

The Mailbag



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

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**Please plan
to join us
Sunday Apr.
23rd
starting at
3 p.m.**

OSTOMY SUPPORT GROUP

We will be having a meeting on **April 23, 2006, 1:00 p.m.** til ??? at **MEDICAL CARE PRODUCTS, 4909 Victor Street, Jacksonville, FL 32207**

If you are not sure how to get there, please contact them at (904) 733-8500. We will be making packets for our new ostomates. If you can come that will be fine but if you cannot, there will be other times.

The following are the speakers I have line up so far:

- May 21 Paul Capitano from Hollister
- June 25 Steve C. Senay from Coloplast
- July 16 Patti w/Medical Care Products to play Ostomy Jeopardy
- Dec Christmas Party at a local restaurant

We are going to continue this year collecting the pop tabs for the **Ronald McDonald House**. We are going to see if we can fill a gallon jug by the end of the year again. In 2005 we filled a gallon jug up. We will collect these at every meeting or you can drop them off at Medical Care Products.

Also, please remember if you have any extra supplies that can be donated to our closet for those less fortunate and or to help individuals during the hard time or in between insurance companies. Either bring to a meeting or take them to Medical Care Products or call Brenda Holloway and she will arrange to pick them up at your home, her number is 422-8165. We appreciate all you do for our closet.

Only meetings that are changed this year due to holidays are the following:

April = April 23, 2006 due to Easter*** June = June 25, 06 due to Father's Day**

Thank you for your time,

Brenda L. Holloway, Support Group Contact

Medical Care Products, Inc
Toll Free 800 741-0110
WE ARE ON THE NET
www.ostomymcp.com



**WORLD
OSTOMY
DAY**
7 OCTOBER 2006

SEASONAL ISSUES

Heat Concerns for Ostomates Summer Fluid Needs

Summertime is a time of increased physical activity and weather extremes. We can prevent life-threatening heat related injuries, such as the deaths from the heat wave Chicago experienced in 1995, by taking small precautions.

Risks:

- *Being out in the full sun.*
- *An unusual amount of physical exertion.*
- *High humidity.*
- *Working or standing near furnaces or ovens.*
- *Recent flu or high doses of water pills.*
- *Decreased thirst sensation leading to lowered fluid intake.*

The process by which your body fights heat:

- *During this process, extra fluids are needed to keep your important organs from being deprived.*
- *You perspire losing salt and water.*
- *Your body brings the circulation near the skin to release heat and cool off.*

Early signs of trouble:

- *Dark, odorous urine*
- *Profuse sweating.*
- *Difficulty concentrating.*

Signs of serious trouble:

- *Trembling or vomiting.*
- *Headache or rapid breathing.*
- *Pale, hot and/or dry skin*
- *Confusion.*
- *Lack of appetite.*
- *Dizziness.*

Treatment:

- *Go to the shade.*
- *Lie down with your feet up.*
- *Apply cold water to your body; i.e., cover yourself with soaked towels.*
- *Remove excess clothing.*
- *Call your doctor if the symptoms are not relieved in a few minutes.*

Prevention:

- *An ileostomy requires two to four more cups of fluid each day because of high liquid output.*
- *Drink fluids before going out to summer activities.*
- *Favor water, fruit or vegetable juice and sport drinks, over alcohol and or caffeine beverages.*
- *Choose cold drinks.*
- *Bring liquids with you and take frequent sips.*
- *Drink ten glasses of water each day, and even more if you have an ileostomy or urostomy.*
- *Stay in the shade.*

(Eileen Carter, RN/ET)

Summertime Travel with an Ostomy

Don't expect to get the same pouch seal-time as you do in the fall, winter or spring. If your wafer or ring skin barrier melts out faster, change the pouch more frequently. If wearing times are very poor, have your ET Nurse recommend a different skin barrier.

If plastic against your skin is uncomfortable or causes a heat rash, purchase or sew your own pouch cover.

If you are wearing a two-piece system and are participating in very active sports, use an IV strip of 2" or 3" tape to secure the pouch and the barrier to your abdomen to prevent the pouch from "popping off" the barrier.

Be sure to drink plenty of liquids so that you won't get dehydrated or constipated. For extra security during swimming and water sports, use waterproof or "pink" tape to "picture-frame" your pouch.

Monilia is a common summer problem. This raised; itchy, red rash on the peristomal skin is uncomfortable and keeps pouches from holding well. If you suspect a monilial rash, contact your physician as soon as possible for a prescription for anti-monilia powder.

Never pack ostomy supplies in your suitcase. Pack them in your hand luggage and take them with you. Keep this in mind even when traveling by car.

Never keep your equipment in the car trunk where excessive heat can damage appliances, dry out cement, etc.

All About Stoma Paste

Most ostomates have tried stoma paste at one time or another and considerably more than half of us use it on a regular basis as part of our ostomy appliance.

What is it? Technically, stoma pastes are skin barrier compounds manufactured by several companies that are molded around stomas or skin surface irregularities to provide additional protection and a uniform sealing surface around the stoma and under the appliance barrier. Stoma paste usually comes in a tube similar to toothpaste.

