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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

UOAA United Ostomy Associations of America, Inc.

Jacksonville Chapter is now a member of the United Ostomy Association of America. Please take the time and visit their Website http://www.ostomy.org.

December Holiday Party will be held 3rd Sunday Dec 19th at 3pm at Patti's Condo in Riverside. Call 733-8500 to RSVP and for address and directions.

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.

Hospitalization Guidelines for Ostomy Patients

by Dr. Lindsay Bard; via Chicago (IL) The New Outlook; and Hartford (CT) The Hartford Ostomy Update

It is important for a person with an ostomy to know how he/she should be handled differently than someone without an ostomy when you need to be hospitalized. It's up to you. It is very important to communicate to medical personnel who take care of you, including every physician that treats you, that you have an ostomy, and what type of ostomy you have. Here are some rules to help you cover the details:

Rule 1 – The Cardinal Rule!

If you feel something is being done or going to be done to you that might be harmful, refuse the procedure. Then explain why to the medical personnel, especially your physician. They will then decide with you if the procedure will actually be in your best interests.

Rule 2 – Supplies

Bring your own supplies to the hospital. Never assume the hospital will have the exact pouching system or irrigation system you use. Most hospitals have some supplies available. These are used for emergency situations.

Rule 3 – Laxatives & Irrigations

Follow the points below concerning laxatives or irrigation practices, according to which type of ostomy you have. Medical personnel often assume all stomas are colostomies. But, of course, practices vary among the various types of ostomies.

- A transverse colostomy cannot be managed by daily irrigations. The only colostomy that can be managed by irrigations is the descending or sigmoid colostomy. However, sigmoid or low colostomies do not have to be irrigated in order for them to function; many people with sigmoid colostomies prefer letting the stoma work as nature dictates. If you do not irrigate your colostomy, let the fact be known to your caregivers. If your physician orders your bowel cleared, irrigate your own colostomy; do not rely on others. There is a strong possibility that those caring for you will not know how to irrigate your colostomy.
- Bring your own irrigation set to the hospital.
- If you have an ileostomy or urinary diversion ostomy, never allow a stomal irrigation as a surgical or x-ray preparation.

Remember that laxatives or cathartics by mouth can be troublesome for people with colostomies. For people with ileostomies, they can be disastrous—people with ileostomies should always refuse them. A person with an ileostomy will have diarrhea, may become dehydrated and go into electrolyte imbalance. The only prep needed is to stop eating and drinking by midnight the night before surgery. An IV should be started the night before surgery to prevent dehydration.

Rule 4 – X-rays

X-rays present special problems for people with ostomies, again, differently managed according to ostomy type:

- A person with a colostomy must never allow radiology technicians to introduce barium into your stoma with a rectal tube. It is too large and rigid. Take your irrigation set with you to x-ray and explain to the technicians that a soft rubber or plastic catheter F#26 or 28 should be used to enter the stoma. Put a transparent pouch on before going to x-ray. Have the technician or yourself place the rubber or plastic catheter into your stoma through the clear plastic pouch. When enough barium is in your large bowel for the x-ray, the rubber or plastic catheter can be withdrawn and the open end of the pouch closed. The pouch will then collect the barium as it is expelled and can be emptied neatly after the procedure. Once the x-rays are completed, irrigate normally to clean the remaining barium from your colon. This will prevent having to take laxatives by mouth after the procedure.
- A person with an ileostomy may drink barium for an x-ray procedure, but never allow anyone to put barium into your stoma.
- A person with a urostomy can have normal GI x-rays without any problems. Never allow anyone to put barium in your stoma. At times, dye may be injected through a soft plastic catheter into a urostomy for retrograde ureter and renal studies, often called an ileo-loop study. The same study may be performed on a urostomy patient with a Kock pouch. The dye will be injected via a large syringe; this can be a very painful procedure if the dye is not injected very slowly. Even 50 mL will create a great deal of pressure in the ureters and kidneys, if injected rapidly. Remember to request that the injection be done slowly.

- For anyone who wears a two-piece pouching system: you may remove the pouch just prior to the insertion of the catheter, and replace the pouch after the procedure is completed. If you wear a one-piece pouching system, bring another with you to the x-ray department to replace the one removed for the procedure. In the event you are incapacitated, and cannot use your hands to replace your pouching system, request that a WOC nurse in the hospital be available to assist you. The WOC nurse will be able to replace the skin barrier and pouch for you before you leave the x-ray department.

Rule 5 – Instructions

Bring with you to the hospital two copies of instructions for changing your pouching system and/or irrigating your colostomy. Provide one to your nurse for your chart and keep one with your supplies at bedside. If you bring supplies that are not disposable, mark them “do not discard.” Otherwise, you may lose them.

Rule 6 – Communicate!

Again, let me stress that you must communicate with the hospital personnel who take care of you. You will have a better hospital stay, and they will have an easier time treating you.

Worldwide Adventures in Ostomy

(Can you explain an ileostomy in Turkish?)

by Jack Crosby, 7/08; via Northern Virginia The Pouch

I have just returned from a much needed vacation. After two years of medical misery I was way overdue for some relaxing fun, but I hadn’t factored in how to explain an ileostomy in multiple languages that I don’t speak. My medical story is pretty familiar to many ostomates – anemia caused by internal bleeding, months of invasive tests in search of the cause, multiple transfusions to keep me going, location of a malignant bleeding tumor, a colon resection, serious ulcerative colitis, a total colectomy and an ileostomy.

