#### **UOA Jacksonville Chapter #211**

# The Mailbag



Volume 5 Issue 5

#### 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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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 first like to thank, Kathy Johnson and Cindy Anderson, ET nurses for helping with the visitation training. I am proud to report that we now have 15 newly trained certified visitors and 3 re-certified for our visitation program. The day went by smoothly and every one enjoyed our skit put on by Cindy Anderson. This was a surprise to all of us because it was a last minute decision for her to come by and it was a fun time.

In May 2003, we will be having a group session for answers and questions. We had two new people show up last month and they would like to sit down get support and just talk so since we do not have a guest speaker lined up we have decided to do this. So please plan to attend because you're input is very helpful to others. We had a great time in February 2003 when we did this so please plan to attend.

Also, if anyone knows of anyone who would like to speak at our meetings please notify me, as I do not have anyone lined up until September when The Ronald McDonald house will come and put on a presentation because that is where we donate our Christmas gifts too.

Some people inquired about us having another Visitation Training. I have to get with National to find out if we can do the training without an ET nurse and/or Dr. and am working on that. There were a few of you that I had wished would have attended but due to other commitments could not or were ill. So I will see what I can do.

Thank you for your time and hope to see you at the meeting on May 18, 2003.

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

Please plan to join us Sunday May 18th starting at 3 p.m. 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

#### **Visitation Report**

Again I would like to thank everyone who attends the training on April 27, 2003. I did not have time to report on our visits for April so I will do so now:

(Due to the HIPPA act I cannot use names except from our members which already have giving us permission)

Our lady that we since in January 2003 has moved back to Central Florida and is doing fine. She called me this week and said that she was fine and that her and her husband were trying to sell their home and move up here. She indicated that when she moved back up here she would start attending our meetings.

We had a new lady at the end of March, who had just had your lleostomy done and Ron and I visited her at her home. She was doing okay but afraid to live the house. She has plenty of family involvement to help her. We talked with her for about an hour. I then asked Mamie Davis to follow up with her so she has been doing that for me. Thanks Mamie.

I had another call April 1, 03, about a lady that lives in the Orange Park area so I went and visited with her. She was in great spirits and had plenty of family help, which I like to see. I talked with her recently and she sounded good and told her to call me if she needed anything or to talk.

So we had two new people this past month. Lets hope that since we had our training that we get more referrals. So we can get the word out. Ron and I feel very strongly about getting the word out there that we are here to help so lets hope and pray this will be done.

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



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For more information about the 2003 UOA Conference please visit the UOA Web: www.uoa.org or call toll free 800 826-0826

2003 UOA Young Adult Conference July 17-19, 2003 being held at the Holiday Inn East St Paul MN. For more information visit the UOA Web: www.uoa.org or call toll free 800 826-0826.

#### FACTS ABOUT UROSTOMIES

Via: K. Jeter, Ed. D, E.T., A.C.S.

The normal urinary tract consists of two kidneys, two ureters, one bladder and one urethra. Urine is made in the kidneys, transported by squeezing movements called peristalsis through the ureters to the bladder. Not many people realize that we can live without a bladder or the use of it, but we must have an amount of kidney function if we are to grow and be healthy. If a child is born with a defect in the urinary tract which causes the urine to back up into the kidneys, causing chronic kidney infection, a urostomy may be a lifesaver. The surgical construction of a pathway through which the urine may travel rapidly, without interference, will allow the kidneys to function at their optimum efficiency. Should there be a malignancy in the bladder, the entire bladder may be removed and the urine detoured through an abdominal stoma and patients cured of their disease. Some patients have said they prefer a urostomy for social reasons, because it is easier to manage than a defective bladder caused by birth, injury, surgery, or spinal injury. In these conditions, patients cannot control the flow of urine, causing them embarrassment as well as the annoyance of skin problems from constant wetting. Some young people, who have heard about urostomy surgery, have requested this operation when they feel they can no longer tolerate the miseries of incontinence. This leads us to say to our patients who at first think this operation is the end of the world, that it may be just the beginning of a new life - one full of hope

