# 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).

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

## *SUNDAY DECEMBER 15th 3PM*


***Come one and all*** to share holiday cheer with Patti and Kim at MCP (4836 Victor Street) on December 15th. Share joy and laughter, meet new friends and renew old friendships. Refreshments will be provided but call Kim, 904-733-8500, if you would like to surprise the group with your own favorite appetizer or dessert. Same Time..... Same Place....

**Jacksonville Contact Information:**
Patti Langenbach
(800) 741-0110
(904) 733-8500
patti@ostomymcp.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@ostomymcp.com
(Newsletter will be in PDF format)

Support group meets the 3rd Sunday of each month 3 p.m.
4836 Victor Street
**Next Meeting Dec. 15th**

**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 Dec. 8th**

**GUTSY's GAB "SPEAK OUT AND BE HEARD!"**

**By Linda Blumberg AKA "Mrs. Lips"**


November 2013: "Gutsy," Linda's ileostomy stoma celebrated her 7th birthday on November 17, 2013! 7 years!!...In November, as ostomy veterans (Crohn's Colitis…like Linda…cancer, war, injury, or emergency surgery)…we were all truly grateful to be alive to celebrate upcoming Thanksgiving holiday with family and friends…which we did. But, first, our Jax ASG met November 17, 2013. Upon arrival, Linda was greeted with: "Hi, birthday girl!" by Kimberly, and seated in the comfy recliner chair, while everyone cheered for Gutsy! who gurgled with delight at this recognition. We shared our wit and wisdom with the newbie, and the chronology/longevity of our ostomies…Gutsy, who had previously been the "oldest" regular, was usurped by a very welcomed returning colostomate of 32 years…all were awestruck!...A good time was had by all: ostomates/spouses…and one very stoked stoma! Gutsy gushes her gratitude to Kimberly for incredible edibles, and to Patti for just being incredible for bestowing this honor, yet again!

SPOTLIGHT ON: December: Remember Pearl Harbor Day (7th), Bruce's birthday (15th), Linda's Winter Break (19th-January 5th!)…celebrations, festivals galore…Gatherings with family, friends, and co-workers…good times, camaraderie! Holidays with various names, meanings, and origins: Christmas (25th), (usually, Chanukah), Kwanzaa (26th). Different "wrappings" and "trappings" tied up with pretty sentiments, ribbons, brightly colored attitudes, and paper. As ostomates, we have already received the greatest gift of all: LIFE saving/affirming ileostomy, colostomy, or urostomy surgery that allows us even 1 more day to attend holiday gatherings, exchange presents, and be with our loved ones, friends, and co-workers. The greatest gift WE can all give at this time of year, AND all year long is, of course, LOVE: including tolerance and acceptance of ourselves…ostomates and nonostomates alike…yeah, like the normal people we already are!...and, LOVING our family and friends enough to encourage vigilance to: check for blood in stools/urine, and have life-saving/affirming colonoscopy/follow up ostomy surgery, if needed…Happy Holidays from Linda and Gutsy! And, "Seasons Speechings" from "Mrs. Lips!"

BOTTOM LINE/MARK YOUR CALENDAR: Time to celebrate, indeed! Our next Jax ASG gathering is: Sunday, December 15, 2013...just happens to be Linda's hubby, Bruce's birthday…so what?!...his gift to himself and Linda is to finally have his first colonoscopy!...but, not at the party! (hahaha)…All are welcome!...No matter your denomination…affiliation…or "a-Philly-ation" (like Yankee transplant Linda!) …"C-e-l-e-b-r-a-t-i-o-n Times…Come on!"… Oh, yeah: BYOB: Bring Your Ostomy, Baby! (Hahaha!)… Like we have a choice?..CELEBRATE (ACCEPTANCE OF) YOUR STOMA!…dress him/her up in a beautiful pouch cover (check Koolostomy.com)…and, consider naming your stoma…nicest "gift" to give him/her…makes you both feel special!…(check Stoma Registry for Gutsy's unique nicknames; December Phoenix mag for Linda's article!)…you could devise a decadent/holly-day-ish name for your little working wonder!...email: Patti@ostomymcp.com or Linda: blumbergl@duvalschools.org...for inclusion in future Gutsy's Gab column…Your *presence* at this gathering is the best *present* of all!...See you there!

## TEMPORARY OSTOMIES

by Nancy Brede, RN, ET, Via The Pouch, The New Outlook, Chicago

Temporary ostomies are surgically created with the intent of reconnecting in the future. The anatomy of the gastrointestinal system or urinary system is left intact.

Permanent ostomies are created with the intent that the ostomy surgery will not be reversed - usually the anatomy in the gastrointestinal or urinary system has been removed. Permanent ostomy surgery is usually performed when disease or injury prevents maintaining the anatomical structures needed for reversal.

A large number of temporary ostomies involving the colon are done on an emergency basis. The colon becomes obstructed or blocked, and stool cannot pass through. Because of the emergency nature of the surgery, the bowel cannot be cleaned and prepared ahead of time. Reversals re-anastomosis or hooking the normal anatomy backup - then can be done later, when infection is not as likely and proper healing can take place. The most common situations and diseases requiring a temporary colostomy are:

Cancer of the colon with obstruction - or other abdominal cancer affecting the colon. Hirschsprung's disease, a disorder or malfunction in infants that prevents the passage of stool. Due to a lack of nerve cells in certain areas of the large intestine, stool is not moved through and an ostomy is necessary. Diverticulitis, a small out-pouching in the wall of the intestine, called diverticula, become infected. The diverticula may rupture or cause obstruction. Crohn's Disease may necessitate a temporary ostomy to allow the diseased bowel to heal.

Persons with temporary ostomies face many of the same problems permanent ostomates have. It's just as important for them to have support, reassurance, and teaching as it is for persons with permanent ostomies. They must learn proper skin care, stoma care, and pouching techniques. Often, stomas are not ideally situated on the abdomen, because of the urgency of the surgery. Thus, pouching and skin care can post difficult problems.

Following temporary surgery, measures need to be taken to improve the patient's health. He / she must be in the best condition physically. to undergo the major surgery for reconnection. There is also a time for the patient to deal psychologically with past surgery, upcoming surgery, and possibly a newly-diagnosed disease. It may be a difficult time with all the changes and new challenges. Often, there are many fears and unanswered questions. Other people with ostomies and ostomy nurses may provide reassurance and the answers to these questions.

Past Newsletters: http://ostomymcp.com/id6.html

## HOSPITALIZATION 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.

## 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*

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 __

Mail to: Patti Langenbach, PO Box 10239 Jacksonville, FL 32247-0239



**Medical Care Products, Inc**
**PO Box 10239**
**Jacksonville, FL 32247-0239**

To: