

UOA Jacksonville Chapter #211



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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A MESSAGE FROM THE PRESIDENT

We would like to thank the individuals that showed up at our January, 2005 meeting. We had a good time just talking with each other about different things. We had good eats also and entertainment from Brenda's son, Ryan.

The following is what we have set up so far for speakers. We encourage everyone to attend as it is extremely hard to get speakers and if no one shows up then they may not come back the next time we need a speaker.

February 20, 2005: Van Russell of Convatec with new products!!!

March 20, 2005: Topic: Caring for the Caregiver, presentation is by Patti Mathis of Community Hospice and she is a volunteer. She put on an excellent presentation last year about the 5 wishes.

So far this is what Brenda has come up with. As the months pass we will keep you informed on the progress of speakers. I hope everyone attends.

We are going to do two things this year for the Ronald McDonald House. One is our annual Christmas present donation, which begins in October 05. Then two is collecting of the pop tabs for them. We are going to see if we can fill a gallon jug by the end of the year. We will collect these at every meeting or you can drop them off at Medical Care Products. So please get your whole family involved and even your fellow employer by putting a can next to either the garbage cans or the soda machine. This is to help a very important cause. (Attached is flyer with regard to this matter)

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 numbers are: 282-8181 or Cell: 422-8165. We appreciate all you do for our closet.

Thank you for your time,

Brenda L. Holloway, Vice President
Eugene Summerville, President

(Treasury report: \$1,231.62)

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**Please plan to join us
Sunday Feb. 20th
starting at 3 p.m.**

**2005 UOA
National
Conference
August 3-6
Anaheim, CA
www.uoa.org**

Medical Care Products, Inc
Toll Free 800 741-0110
WE ARE ON THE NET
www.ostomymcp.com

Newsletter is starting a new feature.

We are soliciting contributors to.....**MY STORY.**

We welcome any Ostomates who would like to contribute an article telling their story. We feel this would be an inspiration to others. Please email those to Patti patti@ostomymcp.com

Eye Inflammation and Bowel Disease

A specific type of eye inflammation can sometimes be associated with Crohn's disease and, to a lesser extent, ulcerative colitis. The connection between collagen diseases and eye inflammation is well known, particularly with rheumatoid arthritis. This would suggest a relationship between eye inflammation, arthritis and inflammatory bowel disease (IBD).

EPISCLERITIS – With this condition, there is a localized, red raised area in the conjunctiva. The deeper vessels are engorged in the episclera, which is the layer above the white sclera. Pain is often severe and aching in nature. This disease can be recurrent but is easily treated and is not threatening to sight.

SCLERITIS – This is a deeper localized inflammation. Pathologically it consists of a central mass of necrotic collagen with elongated cells. This picture is identical to rheumatoid arthritis. This more severe condition can be threatening to sight. Episcleritis is often treated with topical steroids and can be easily controlled. Scleritis usually requires systemic steroids and recently the use of nonsteroidal and anti-inflammatory drugs (NSAIDS) has been found helpful. Side effects of steroids are well known. In the eye they can cause cataracts and raised intraocular pressure, so NSAID use is increasing. Salicylates (aspirin) have been around for a long time, but new uses have been found for their anti-inflammatory properties. Other groups in this category are phenylalkanoic acids such as Naprosyn, acetic acids such as Indocid or Voltaren. Other groups used are fenamic acids and enolic acids such as Butazolidin and Feldene.

PUNCTUAL OCCLUSION – Patients using corticosteroid drugs can prevent a lot of systemic absorption and limit side effects by pressing on the lacrimal sac, between the inner corner of the eye and the bridge of the nose after instilling the drops. This prevents the drop passing down the tear duct where it is readily absorbed. This trick is also very useful in patients using glaucoma drops such as beta blockers.

IRITIS – This is an eye inflammation that can be acute or sub-acute. It involves the iris, which is the pigmented tract. One variety, HKAB27, can be present in arthritis and gastrointestinal disease. In some patients with ulcerative colitis, an ostomy resolves the ocular disease, however, it may not prevent recurrences of ocular inflammation. (Dr. Gordon Hamilton, Consultant Ophthalmologist)

Gene May Be Tied to Crohn's Disease

U.S. and European scientists have found a gene that may be implicated in Crohn's disease. The debilitating inflammatory bowel disease affects one in 1,000 people in Western countries. The findings were reported at a scientific congress in Atlanta. The disease affects mostly young adults, said Dr. Gabriel Nunez of the University of Michigan Medical School in Ann Arbor, Mich. It has become more common in the last 50 years, probably reflecting changes in environment and lifestyles, said the authors of the study in the British journal Nature. Possibly as a result of faulty responses to gut-inhabiting microbes, the immune system is triggered to attack the gut lining, causing it to ulcerate and break up. Crohn's has complex genetic causes. There is no single gene for Crohn's, and not every person with mutations in the gene reported in the study will be affected. Nevertheless, the gene called Nod2 seems to protect against the disease, and mutations in the gene increase susceptibility to the disease. Restoration of proper Nod2 function in such individuals could serve a therapeutic purpose, said study author Dr. Gilles Thomas of the Foundation Jean Dausset in CEPH in Paris.

Register Online

2005 UOA Young Adult Conference

http://www.uoa.org/events_yan.htm
August 3-6 • Anaheim, CA

2005 Youth Rally Applications

http://www.uoa.org/events_youth.htm?
July 10-14
San Diego State University

Flu Season and You—Tips from Here and There

Once again winter is upon us, and you know that means a risk of the flu. It's best to be prepared and know what to do.

For new ostomates, this could be a time of real concern and a new experience in coping, for flu not only brings on headaches, muscle aches and pains and upset stomach. That "bogeyman" for the ostomate, diarrhea, often occurs. Whether induced by flu or other causes, diarrhea can present a serious challenge to ostomates. Vomiting must also be taken seriously because of the risk of dehydration.

The first advice for any person—ostomate or not—suffering flu is: always drink plenty of liquids and get proper rest! By all means, call your doctor if either vomiting or diarrhea symptoms are severe and continuing.

Ostomates must take special care not to take medicine for pain or a laxative without a doctor's order. That goes for antibiotics, too! Antibiotics have no effect on a virus but do kill bacteria, both friendly and unfriendly, and can change the proper balance of normal bacteria in the colon, if you still have one. Disturbing this balance can actually bring on or exacerbate diarrhea.

Your diet will change during flu, but during recovery, adopt a fiber-free diet at first gradually moving to a regular, normal diet. Prompt attention to symptoms of colds and flu should bring to each of us a happy and hopefully healthy winter season. Now to the specific tips for each category of ostomate:

The colostomate with diarrhea would be wise not to irrigate, for nature is actually doing the job. After the diarrhea stops, the colon will be sluggish for a few days, so leave it alone a little longer. Give the colon a chance to return to normal before resuming irrigation.

Carry an extra supply of "security" pouches. (Ed. note: I customarily wear a closed appliance, but when diarrhea strikes, I wear a drainable bag until the siege is over. My diet during stomach flu is hot tea, ginger ale and pretzels.)

Drugs or certain foods can cause constipation in colostomates recovering from flu, or at any other time, but drinking plenty of fluids can prevent this. Diarrhea can present an even greater problem to the ileostomate. Besides an excess of discharge, the ileostomate will suffer loss of electrolytes and vitamins necessary to maintaining good health.

You may experience thirst, slowly rising fever, weakness, mental fuzziness and reduced urine output. Drinking plenty of fluids will increase urine output and will not cause increased water discharge through the appliance during colds or flu. More serious results could be muscle contractions, abdominal distention, lack of alertness, and in extreme cases, convulsions.

The ileostomate must restore electrolyte balance as soon as possible. Regain lost potassium by drinking tea, Gatorade, bouillon, ginger ale, and plenty of water. Regain lost sodium by eating saltine crackers or salted pretzels.

The urostomate should take special care to keep electrolytes in balance and follow the same general instructions as for persons without ostomies.

Preventing Fall-Related Injuries

Remedies: Increasing muscle strength, improving balance, treating vision problems, wearing comfortable shoes that fit properly, and carefully monitoring medications may be the best way to prevent fall-related injuries, according to a survey of 1,088 people over age 70 conducted by researchers at Yale University. Eliminating household hazards such as slippery shower surfaces and loose rugs can also reduce the likelihood of falling. (John Hopkins Medicine)

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! Annual dues are **US\$25.00**. If you cannot afford to pay dues at this time, you may still be accepted as a "local-only" member.* **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 __

Please bill me for annual chapter dues of US\$25.00

Dues payment enclosed - make check payable to **U.O.A. Jax Chapter #211**

Master Card, Visa or Discover # _____ expiration _____

I cannot pay dues now and wish to be a local member only*

You may use my name in chapter Newsletter & Directory: Yes __ No __

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



United Ostomy Association , Inc

www.uoa.org

MEETINGS ARE HELD AT THE
BAPTIST MEDICAL CENTER
8TH FLOOR MEETING ROOM C
3RD SUNDAY OF EACH MONTH
3 PM

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T O :

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