chapter.

The was adjourned to general discussion at 4:10 pm.

Minutes transcribed by Sec. Patti Langenbach.

VISITATION COORDINATOR REPORT

This month I received two telephone calls one was about a lady that was at the Specialty Hospital. She recently had a colostomy preformed at Memorial Hospital and was sent to the Specialty Hospital to recover and was there for a few weeks. I had the opportunity to visit with her twice. Once by myself and once with Ron, which was a good encouragement, she thought that her life was over but we told her that it was not and look at us we are doing normal things. I also had Sandy Davis talk with her, which help out a whole lot. She has been calling us with questions about her ostomy and we are very grateful for that. Her spirits are better now that we are in her life then when I first walked in to that room. She felt like she was not going to be able to golf anymore or go anywhere. But with the help of some of you, she has gained confidence in herself. I would like to thank Ron and Sandy for there continuing help with this nice lady.

The other telephone call was from a lady about her brother that was visiting from England and was having some surgery done over here with regard to his ostomy. She requested that I forward by mail to her any information I had with regard to colostomies and nutrient. I then forwarded to her one of our packets.

As I said in my president's report I passed out the Doctor's information folders now we have to wait and see if they respond. I am aiming for the ET nurses and GI doctors. I would like to thank everyone for helping me out this month.

See you in March,

Brenda L. Holloway, Visitation Coordinator

Articles, Tips, and Hints from Near and Far

IN RECOVERY, ATTITUDE IS EVERYTHING

From Omaha, NB Ostomy Digest. Via: South Brevard, FL Ostomy Newsletter

Do you feel as if the bottom has dropped out of your world? Your doctor has shown you your ostomy for the first time. You cannot visualize how life is going to be from now on. You wonder if you will ever become accustomed to this strange thing. Be assured-you will, in time. An ostomy is a life-saving device; you can make it, for you, what you desire. You can hibernate, become a recluse and withdraw into your own small world, or you can take it in stride, learn the proper care of your ostomy, then forget about yourself and enjoy the extra time allotted to you. You will find, as time goes on, the bewilderment will disappear and the problems you encountered at first will become minimized. You will be delighted to find that you can still lead a perfectly normal life-swim, dance, work, and participate in things just the same as before surgery. If ulcerative colitis was the reason for your surgery, then you will be able to do more than you did before surgery. The new ostomate has a tendency to become overly sensitive, particularly to odor. There are many ways of eliminating all odors, should this be a future problem. There are several internal deodorants, as well as many tablets, liquids, and powders to be used in appliance or pouch. Yes, at first you will be all thumbs, tackling an appliance or irrigating according to whichever ostomy you have. As you become familiar with your appliance, care time will be cut in half. With the new appliances and supplies available, your job will eventually become easier and automatic. Don't become discouraged. Summon up all your patience and courage to see you through this phase of your rehabilitation. Remember that all of us ostomy graduates went through this-whether to bolster your morale, or to assist in choosing an appliance or irrigating equipment, practical hints on skin care, etc. (Be sure to check with your doctor, to get his approval. We don't practice medicine, but most doctors recognize that ostomates soon become near expert in the care and management of stomas.) Fight that depression. It's your enemy. Things are going to get 100% better than they are now. Thank God you are alive, and take comfort in the fact that "YOU ARE NOT ALONE".

Ileostomy

From Snohomish County Ostomy Insights, Ostomy News OKC, OK, and Lawton-Fort Sill Ostomy Association

Vitamin B12, Folic Acid and Potassium-

There is only a small section of the intestines that absorbs vitamin B12. It is located near the joining point of the small and large intestines. In us, especially if there have been revisions, too much of the small intestine may have been used for making the stoma and the area which absorbs B12 may be gone. We can then no longer absorb B12 from food or even from supplements.

The answer to this problem is B12 shots, given anywhere from each week to once a month, depending how the patient feels. The "worn out" feeling that one may have occasionally can develop into a constant thing that is a good indication of vitamin deficiency.