Fourteen months after the last surgery I was really ready for what we planned – a trip from Washington DC to Istanbul to be with family for a week, followed by a month in China before returning to Washington for the summer. I downloaded the UOAA Ileostomy Guide and carefully read the section on travel. I followed most of the travel advice in the guide. I bought ample supplies and split them into portions, some for my carry-on and some in each piece of checked baggage. I split supplies so that I could get along for at least two weeks with just the supplies in any individual piece of luggage. I was careful to precut any supplies that would be in my carry-on so that I wouldn’t need anything metal to change pouches. I labeled each set of supplies in English and Chinese. I wrote up a two-paragraph description of an ileostomy in English (and later in Chinese) and kept it with my ticket and passport. I was ready!

The one piece of advice I didn’t follow was to get a letter from my doctor in all of the languages I would encounter. As it turned out, it wasn’t the lack of a letter from a doctor that mattered, it was the lack of any kind of explanation in a language that the security personnel could understand. English was not enough.

The first trouble was in an unexpected place, Paris. To get to Istanbul I needed to change planes at Charles de Gaulle airport in Paris. At this airport, changing planes means getting into a large bus and being transported to the terminal for the second flight, and upon entering the terminal, going through security. I was still only half awake after the overnight flight and the detection devices were apparently set to a high level of sensitivity. The machines were beeping on almost everyone, and a beep means a frisking. When I was frisked the security agent felt the ostomy pouch and became somewhat alarmed. Security personnel are trained to be suspicious of anything unusual. He kept asking me what it was in something approaching English but I couldn’t seem to explain it to him and he didn’t want to look at any pieces of paper. He and a colleague kept looking at and touching the pouch and asking me to take off clothing. I refused to take off my shirt and they looked at each other and finally said OK. Of course, by this time about 50 people were staring at me and my pouch.

Attaturk Airport in Istanbul was much worse. I went to the airport to see one of my sons off on his way back to his State Department post in Iraq. As soon as you enter the Attaturk Airport you must go through security and they are very nervous there because of recent terrorist attacks. I had absolutely nothing in any pockets when I went through the detector, but apparently my shoes set off the machine and I was frisked again. The security guard immediately became animated and asked for his colleagues to come over. In less than a minute I was being hustled by two security guards into a private room; they spoke no English and I speak absolutely no Turkish. I kept asking them to call a doctor but it didn’t work. A supervisor soon showed up and he calmed the others down. After looking at the pouch for a while he said I could go. This was not fun!

Knowing I would need to go through security again at Attaturk Airport in a few days, I followed my wife’s advice and went to the medical clinic inside the security perimeter at Attaturk and asked if one of the medical personnel there could write up something that I could use to get past the security staff with no trouble. The clinic is there to check people who may have some difficulty in flying and for $65 they will check you and, if you are in good health, they will issue a “Safe to Fly” certificate in Turkish and English. I agreed to the fee and they agreed to do it as soon as the doctor was available. The doctor was sitting just outside the examination room and he was very “busy” watching the Turkish equivalent of CNBC Financial News Network. After about 20 minutes I slowly walked past him and left.

Fortunately on my subsequent trip through security I had figured out how not to set off the alarm at the detector and there was no problem.

During my stay in China I had to go through airport security checks twice. The first time I set off the alarm, but I quickly produced my Chinese explanation of an ileostomy and, using my meager Chinese, implored the female guard to read it. She did, and showed it to a supervisor. This with a few quick words of fluent Mandarin from my son, and we were on our way. On my second trip through Chinese security I was lucky enough to not set off any alarms. I didn’t set off alarms in any US airport. I think this is because they are set to a lower sensitivity.

My advice: Don’t set off the alarms, but be prepared because the detectors are set to very high sensitivity at many international airports. On my next trip I will have a letter from a doctor in multiple languages, and I will have an explanation in multiple languages.

Safe Travel Tips

By Joseph Rundle, Aurora, IL Ostomy Support Group

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 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 .0001% of all fatal accidents occur at your 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 better go to the next one, just to play it safe.

“I am only one, but still I am one. I cannot do everything, but still I can do something; and because I cannot do everything, I will not refuse to do something that I can do.” —Helen Keller

Check Us Out On The Web

www.ostomymcp.cpom

Diet Cautions for Ostomates

If you have just had abdominal surgery, it will take a little time for your bodily functions to return to normal, so you should be eating food that is nourishing and easily digested. Later, the doctor will give you the go-ahead to return to a normal diet. You may want to add one new food at a time. But in general, any food that has agreed with you in the past should continue to do so.

If you are already on a special diet e.g., for diabetes or high blood pressure, stay with it to maintain good health, eat a balanced diet—one that supplies the amounts of carbohydrates, protein, fat, minerals and vitamins your body needs. Even if you no longer have a colon, the small intestine will efficiently extract the nutrients you need if you provide it with the proper food. Chewing your food well, eating regularly and drinking plenty of water are a few other common sense rules to follow. Other than that, eat what is comfortable for you and what satisfies you.

Editors Note: If you have had some of your small intestine removed, you may not absorb all of the vitamins properly. New research indicates that various sections of the small intestine have specific job functions to absorb a specific vitamin. Particularly, the last part of the small intestine is devoted to absorbing vitamin B12. If you are checked by your doctor and found to be anemic, you may need injections of B12, as your body may not be able to absorb enough naturally.

IOA Today 4th Quarter 2010 Newsletter

IOA TODAY brings to you up to date **Ostomy related reports** from around the world.
http://www.ostomyinternational.org/IOAToday/IOATodayFourthQuarter2010.pdf

Other Websites Of Interest:

United Ostomy Association of America: www.uoaa.org

Your Ostomy Community Connection Center: www.c3life.com

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/

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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