#### Articles, Tips, and Hints from Near and Far

#### ARE YOU DRINKING ENOUGH WATER?

The Ostomatic News, Dallas TX and Evansville, Indiana Chapter Re-Route

Water suppresses the appetite naturally and helps the body metabolize stored fat. Studies have shown that a decrease in water intake will cause fat deposits to increase while an increase in water intake can actually reduce fat deposits. This happens because the kidneys can't function properly without adequate water. When the kidneys don't work to capacity, some of their work load is dumped on the liver. One of the livers primary functions is to metabolize stored fat into usable energy for the body. If the liver has to do some of the kidneys work, it can't do it's own job efficiently. As a result, it metabolizes less fat, more fat remains stored in the body, and weight loss stops. Drinking enough water is the best treatment for fluid retention. When the body does not get adequate water, it perceives this as a threat to survival and begins to hold on to every drop. Water is stored in extra cellular spaces (outside the cells). This shows up as swollen feet, hands and legs. Diuretics offer a temporary solution at best. They force out stored water along with essential nutrients. Again, the body perceives this as a threat and will rapidly replace lost water. Thus, the condition quickly returns. The best way to overcome the problem of water retention is to give the body what it needs plenty of water. Only then will the excess stored water be released. If you have a constant problem with water retention, excess salt may be the problem. The more salt you eat, the more water your system retains to dilute it. But, getting rid of unneeded salt is easy-just drink more water. As it is forced through the kidneys, the water washes away excess sodium. An overweight person needs more water than one who is thin. Larger people have greater metabolic loads. Water helps maintain proper muscle tone by giving the muscles their natural ability to contract, and by preventing dehydration. It also prevents the sagging skin that usually follows weight loss. Shrinking cells are buoyed by water, which plumps the skin and leaves it clear, healthy and resilient. Drink about 2 quarts of water every day (an additional 8-oz. glass for every 25 pounds of excess weight). Also increase water intake if you exercise or in hot, dry, weather.

## **Hints from Alice**

by Alice Bowman, Stillwater-Ponca City (OK) UOA Chapter Here are a couple of new hints that I picked up in the Detroit area:

1. Even if you do not like wearing a belt, do so for about two hours after changing your appliance, as it will help the adhesive adhere and last longer. Don't forget to leave at least two finger width loose--too tight and it will pull the pouch right off.

2. Check your size and make a new pattern for your stoma. Get someone else to use a magic marker and stiff, clear plastic (You can save the clear plastic from flange packaging or from small purchases in stores). A perfect fit makes everything more comfort-

#### From Stillwater-Ponca City (OK) Ostomy Outlook Mar 2003:

## **Continuing your Social Life with an Ostomy**

via Tacoma (WA) and Green Bay (WI) News Review

Your social life can be as active as it was before surgery. You can enjoy all activities: meeting people, attending concerts, sporting events, civic and social club meetings, parties, religious occasions or whatever you enjoyed before. The first time you go out of the house after surgery, you may feel as if everyone is staring at your appliance, even though it is not visible under your clothing. You can feel your appliance on your body, but no one can see it. Keep these questions in mind: Did you know what an ostomy was or where a stoma was located, or what it looked like before you had surgery?

You may also worry about your pouch filling with gas and sticking out under your clothing. A quick trip to the restroom can take care of this problem. If you are worried about your pouch filling up immediately after eating at a social event, remember, people without ostomies often need to go to the restroom after eating and nobody will think it is unusual if you do the same! You will probably find that you need to empty your pouch less often than you need to urinate.

**Friendship and Love:** You may be wondering about your relationships with others. Now that you have an ostomy, you may feel that it will change your present relationships and decrease new opportunities for friendship and love. True friendships and deep relationships on any level are built on trust and mutual understanding. These qualities depend on you and other persons. You have the same qualities you had before surgery and your ability to develop friendships is unchanged. If you care about yourself, others will feel your strength and will not be deterred. If your ostomy does cause a break in friendship, a sexual alliance or even marriage, this relationship was not built upon trust and mutual respect and probably would have crumbled some time in the future anyway.

#### OSTOMY OUTPUT

#### Via: S. NV. Town Karaya

What to do if your ostomy output becomes thin, watery, or greatly increases in volume: Never limit your food intake in order to thicken the drainage, since this can lead to dehydration. Avoid food which you know from experience makes drainage too loose and too frequent. Begin a low-residue diet, avoiding especially, green beans, broccoli, spinach, highly spiced foods, raw fruits and beer. Add strained bananas, applesauce, boiled rice, tapioca, boiled milk and peanut butter to your diet. Pretzels help in thickening and add bulk to the drainage. The salt, also, helps stimulate thirst. Many people take an enzyme which is responsible for the metabolism of milk and sugar (lactose). This condition can cause diarrhea, gas, bloating, nausea and cramping. The elimination of milk products may cause a dramatic improvement in the symptoms. What to do if your ostomy output becomes thick, or if you develop constipation: Increase your fluid consumption, especially fruit juices. Increase the amount of cooked fruits and vegetables you are consuming. Very few foods need to be omitted from your diet because of fear of food blockage. Perhaps more important than the food in avoiding blockages is chewing well. You can reduce your intake of foods which are very high in fiber, and foods with seeds that are hard to digest if they appear to be a problem. Examples are Chinese vegetables, raw onions, nuts, pineapples, corn-on-the-cob, raw carrots, raisins, celery, mushrooms, popcorn, coconut macaroons and coleslaw.

# UOA Jacksonville Chapter is now on the Web

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

#### **Check Out New UOA Website**

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

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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 mem-ber and/or support the work of UOA. All information on this form will be kept confidential.** 

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#### MEETINGS ARE HELD AT THE BAPTIST MEDICAL CENTER 8TH FLOOR - MEETING ROOM C 3RD SUNDAY OF EACH MONTH 3PM

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

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