



## New Image Soft Convex CeraPlus Skin Barrier - Tape

The CeraPlus skin barrier with Remois technology\* is infused with ceramide. Ceramide is a natural component of human skin that helps prevent water loss that can lead to skin dryness and damage. It is designed to maintain adhesive properties and features a formulation to help protect the skin's natural moisture barrier and help maintain good peristomal skin health from day one.

The flexible design may help provide gentle pressure around the stoma to help obtain the right fit and conform to uneven skin surfaces.

The adhesive border may help provide peace of mind and increase confidence in patients with skin creases and varying topography.

The floating flange may help allow a secure pouch and barrier coupling without pressing on the abdomen.

Together the New Image Soft Convex CeraPlus skin barrier provides patients with a unique combination of fit and formulation that patients deserve.

### Features

- CeraPlus Skin Barrier, Soft Convex
- Adhesive Tape Border
- Available cut-to-fit or pre-sized
- Integrated Floating Flange
- Not made with natural rubber latex



Medical Care Products, Inc.  
 (904) 733-8500  
 (800) 741-0110

### Check Out The MailBag Now On FaceBook

[https://www.facebook.com/JaxUOAA/?ref=aymt\\_homepage\\_panel](https://www.facebook.com/JaxUOAA/?ref=aymt_homepage_panel)

Find all the past issues of the MailBag at <http://ostomymcp.com/id6.html>

### Jacksonville Contact Information:

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

[patti@ostomymcp.com](mailto:patti@ostomymcp.com)

Support group meets the 3rd Sunday of each month 3 p.m.  
 4836 Victor Street  
 Next Meeting: **Apr 19th**

### Gainesville Support Group Contact info:

JoAnne Bell at 352-284-4214  
 Meets the 1st Sunday of each month (except Holidays)  
 at Hope Lodge 2121 SW 16th St  
 Gainesville, FL  
 Next meeting: **Apr 5th**

### Ocala Support Contact info:

Karen Franco 352-304-1309  
[www.ostomyocala.com](http://www.ostomyocala.com)  
 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: **Apr 19th\***  
**\*PLEASE NOTE MEETING CHANGE**

### Citrus County Support Group

Meets third Sunday of each month at 2:00 PM in the Seven Rivers Regional Medical Center, 6201 N. Suncoast Blvd., Crystal River, FL 34428, in the Community Room of the Medical Office Building **Apr 19th**

### Amelia Island Area Ostomy Support Group

(904) 310-9054  
 Meets second Monday of each month at 6:30pm UF North Campus UF Health North 15255 Max Leggett Parkway Jacksonville, FL 32218 (Meeting Room 3-4)  
 Free parking  
 Next Meeting: **Apr 13th**

**The Villages Ostomy Support Group**  
 We meet on the 2nd Tuesday evening of each month at 6:00 PM at (except July & August)

Saddlebrook Recreation Center  
 3010 Saddlebrook Lane  
 The Villages, Florida  
 Linda Manson  
[tvostomy@gmail.com](mailto:tvostomy@gmail.com)  
 865-335-6330  
 Next Meeting: **Apr 14th**

## Colorectal Cancer: Tommy Chong talks colorectal cancer, colostomy bags and the healing power of humor. By UCLAHEALTH Via The Journal February 2020

Tommy Chong has had many identities in his career: Comedian (he's half of the Grammy Award -winning duo Cheech and Chong), actor, musician, cannabis activist and "Dancing with the Stars" contestant. Another new addition to that list? Cancer Survivor. Under the care of Kevork Kazanjian, MD, chief of Colorectal Surgery at UCLA, Chong was recently treated for colorectal cancer at the UCLA Colorectal Cancer Treatment Program at the Ronald Reagan UCLA Medical Center. In honor of National Cancer Survivors Day on June 5th, Chong talked to us about fighting cancer with humor, attitude and a great medical team.

**How are you feeling?** I just finished treatment about a month ago. I'm cancer-free right now Free as a bug, and I'm feeling incredible.

**was it like to be diagnosed?** The funny thing was, I was diagnosed with prostate cancer in 2008. I had a biopsy and a specialist advised me not to do anything because it was slow-acting. Then I started to get cocky. I did some [media] interviews and said I was treating my prostate cancer with marijuana suppositories. I was on "Dancing with the Stars," bragging about treating my cancer with marijuana, and then I started getting symptoms of colorectal cancer. I went to the doctor, and yes indeed, I did have a tumor. It was as if the cancer gods had said, "No, we'll give you something real to treat."