The name of this compound (i.e. "PASTE") does not accurately describe its application and the manufacturers certainly could have found a better name to describe it. It is not, as the name implies to some, a glue that is used to adhere the wafer or barrier to the skin.

What does it do? When applied correctly, stoma paste provides an additional degree of protection around the stoma and on any exposed skin between the base of the stoma and the opening in the wafer or appliance barrier. It can be used to fill in any irregularities, such as wrinkles, folds or suture scars on the skin underneath the wafer. This will provide a smooth skin surface, better appliance adhesion and less chance of leakage. The easiest way to think of how stoma paste works is to compare it to the

Convexity

What is Convexity? Who needs it? Unfortunately, many of us have less than a perfect stoma (for many reasons.) The less perfect the stoma, the more difficult it is to obtain a good pouch seal. Convexity is the adaptation of a barrier or faceplate, so that it protrudes (the stoma), thereby pressing into the skin around the stoma. The use of convexity is indicated when one is unable to maintain a pouch seal for an acceptable length of time or when persistent skin irritation occurs even without leakage. Stomas that are flush (level with the skin) or peristomal skin with irregular contours, frequently result in the stomal discharge undermining the barrier. A pouching system that incorporates convexity may help to eliminate the undermining and improve pouch adherence. Naturally there are always those individuals who have their own unique problems and need the help and guidance of your ET nurse. It was not too long ago that people with problem stomas requiring convexity were forced to use reusable faceplates and pouches. Now, there are several ways of achieving convexity from the addition of an insert into a two-piece system, to the use of a pouch with built in convexity, to a flange with built in convexity..

Numerous manufacturers of products have built convexity into the barrier. Several companies even offer varying depth of convexity—shallow, medium, or deep.
(Loree Siebert, RN, ET)

The 2006 World Ostomy Day Photo Contest

Sponsored by
Hollister

**For more information please visit the
International Ostomy Association
Website**

<http://www.ostomyinternational.org>

Or view the March 2006 Mailbag Newsletter

Possible Problems with Your Stoma

Here are some tips for dealing with some of the problems that could arise. Usually you can solve them yourself.

1. Problem: Gas

Common Cause: Skipping meals. Taking foods or beverages that produce gas, i.e., cabbage, carbonated drinks, apple juice, ice. Also, swallowing air causes gas.

Prevention: Maintain a regular eating schedule. Avoid foods that produce gas.

Other Tips: Release gas from pouch. Take yogurt or buttermilk after meals. Don't talk while eating and keep mouth closed while chewing.

2. Problem: Odor

Common Cause: Poor hygiene. Eating foods that cause odor, i.e., onions, garlic, spices, fish, and cabbage.

Prevention: After emptying, rinse with tepid water. Change pouch every two to four days. Use odor-proof pouch or pouch deodorants.

Other Tips: Dispose of reusable equipment if odor persists after cleansing.

3. Problem: Skin Irritation

Common Cause: This is more likely to develop if you are a fair-skinned, elderly person, not eating enough, taking steroids, and/or undergoing chemotherapy or radiotherapy. Inappropriate pouching system. Frequent leakage.

Prevention: Use pouch with proper stoma opening and maintain seal. Clean skin and remove pouch carefully. Empty pouch when 1/3 full and release flatus. Change pouch when output is low, i.e., before breakfast. Prevent leakage by changing pouch on a regular schedule. Change pouch immediately if leakage occurs.

Other Tips: Clean and dry skin properly. Use skin barrier. Seek professional help if problem gets worse, persists more than one week, or makes it difficult to keep the pouch attached.

4. Problem: Obstruction

Common Cause: More likely if your stoma is small, inability of the skin around the stoma to stretch. Inability to chew food. Eating high roughage foods without adequate chewing. Inadequate fluid intake when eating roughage. High output without adequate replacement of fluids and minerals.

Prevention: Chew foods, thoroughly. Avoid eating coconut, nuts, corn, seeds, celery, popcorn dried fruits, and other high roughage food. Drink adequate amounts of fluids such as bouillon, tea, Gatorade. Learn the signs of inadequate fluid intake i.e., thirst, dry skin and mucous membranes, fatigue, decreased urinary output.

Other Tips: While some obstructions resolve spontaneously, consult your physician if condition persists more than a few hours.

5. Problem: Constipation

Common Cause: Certain drugs, i.e., iron, codeine, and other narcotics. Poor intake of fluids and/or dietary bulk. Low level of activity.

Prevention: Eat foods with laxative action. Drink eight glasses of fluids daily. Eat more foods with bulk. Increase your physical activity.

Other Tips: Take drugs as prescribed.



For more information please visit the International Ostomy Association
Website

<http://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/id10.html>

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! **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 __

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

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

Medical Care Products, Inc

Toll Free 800 741-0110

WE ARE ON THE NET

www.ostomymcp.com

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TO:

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Sunday Apr.
23rd starting at
3 PM
Baptist Medical Center
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Meeting Room C

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