

The MailBag

Jacksonville group meets the 3rd Sunday of each month 3 p.m. 4836 Victor Street.
 Ocala support group meets the 2nd Sunday of each month (except July & Aug) at 2 p.m. at the Sheriff's Station 3260 SE 80th Street (between Ocala and Belleview).
 Amelia Island Area Ostomy Support Group meets last Monday of each month at 6pm - Bapt Medical Center Nassau board room.

Please take the time and visit UOAA Website <http://www.ostomy.org>.

Featured Product For April



Montreal Ostomy Manufacturing ReliaMed® Ostomy Pouch Absorbent Tablet, with Deodorant, Highly Absorbent

- Convenient and effective.
- Easy to insert.
- Fluid solidifier and liquid noise reducer.
- Deodorizing and Highly absorbent.
- Patient esteem enhancer.

Jacksonville Contact Information:

Patti Langenbach
 (800) 741-0110
 (904) 733-8500

patti@ostonymcp.com

The Jacksonville UOAA chapter meets the 3rd Sunday of each except when otherwise posted.

To help offset the mailing cost you may now receive the MailBag Newsletter via email.

Please contact:

Patti: patti@ostonymcp.com
 (Newsletter will be in PDF format)

Support group meets the 3rd Sunday of each month 3 p.m. 4836 Victor Street
Next Meeting April 27th

Ocala Contact Information

Lynn Parsons
 (352)245-3114

www.ostomyocala.com

Ocala support group meets the 2nd Sunday of each month (except July & Aug) at 2 p.m. at the Sheriff's Station 3260 SE 80th Street (between Ocala and Belleview).
Next Meeting April 13th

Amelia Island Area Ostomy Support Group

meets last Monday of each month at 6pm - Bapt Medical Center Nassau board room.
 Free parking (904) 310-9054
Next Meeting April 28th



“Gutsy’s Gab:” “Speak Out and Be Heard!”

By Linda Blumberg AKA “Mrs. Lips”

March 2014: all about “luck”...like our March 16 Jax ASG meeting, when we gathered together, ostomates/spouses, welcoming a newbie urostomate, discussing ostomy concerns/products/experiences, and how LUCKY we all are to be alive! Linda, Bette, Anne Marie, and Joe encouraged everyone to consider joining, reading/posting on the inspirational/informational ConvaTec social media website Inspire.com...”Gutsy,” Linda’s ileostomy stoma says that it’s the *coolest* thing to be alternately “talking” with ostomates as near as Jax, FL, and as far away as Australia!...

SPOTLIGHT ON: April 2014: (1st) April Fool’s Day, (14th) Passover, (15th) Taxes Due(!), (18th) Good Friday, and (20th) Easter Sunday. Gutsy says, “Don’t be an ‘April Fool!’”: (1) check for blood in stools/urine, (2) have life-saving colonoscopy, with follow up life-affirming ileostomy, colostomy, or urostomy surgery, if needed... Don’t be “fooled” into thinking colorectal/bladder cancer can’t happen to you...because, sadly, it can... Vigilance could “pay off!”...As “taxing” as drinking the prep and crapping it out may seem, if you “Pass-over” this opportunity, you could be “plagued” (like the 10 Biblical ones) by an early, preventable death!...Wouldn’t you rather be “dyeing” your Easter eggs instead of “dying” out of ignorance or blatant disregard? Gutsy says that if you take this responsibility seriously, then your answer to: “Do you want to end up wearing a ‘bag on your leg?’” will be: “Nobody *WANTS* to...but, I will...if it affords me an ‘extension’ on my life, for even one more day!... and, as an ostomates, I know I will still be *NORMAL*, *LOVABLE*, and can feel empowered to live a good, full life with an ostomy!” (See Linda’s 1st Phoenix article, June 2011, p. 30)...

How can you show some “April Love” to your stoma?...(1) Dress him/her up in beautiful pouch covers from Koolostomy.com, like Gutsy proudly wears...(2) Honor your stoma with its own name!...email: Patti@ostomymcp.com or Linda: blumbergl@duvalschools.org... And, you could be featured in future Gutsy’s Gab column, just like newbie “Henry!”...it’s cathartic AND fun!...(How much fun? See Linda’s 2nd Phoenix article/photo, December 2013, p. 78)...

BOTTOMLINE/MARK YOUR CALENDAR: We hope you will “hop” on over to our next Jax ASG meeting on Sunday, April 27, 2014...(delayed from usual 3rd Sunday [April 20] for religious reasons)...There, we will “w(h)et” your appetite for Kimberly’s “Konfections,” and thirst for knowledge and camaraderie, while we “shower” you with our “April Love”...You should “PAT” yourself on the back that YOU ACCEPT YOUR OSTOMY(!) as a BOON-e to CELEBRATING BEING ALIVE!...Join old and new friends for an “egg-ceptional egg-sperience” ...Our humor will “crack you up,” and is guaranteed to “bring you out of your ‘shell!’”...See YOU there!!

Can Ostomates Donate Blood? (Updated again)

by Bob Baumel, North Central OK Ostomy Association

Note: This is my third iteration of this article. Previous versions were published in our August 2006 and February 2009 newsletters.

Ostomy newsletters sometimes publish warnings that ostomates, especially ileostomates, shouldn't donate blood. One such article cites a horror story (which may or may not be real) about an ileostomate who developed a kidney stone, allegedly due to the temporary dehydration caused by a blood donation.

I am one ileostomate who has always ignored those warnings. As of Feb 2014, I've donated the equivalent of over 110 units of blood, at least 80 of them since my permanent ileostomy surgery in 1992. And I've never suffered any ill effects from giving blood.