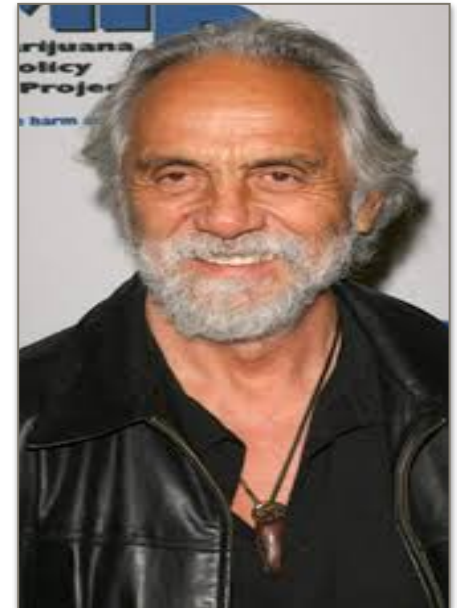
**Did you seek treatment right away?** My medical team removed the tumor almost immediately after discovering it. I underwent radiation for about a month, and then had surgery. I found that UCLA is really the best place to be treated: the best surgeons, the best care, and the best attitude. For about a year, I was on chemo pills, 20 days on and then a week off. It was a struggle — a short bump in the road for me.

**Why do you think recovery went so smoothly?** I've always been very active. I've been an avid body builder since I was 16 or 17 years old. I still exercise — I body build, I play golf. Here's what I've learned, especially with weight training and playing golf: We are masters of our own ships. We decide whether we're going to be healthy or sick, happy or sad. By keeping a flippant attitude during hard times, your body responds to how you perceive yourself.

**So humor has played a big part in your cancer journey?** Since I got [colorectal cancer], they had to rearrange the plumbing. I went from having a normal bowel movement to having a colostomy bag. As a comedian, I'm working up a routine about pros and cons. With comedy, I'll take any kind of problem and make it a joke. Then it's no longer a problem. It's part of a routine.

**There is still stigma and misinformation about colostomies. What has that part of the experience been like for you?** Look at the alternative: If you don't do it you're dead. It's actually a plus in my life. I no longer spend agonizing minutes sitting on a toilet. I can walk to a restroom, and within seconds, change everything. It's not a problem physically. It's a drag as far as the look goes. I've got a lump you can see through a T-Shirt. It's inconvenient, but really such a slight inconvenience. It's keeping me alive and will for many years to come. I look at everything as a blessing.

**Do you have any advice for those at risk, or those fighting cancer?** If you suspect something is wrong, go get it checked out immediately. Don't make up stories. Don't be afraid of being checked out. It is better to know the truth. Sickness is a learning experience. The Miracles that happen come from within. That's what I've found out, and that's the way I live my life now. It's all attitude. I'm living proof that humor will get you through everything.



## PREVENT HERNIAS

By Faye Hardert, Hamilton, OH, Friend of Greater Cincinnati Ostomy Association, Edited by Jessica Vennemeyer

“That’s A Hernia” This statement came from my surgeon when I asked what this big lump around my stoma was. This was a surprise to me as I had no idea this can happen following a colostomy surgery. In 2009, I had this surgery and felt my healing and recovery were excellent, no real problems getting used to pouches and getting on with my life at age 79 years, even traveling out of state within the first year. I could deal well with this health issue. THEN Before the first year was over, I went back to my surgeon to find that I had “grown” a parastomal hernia. The only help for this at that time was a prescribed support belt. I immediately started wearing a “Nu-Hope” belt. FAST FORWARD TO NOW My parastomal hernia has taken over my life. The size is a large grapefruit size – sticking out on my left abdomen. I had found pouches, not fitting, were letting go, leaking and keeping me from going out. Luckily, I found Dr. Sally, Christ Hospital, a stoma specialist who has helped me find the best pouching system for this large protrusion. The bottom line is, having a colostomy, in addition to saving my life, allowed me to move ahead with little difficulty. To have a parastomal hernia has reduced the quality of my life, a support belt now does not hide this large area. I can now only wear tops which hang loosely. Two different Great Grandchildren each asked if I was going to have a baby like their mommy. I have been told that surgery to remove the hernia is too risky and only would be done if I had a major blockage in the intestine (which is possible). I am writing this only to “forewarn” others of the possibility of getting a hernia and using precaution to perhaps avoid this very bad circumstance. It is my feeling that if I had started wearing a support belt soon after my surgery, I possibly could have prevented this. I feel I caused my hernia to happen because I was too active, putting strain on this area too soon. Certainly, a proper fitting support belt could be preventative. I thoroughly recommend this soon after surgery – not waiting to find out as I did. This is an important issue, and it should be addressed, even though I have seen no information for a prevention. This has been my experience and I hope this writing will be helpful to others.

## TIPS AND TRICKS: Dealing with Very Watery Output

Via Live and Learn, Fall 2019

Very watery and frequent output will mean you must empty more frequently and are at greater risk of barrier breakdown.

Changing the appliance more frequently can get expensive as can using tabs and capsules.

Some lower cost solutions to decrease unwanted watery output are: Corn Starch: Yes, plain old cornstarch in the bag. It thickens gravy doesn’t it? It’s far cheaper than ostomy thickeners and can also help with odor. A couple of heaping teaspoons in the bag after each empty. Another product is “ThickenUp”, an instant food thickener by Nestle.