In case of a suspected deficiency, there are three elements the doctor should check: Vitamin B12, folic acid and potassium. The shortage of any one or all three can keep us down and without any pep or ambition even to do our daily chores. B12 and folic acid interact to the point that a deficiency of any one might be mistaken without complete tests for a deficiency of the other. Each of us needs both, to make the other one work right. There is no danger of taking too much B12; the body throws off what it does not need. The folic acid should not be taken in large doses. Studies are not really complete, but it seems that the most a person should take is 0.4mg a day. Potassium in natural foods cannot be overdone. The greatest source is bananas, with orange juice also being very good. However, if you have a shortage of potassium, which can also lead to a run-down feeling, you probably cannot get enough from foods without gaining weight.

An ileostomate who cannot absorb enough vitamin B12 from food or from pills must take shots. Folic acid and potassium can usually be absorbed in pill form, but the ileostomate should watch that the pills are not going through the digestive tract whole and are washed down the drain without being absorbed by the body. If an ileostomate feels tired all the time, a physician should be consulted.

UOA Jacksonville Chapter is now on the Web

http://www.ostomymcp.com/ chapter/Jaxchapter1.htm

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/
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Which Pouching System is Right for You?

by Gwen Turnbull, CETN; Niagara Frontier; via Halton-Peel (ON) Newsletter

With so many ostomy products available, it's hard to know which one is right for you. Regardless of the brand of product or type of surgery you have, there are a few basic features an ostomy pouching system must have, to give you a sense of security and confidence.

First, it must contain urine or stool, gas and odor without leaking.

Second, it must help protect the skin around the stoma from the damaging effects of stool or urine.

And third, the system should remain in place for a sustained and predictable wear time.

This means you should be fairly certain your pouching system will remain intact without leakage for a definite period of time. That time period varies among individuals and ranges from 24 hours to 7 to 10 days. Wear time has a lot to do with the amount and character of your output, the climate in which you live, your daily activities, and the type of skin barrier you use.

High-volume liquid output will melt standard, pectin based barriers faster than the more modern, synthetic extended-wear barriers. Using a skin barrier paste as "caulking" around the stoma, or in a "bead" on the back of the skin barrier, can help increase wear time and skin protection.

Once these criteria have been met, look at other pouching system features that might impact the way you feel about yourself. For example, is the pouch visible under your clothing, and does that determine what you wear or keep you from participating in social situations? Does the size or color of the pouch influence your feelings about yourself during periods of intimacy? Do ostomy supply costs, or worry about them, overwhelm you? Researchers believe that such concerns can affect your adjustment to, and satisfaction with, your life after ostomy surgery.

That's why it is important to look at the fine distinctions about ostomy pouching systems. Consider a system's wear time as it relates to its costs. Calculate your ostomy supply costs on a yearly total-cost basis rather than a cost-per-change basis. You may find that an inexpensive pouch that must be changed daily costs you more in the long run than a more expensive pouch you can wear for three days.

Investigate the size, shape, color, contour, profile, and ease of application and emptying of a variety of pouching systems. Which one will be the right one? The one YOU FEEL is right for you.

I WANT TO KNOW!

Via: The Indianapolis, IN Chapter

Where does the water go when it doesn't return with my colostomy evacuation? It is absorbed into your body and then eliminated via urination some time afterwards. When will the stoma heal so that it isn't red anymore? The red color will not go away. It's actually a good indication that the stoma is healthy with a good blood supply. What is a simple way to control stoma noise? Two to three tablespoons of applesauce with breakfast seems to control stoma noise and to have a thickening effect on liquid discharge. What foods besides bananas are high in potassium? Bananas are frequently mentioned as a food high in potassium, but potatoes actually contain nearly twice as much. One large banana has 450 milligrams of potassium while a large baked potato with its skin contains 850 milligrams (the skin alone has 235 mg). How may I slow activity before changing my appliance? Some ostomates eat peanut butter or marshmallows before changing the appliance to slow activity before showering or taking a bath. Many urostomates change their appliance early in the morning of the "change" day at a time when urine discharge is less frequent

Check Out New UOA Website

United Ostomy Association has updated their Web site www.uoa.org.

IOA Today "A Quarterly Ostomy Related Newsletter" Bringing You Ostomy Related Information From Around the World www.ostomyinternational.org

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

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Baptist Medical Center 8th Floor Meeting Room C

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