The question in the title of this article involves two issues: Is giving blood safe for the ostomate? And will the ostomate's blood be accepted by the blood bank? On the first question, it should be understood that ostomates are different, and may have other health issues besides the ostomy, so it isn't possible to make a blanket statement for all ostomates. Therefore, check with your doctor if you have any doubts about your ability to give blood.

It's true that giving blood (at least, donating whole blood) can cause temporary mild dehydration (although not as severe as can occur from an ileostomy blockage or acute gastroenteritis episode). If you have a strong tendency to develop kidney stones, you may wish to avoid donating blood for this reason. However, in most cases, this mild dehydration is easily dealt with by being careful to drink a good amount of fluid before and after the blood donation.

You can also give blood and avoid dehydration totally by using one of the newer "apheresis" methods. These are procedures in which components of your blood are separated by specialized equipment while you donate, and some components are returned to your body. In addition, they pump enough saline into you to replace the blood volume removed, so you aren't dehydrated at all afterward. I've donated a number of times using one of these methods (double red cell donation). However, there is no longer a collection center in my area that can take such donations, so I'm back to donating whole blood now.

Turning to the second question (whether the ostomate's blood will be accepted), having an ostomy does not, by itself, disqualify you from giving blood, at least in the United States, although you may need to wait until a year after surgery. Rules vary in different countries, so readers outside the U.S. should check rules in their country. In the U.S., the rules are set by the Food and Drug Administration; for a good summary, see www.redcrossblood.org.

While having an ostomy doesn't disqualify you from giving blood, you may be rejected due to low hemoglobin, or if you take certain medications or have certain other health issues. To probe some of those issues, you'll need to answer a list of questions before donating (at many collection centers, you can answer those questions directly on a computer, although you can always have a person ask you the questions if you prefer).

If you've had recent surgery, especially if you received blood transfusions, you'll probably need to wait a year before donating.

If you've had cancer, as long as it wasn't a blood-related cancer, you can donate if it was treated successfully and the cancer hasn't recurred for at least a year.

Chronic conditions like ulcerative colitis and Crohn's Disease also don't disqualify you. The Red Cross site says: "Most chronic illnesses are acceptable as long as you feel well, the condition is under control, and you meet all other eligibility requirements."

Proper Care & Storage of Ostomy Supplies

from an article by Teresa Murphy-Stowers, Fort Worth, TX; via Dallas (TX) Ostomatic News

Ostomy supplies are not inexpensive, to say the least. So, it is important to understand how to apply them properly with the fewest errors possible and equally important to know how to take care of and store supplies until use. Proper care may avert the need to discard unused supplies and thus be as economical as possible.

- Be sure to read carefully the instruction sheet included in the box or guidelines on the container for specific recommendations for a given product.
- Generally, all ostomy supplies should be stored in a cool, dry location. Too much heat can melt or weaken many of the materials used in ostomy wafers, pouches, and accessory items. Avoid leaving supplies in a hot car or in direct sunlight.
- Review instructions periodically to refresh your memory and to see if any recommendations have changed over time.
- Keep supplies such as wafers and pouches in their original box. By doing so, you save the brand name, product identification number, and the lot and date information for those items. Perhaps you will never need this information, but in the event you do, the box you have saved will provide the information you (or someone helping you) will need for reorder or to report any quality control problems.
- Some ostomy supplies do have a “shelf life.” Be sure to check for dates that may be recorded on their containers. If you find you have a box with an expired date, check with the manufacturer, your local supplier, or an Ostomy nurse for advice on usage.
- While you do want to keep a “stock” of supplies so you are always prepared to change out your system, avoid the practice of stockpiling too much so your reserve will be as fresh as possible. This, of course, depends on factors such as the availability, proximity to a local supply house, or shipping issues.
- Purchase supplies from a trusted vendor—one you know will provide good service as well as stock/ship current stock.

Reporting Defective supplies

- If you determine your supplies are defective in spite of proper use and storage, contact the manufacturer at their toll free number to report the problem and receive product replacement or adjustment.
- Let your supply source know of your report to the manufacturer. They need to be aware of problems; however, the complaint needs to be directed to the manufacturer to ensure the defect can be addressed.

Safe Travel Tips

by Joseph Rundle, Aurora (IL) Ostomy Group; via Metro Maryland

With the terrorist alert on high and many concerned about safe travel at this difficult time, I thought I would offer you some useful tips:

- Do not ride in an automobile. Autos cause 20% of all fatal accidents.
- Do not stay at home. That is where 17% of all accidents occur.
- Do not walk across the street. Pedestrians are victims of over 14% of all accidents.
- Do not travel by air, rail or water. People have 16% of all accidental deaths because of these activities.

However, only 0.0001% of all fatal accidents occur at our local ostomy support association’s meetings. Moreover, virtually none of these happen during the business meetings. Obviously, the safest place to be is at your local ostomy association meeting. You’d better go to the next one, just to play it safe.



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Upcoming Events

May 2-4, 2014
**UOAA Mid-Atlantic Regional
Conference**
Sept 1-6, 2015
**5th UOAA National Conference,
St Louis MO**

CHECK UOAA WEBSITE FOR
MORE INFORMATION

<http://www.ostomy.org>



**Sept 1-6, 2015 • Fifth UOAA
National Conference •
St Louis MO**



[http://ostomycanada.ca/events/
biennial_conference_of_uoac](http://ostomycanada.ca/events/biennial_conference_of_uoac)

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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