## Something for the New Ostomate

Via Ostomy Spotlight, Oshkosh, Wisconsin Ostomy Support Group, “The Bud” Chippewa Valley Ostomy Association, Eau Claire, Wisconsin, and Live and Learn, Fall 2019

Don’t forget, Rome was not built in a day. If changing your appliance seems to take forever, with practice it will soon become a small part of your normal day. “Waste disposal” for you once again will become a private matter. DO learn to take care of yourself from the start. You may not always have someone around to assist you. Come to ostomy meetings where you can talk to others about your problems. You’ll be surprised at the ease with which you can discuss problems there. Bring your family members with you. It’s also important to have them understand ostomy problems and solutions.

## STOMA SHAPES

Canadian Society of Intestinal Research via Ostomy Association of Greater Chicago's 'The New Outlook'

Changes to the size and shape of a new stoma are normal during the postoperative period. Initially, after surgery, stomas are swollen (edematous). The swelling will gradually subside over a period of about 6 weeks after surgery. No one will be able to tell you exactly how large your stoma will be right after surgery, nor how much smaller it will be as the swelling settles. Regular measuring of the base of your stoma is important during this 6-week period so that you can maintain correct sizing of the opening of the flange/appliance that you are using. The opening of a traditional flange/ appliance should be about 1/8th of an inch (3-4 millimeters) larger than the base of your stoma. Correct sizing will help to prevent irritation of the skin around your stoma, as well as prevent irritation (lacerations) to the stoma itself. Moldable flanges do not require this precision.

Changes to the size and shape of an established stoma can also occur over time. Most commonly, these changes result from weight gain. In general, weight gain of ten pounds (4.5 kilograms) or more can cause a stoma to “pull-in” and to become more flush with the surrounding skin. Weight gain may also change the contours of the skin surrounding your stoma. Consequently, your “usual” pouching system may no longer be appropriate, particularly if you are experiencing frequent leaks or the usual wear-time has decreased. If your weight has increased by more than 10 pounds since your ostomy surgery, you may benefit from contacting an Enterostomal Therapy Nurse (ET) to reevaluate your pouching system. Equally, dramatic weight loss can impact stoma size and skin contours, also requiring reevaluation of pouching systems.

For women who have stomas and who become pregnant, regular reevaluation of the stoma and pouching system is recommended throughout the pregnancy. The weight gain experienced during pregnancy (particularly in the second and third trimesters) can cause the stoma to become flush, or even retracted during the later stages. Maintaining regular contact with an ET will help to determine appropriate changes to the pouching system as the pregnancy progresses.

A lengthening (or prolapse) of the stoma can occur. While peristalsis will normally cause minor changes to the length of the stoma, the stoma may also excessively lengthen. You may notice that the stoma lengthens (or prolapses) while standing or after coughing, then may return to normal (reduce) after you lie down. If you notice that your stoma is prolapsing, you should contact an ET for reevaluation of your pouching and management of the prolapse.

Some people may develop hernias around the stoma (peristomal hernias), causing a bulging of the skin. Again, this bulging may cause significant changes to the size and shape of your stoma. An ET will be able to help you reassess your pouching as well as assist with the evaluation and management of the hernia. Lastly, changes can result simply from aging. As muscle and skin lose strength and tone, changes to the stoma and the contours of the surrounding skin may require alterations to the size and type of pouching used. Generally, it is recommended that people with established stomas have their care re-evaluated annually by an Ostomy Nurse.

Editor's note: An Enterostomal Therapy Nurse (ET) is another term for an Ostomy Nurse.

## 10 Diet Tips

Your diet is vital to managing your ostomy. These tips will help you understand how eating habits affect your ostomy.

1. Chew your food thoroughly. The pieces that you swallow will often be the same size when eliminated.
2. Eat meals at regular times and avoid fasting, take your time eating to avoid swallowing air that can lead to excessive gas.
3. Consider eating 4 to 5 small meals throughout the day instead of 3 large ones. This may help control your output.
4. Avoid swallowing air when chewing gum or drinking through a straw. The extra air can lead to gas.
5. Drink plenty of water. Drinking at least 64 oz. of water each day to prevent constipation is recommended.
6. Limit or cut out foods that cause odor and eat more foods that prevent odors.
7. Some foods, like beer, coffee, fried foods and others, have a laxative effect. You may want to limit these foods in your diet.
8. For people with colostomies, eat high fiber foods, including whole grain breads, vegetables and cereals. These foods can help increase the bulk of your output. Note: Add high fiber foods gradually into your diet, and not all at once, to minimize gas and bloating.
9. For people with ileostomies, chew food well to avoid food blockage.
10. Keep a food journal for a week and record what you ate and when you ate it, along with notes on your output and any discomfort you felt. Review your journal and make changes to your diet based on what you discover.

Visit the Peristomal Skin Assessment Guide for Consumers  
<http://psag-consumer.wocn.org/#home>



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