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The Mailbag

The Ostomy Support Newsletter Of Jacksonville, Florida

Support group meets the 3rd Sunday of each month 3 p.m. 4836 Victor Street

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Come join us for
our next chapter meeting.
Sunday April 18, 2010.
3pm, 4836 Victor Street.
Speaker/Program
to be announced.

Public TV Documentary Movie

UOAA entered into a contract for the publication of a five-minute ostomy public awareness movie that will appear on public TV; the National Medical Report as shown on cable; network and international TV as part of Voice of America.

This excellently produced project—coordinated by UOAA President Elect Kristin Knipp—can now be viewed on the UOAA Internet site at www.uoaa.org/uoaa_psa.shtml. One may also view the movie athttp://uoaa.wordpress.com/ .

We encourage you to send one of these links to anyone with an interest in ostomy surgery; i.e., our members, local medical professionals, family and even friends who you might want to have better understanding about our organization.

Travel to India

by Di Bracken
Past International Ostomy Association President

It has been a while since I travelled by air so I was interested to know how the new laws put in place since January would affect me. We have received a number of calls in Ostomy Toronto in regard to traveling and the new regulations in place. I refer to the full body scan machines that we now have operating in both Canada and the USA. My flight to India was Toronto to Newark, USA and then onward to Delhi. I gave myself plenty of time at Toronto as I knew I was likely to have a full body scan. Sure enough as I “rang the bell” on the first check, I was asked to move over to the scanning machine. I told the operator that I had an ostomy bag on my stomach which would show up on the machine and she said, “that’s fine.”

I waited a few moments and then the operator picked up a phone and reported, “I have a lady with a bag on her stomach. There was obviously a reply before she said, “Yes the lady told me.” She hung up and asked me to accompany her, together with another female agent, to a private room where she indicated that she needed to see the bag. She told me that there was no need to take off my trousers, just open the top so that she could see the bag would be fine. This I did and she took one look at the bag and turned and said to the other person , “Yes, this is an ostomy bag.” The second person asked me if she could look at the bag as she hadn’t seen one, so I showed her. I asked them how often they had people with an ostomy go through and I was the first for both of them. Both however were told in their training update that there were people with ostomies who wore a bag on their stomach. The procedure took no more than five minutes before I was back collecting my personal things. Pretty painless!

Immigration was pretty thorough checking carry on baggage taking everything out of my back pack and my hand bag. I was carrying my ostomy supplies in a special bag I use and when the examiner looked inside and started to open the pocket in which I carry the actual pouches, I asked her to stop. She did so and I said, “I have no objection to you looking at this pocket, but it contains bags I wear so I would ask you to wear clean gloves.” She replied everything was fine and off I went.

I looked at what was happening with everyone else and have the following observation as far as Toronto is concerned. All people traveling had their hand baggage searched. All who rang the bell at the initial search went through a body scan. There was a lady after me who had a replacement knee and after the scan she just went through without any further observation. I spoke to some fellow travelers as we were waiting at the airport and all were agreed that they found the scan far more acceptable than being physically patted down.

The bottom line is that the authorities at the airport have the right to ask to see your ostomy appliance. We have the right to make sure that this is done in a private room. There was no question in Toronto – I was taken to a private room. I did not have to ask. I had three four further flights before returning home so more to come.

Last Comments on Airport Travel

by Di Bracken
Past International Ostomy Association President

Last Comments on Travelling with an Ostomy

I will make this the last of my blogs on travelling with an ostomy but I did want to share this with you as I have had two different experiences leaving from the same airport and the same terminal. Toronto has one terminal devoted to our national carrier Air Canada and it has three major sections; one dealing with internal flights; one for all flights to the USA even if you are just in transit and are only changing planes and last section is for all international flights. I have already shared with you my experiences of going through the full body scan as I was changing planes in Newark. Last week I left for Cairo but this time changing planes in Frankfurt, Germany and then on to Cairo. I arrived early as I expected to go through the full body scan with questions asked about my ileostomy. There was no one at check in so I was through in less than five minutes and on to security. There was not a soul at security – just me. As usual, I put my carry on baggage on the conveyor belt for scanning (I was not asked to remove my shoes or jacket) and then through the first line at security where, the bell sounded as I walked through. I looked for the full body scan equipment, there was none. I was just asked to stand and raise my arms to be “wanded” down. I had explained that I had a replacement hip and it was only on this side that there was any reaction to the check. The attendant then informed me that she would pat me down paying attention to my left side. She thoroughly patted down my left leg but no other part of my body and told me I was free to go. My carry on consisted of a month’s supply of ostomy appliances but no questions asked. I expected my baggage to be searched but nothing. As I was still the only one around I asked the security why there was no body scanning equipment for international departures. The reply was that it is only the USA who requires this level of scanning. I knew that my luggage would be going through to Cairo but I also knew that I would be searched again in Frankfurt. This was the case – again no full body scanning equipment ; I was "wanded " but not patted down and my carry on went through without being opened or searched or any questions asked. It will be interesting to see what happens in London in a couple of weeks on the return flight.

There is no doubt that if one is subjected to a full body scan, then we know that there will be questions in regard to our ostomy. If one is patted down, it depends on the thoroughness of the "patting down" as to whether the ostomy appliance is discovered. I have had occasions as the flights detailed here where I went through without questions about my ostomy but I also have been patted down and I have been questioned about my pouch. The bottom line is BE PREPARED to answer any and all questions and to even show your pouch if asked. If you are asked to show your pouch, you are entitled to privacy . I travel frequently so I allow extra time to deal with any issues that may arise at security. I stay calm and when questioned, I try to use the situation as a teaching experience in the hope that it will create more public awareness about ostomies. I am most certainly not going to stop traveling because I have an ostomy.

