

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
August 20th
starting at
3 p.m.**

Medical Care Products, Inc
Toll Free 800 741-0110
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www.ostomymcp.com

OSTOMY SUPPORT GROUP

I would like to thank everyone who attended the July meeting. We had Steve C. Senay from Coloplast attend our meeting and he went over the different products that his company sells. It was very informative. I would like to see more of the old ostomy group attend the ostomy support group. Lately, I have been having new people and it sure would help if some of the others would attend.

This month we will be having Ostomy Jeopardy presented by Patti from Medical Care Products. She created this game using Ostomy answers and you have to guess the questions. You will be surprised at both the answers and the questions. Patti will also introduce two ET Nurses at the meeting!! Don't miss the opportunity! I look forward to seeing you on August 20, 2006 at 3pm at Baptist Medical Center, 8th Floor Function room C

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

Aug 20 Patti w/Medical Care Products to play Ostomy Jeopardy

Sept 17 To be announced

Oct 15 To be announced

Nov 19 To be announced

Dec Christmas Party at a local restaurant

We are going to continue this year collecting the pop tabs for the Ronald McDonald House. We were 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. This year we have far exceeded this amount. 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.

Thank you for your time,

Brenda L. Holloway, Support Group Contact

IOA Today (Free Newsletter)

A Quarterly Ostomy Related Electronic Newsletter
 Bringing You Ostomy Related Information From Around the World
 Current issue Third Quarter 2006

You will find the following reports in the Third Quarter 2006 issue:

1. PRESIDENT'S MESSAGE
2. CONCLUSIONS EOA TWINNING
3. CHARTER OF OSTOMATES' RIGHTS
4. CHRONOLOGICAL HISTORY OF TWINNING PROJECT BETWEEN NORILCO AND ASSCOL
5. VILNIUS TWINNING REPORT
6. TWINNING CONFERENCE IN VILNIUS 2006 HENNING GRANSLEV
7. THIERRY SCHUSTER
8. THE STOMA CARE SOCIETY OF MALAYSIA'S ANNUAL GENERAL MEETING
9. A LONG JOURNEY
10. THE FIRST CONGRESS OF NURSES OF REPUBLIC OF SRPSKA
11. REPORT FROM PUERTO RICO
12. WOD
13. AIMS FOR WOD
14. WHAT YOUR ENTRY FOR COLOPLAST MERIT AWARD MIGHT LOOK LIKE
15. WOD FORM
16. ENTRY FORM FOR COLOPLAST AWARD
17. YEARBOOK 2005
18. REPORT FROM BRAZIL
19. FLYER FOR PUERTO RICO
20. LAST CALL FOR BIDS FOR THE IOA WORLD CONGRESS 2010

Next issue coming Fourth Quarter (Octy) 2006

Sign up today: <http://www.ostomyinternational.org/back.htm>
 Past issues of IOA Today may also be found using the above link.

Pointers with a New Ostomy

The Big Sky Informer

- There is no answer for "Why me?" but it is normal to ask the question, and you do need to work through the answer to this.
- Each person's ostomy is different, even as our fingerprints are different.
- Support and information received from someone who has an ostomy can be helpful. Ask your doctor or WOC nurse to arrange an ostomy visitor.
- It is your ostomy; learn to manage it and do not let your ostomy manage you. In the beginning, it is normal for your ostomy care to be the center of your existence; however, with time and practice your ostomy and its care will become just a normal part of your life.
- Basic management skills can be learned and like any new experiences take a bit of time to accomplish.
- Any problems that develop must be met and managed as they occur. With time and experience, you will become comfortable with your ostomy care.
- You are alive! You will get better and stronger. Give yourself time to get over ostomy surgery and to adjust to this body change and adapt to your ostomy. Be happy, you have been given a new life.

Capsule Endoscopy Update

by Bob Baumel, based on presentation given April 18, 2005 by Terrie Wright, Stillwater Medical Center Endoscopy Nurse, to Stillwater-Ponca City (OK) UOA Chapter

Slightly over a year ago, Dr. Swafford spoke at our Feb 2004 meeting to describe Capsule Endoscopy, the technique where a patient swallows a capsule containing a miniaturized camera (with its own light source, radio transmitter and battery) which has proven to be a major advance in diagnosing problems in the small intestine. Now at our April 2005 meeting, Terrie Wright, the endoscopy nurse at Stillwater Medical Center, updated us on more recent experience and presented a computerized slide show provided by Given Imaging, the company that makes the capsule.

We learned that Given's capsule, which they originally sold with the name M2A™ ("mouth to anus"), has been renamed the PillCam™ SB (for "small bowel"), as they now also have a version called the PillCam™ ESO for imaging the esophagus. The original SB capsule has a camera at one end and takes 2 pictures per second which are recorded for a total of 8 hours. The ESO capsule has cameras at both ends and takes 14 pictures per second which are recorded for only about 5 minutes. Of course, the esophagus can also be imaged by more conventional endoscopy, but patients may prefer the capsule method, as it avoids discomfort and doesn't require sedation.

We also learned that capsule endoscopy has been approved for pediatric use (in children aged 10 or over). Given now sells a pediatric accessory kit for this purpose with a recorder belt and sensor array more appropriately sized for children. (The capsule itself is the same type used by adults.)

Given has also made improvements in their data recorder and the software used by the physician for interpreting/reviewing the recorded images. These include better ability to determine the locations where images are recorded and automatic highlighting by the software of possible pathologies in the images.

Terrie told us that, so far, the capsule technique has been used more in Europe than in the United States, but it is gradually becoming available at more U.S. locations.

Following last year's presentation by Dr. Swafford, I was somewhat concerned whether ileostomates could easily excrete the capsule following examination, or if it might get stuck behind the stoma in the same way that ileostomates may get food blockages. In practice, this doesn't seem to have been much of a problem. Any possible stricture or narrowing in the intestine does need to be considered, as the capsule could possibly get lodged and need to be removed surgically. But the risks must always be weighed against expected benefits of the procedure.

Our own member, Ruby, who underwent this procedure, is an ileostomate. Ruby was suffering from severe blockage due to stenosis (narrowing) of part of her intestine. She clearly needed surgery to remove the stenotic region. It was judged that the extra diagnostic information provided by capsule endoscopy could be very helpful, while the risk of the capsule getting stuck was unimportant, considering that she was going to have surgery in any case. As it happened, the capsule didn't get stuck. It took about a day and a half to get past the narrowed region of intestine, but then had no difficulty passing out through her stoma.

Note: Ruby has now had the surgery to remove the stenotic portion of intestine and is doing fine.

According to Given's literature, the capsule procedure is contraindicated under the following conditions:

In patients with known or suspected gastrointestinal obstruction, strictures, or fistulas based on the clinical picture or pre-procedure testing and profile.

In patients with cardiac pacemakers or other implanted electromedical devices.

In patients with swallowing disorders.

While the capsule is inside the patient's body, it is important to avoid exposure to strong electromagnetic fields such as created by MRI devices. The capsule includes magnetic materials and, if exposed to strong fields, may undergo violent motion, possibly causing serious damage to the intestinal tract or abdominal cavity.

For more information, see Given's website at www.givenimaging.com

Social Life with an Ostomy

The Pouch, Virginia

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 ostomy system, even though it is not visible under your clothing. You can feel it on your body, but no one can see it. Keep this question in mind, did you know what an ostomy was or where a stoma was located or what it looked like before you had surgery?

For those with colostomies or ileostomies, 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 probably will find that you need to empty your pouch less often than you need to urinate.

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. Trust and mutual understanding build true friendships and deep relationships on every level. These qualities depend on you and other people.

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 not know about all that you have gone through. If your ostomy does cause a break in a friendship, a relationship, or even your marriage, this relationship might not have been built on trust and mutual respect. It probably would have crumbled some time in the future anyway.



**For more information please visit the
International Ostomy Association Website**
<http://www.ostomyinternational.org>

Visit our chapter Website:
<http://www.ostomymcp.com/chapter/Jaxchapter1.htm>

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 __

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20th starting at
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