I write this on a cruise ship looking out at the left bank of the River Nile but more about that later.

(You may contact Di Bracken Past IOA President via: http://www.ostomyinternational.org/officers.htm)

New Air Travel Rules from the TSA

From the Transportation Safety Administration rules, February 2010

- Security officers will not require you to remove your prosthetic device, cast or support brace.
- During the screening process, please do not remove or offer to remove your prosthetic device.
- You have the option of requesting, at any time, a private room during the screening of your prosthetic device, cast or support brace.
- If you wear an external medical device and are uncomfortable with going through the metal detector or being handwanded, you may request a private pat-down inspection and visual inspection of your device instead.
- You should be offered a private screening if clothing is to be lifted to complete the inspection process.

Advise the security officer if you have an ostomy or urine pouch. You will not be required to expose these devices for inspection.

What Would You Do If?

By Ellice Feiveson, Metro Maryland

Trust me, every person with an ostomy has had or will have an ostomy accident. By accident, I mean a pouch leak of some kind. The question is, are you prepared in case an accident occurs away from home? Not so much prepared as far as having a change of clothes and extra pouches, but prepared emotionally to deal with the unexpected mishap. The reality of it is that every person with an ostomy must think of what he/she would do if at a party, in a restaurant, work or anywhere else your pouch leaked because it was not on securely or the clasp came off and the contents were spilling out.

The question is, what do you do if you feel your pouch is not on securely or you feel wet around your pouch? First, you think that everyone is noticing you and knows what is happening. Stay calm. Go to the nearest bathroom and take care of business. Most likely, your friends are continuing their conversation in the restaurant or in your workplace and no one knows you are temporarily missing. When I encountered an accident while I was in a group situation, I just removed myself, and took my time in freshening up and rejoined my friends. No explanation is ever necessary. The more outings you take and the more public situations you are in, the more confident you will be as time goes on.

Many years ago, when I worked as a volunteer at a hospital, I got to know a little girl named Liz who was suffering from a rare and serious disease. Her only chance of recovery appeared to be a blood transfusion from her five-year-old brother, who had miraculously survived the same disease and had developed the antibodies needed to combat the illness. The doctor explained the situation to her little brother, and asked the little boy if he would be willing to give his blood to his sister.

I saw him hesitate for only a moment before taking a deep breath and saying, “Yes I'll do it if it will save her.” As the transfusion progressed, he lay in bed next to his sister and smiled, as we all did, seeing the color returning to her cheeks. Then his face grew pale and his smile faded. He looked up at the doctor and asked with a trembling voice, “Will I start to die right away?” Being young, the little boy had misunderstood the doctor; he thought he was going to have to give all of his blood to his sister in order to save her. Regardless, he had chosen to save her anyway.

I’m Alive . . . You’re Alive We Both Have Ostomies

Ostomy Support group of Central Indiana

They did not perform this surgery on us just for fun. They did not call it elective surgery. They hustled us off to the operating room to save our lives.

They told our husbands, wives and other loved ones that it was necessary or we would die . . . maybe not today, but sometime very soon, too soon. So now, we have an ileostomy, a colostomy, an ileal conduit—or maybe two of these—and we are alive. We are alive because of this surgery and we can accept this or reject it. We can live a secret sheltered life. We can be embarrassed and not talk about our affliction . . . or we can say thank you for another chance to live this life in a helpful, hopeful way. We can tell people that an ostomy is not the end of a normal life. Sometimes they may have a loved one who must face this surgery. We can hope that because we were normal, happy, well adjusted and alive, and told someone about our ostomy, his/her loved one would fare better, perhaps, as well as we did. Try it. Would it not make you feel good to think someone could benefit from your experience?

Hints for New Urostomy Patients

Forward by The Ostomy Association of Long Island

Train yourself to shut the pouch valve as soon as you have emptied the pouch! If you forget, the resulting disaster within the next 10 minutes could ruin your day.

Be sure to take the plastic washbasin and clean measuring container home from the hospital. They are very helpful as you establish a daily routine of washing your nighttime equipment.

Gallon bottles of white vinegar and cheap liquid detergent make the daily washing-up an inexpensive chore. Irrigate the pouch daily with a solution of 4/5 water and 1/5 vinegar. The hospital plastic washbasin is an ideal container for supplies when traveling. If In most cases, urostomy patients enjoy a completely normal diet. Cranberry juice, yogurt or buttermilk will help combat urinary odors. Asparagus produces a strong odor in urine, but many of us eat it anyway because it tastes good and is healthy.

IOA Today 1st Quarter 2010 Newsletter

IOA TODAY brings to you up to date **Ostomy related reports** from around the world.
http://www.ostomyinternational.org/IOAToday/IOATodayFirstQuarter2010.pdf

Other Websites Of Interest:

United Ostomy Association of America: www.uoaa.org

Your Ostomy Community Connection Center: www.c3life.com

Check Us Out On The Web

www.ostomymcp.cpom

Ostomy Chat Room Weekly Meetings

Yahoo Peoples with Ostomy2* - Mondays, 8:00 pm US Central time
http://clubs.yahoo.com/clubs/peopleswithostomy2

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

UOAA Chat Sundays 9pm ET / 6pm PT
http://www.yodaa.org/chat.php

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 __

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TO: