

# The Mailbag

The Ostomy Support Newsletter Of Jacksonville, Florida

Support group meets the 3rd Sunday of each month 3 p.m. 4836 Victor Street

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Come join us for  
our next chapter meeting.  
Sunday February 21, 2010.  
3pm, 4836 Victor Street.  
Speaker/Program  
to be announced.

## 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](http://www.uoaa.org/uoaa_psa.shtml). One may also view the movie at <http://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.

## Impact of Abdominal Changes

By Arthur Clarke, CWOCN

There is only a finite amount of bowel eligible for use in the creation of a stoma. When you had your ostomy surgery, the surgeon was allowed—according to your personal physiology—only so much moveable bowel in the construction of a quality ostomy stoma. Once that piece of bowel was pulled through your abdominal wall, it was stitched to the inside of to abdominal wall and onto the outside of the skin.

The length originally chosen by the surgeon will remain constant throughout the patient's life. Therefore, if the wall of the abdomen thickens: i.e., fat accumulates on the abdominal wall due to increased weight or lack of exercise, the length of the bowel segment used in the creation of the stoma will not change to accommodate the patient's increased girth.

This being the case, one might expect the stoma to appear to be receding, since it and the peristomal skin cannot expand with the thickening abdominal wall all around it. This is in fact hat happens. This condition is further exacerbated with the patient move from a standing to a sitting position.

This change in position causes the abdominal wall to move forward and down. However, the fixed dimension of the stoma bowel segment prevents the peristomal skin from shifting as much as the rest of the abdominal wall. The result is formation of a skin well around the stoma, especially when changing from one physical position to another.

There are two main approaches to resolve this issue. The ideal approach is for the patient to make a conscientious effort to maintain a constant and healthy weight, thereby returning the abdomen to the shape and wall thickness present at the time of the surgery. This approach would require regular exercising to firm up one's body as well as maintaining the correct weight for one's physical attributes.

If one is unsuccessful with this approach, an option in pouching management is to switch from one's current pouching system to a convex pouching system. Many have found that a skin barrier with a convex surface—

this has the effect of pushing the skin down and popping the stoma out—works much better than the highly flexible flat skin barriers.

If you find yourself in a position where abdominal changes affect the integrity of your pouching system, there are positive solutions available. Should you experience any difficulty making the switch to a convex pouching system, enlist the aid of your local ostomy nurse. Convex pouching systems are being used successfully by people with ostomies with flat or retracted stomas, and they have been for a sufficiently long time to prove their worth.

## What Kind of Ostomy is Best?

Forwarded By Lawton-Fort Sills, OK

Have you ever noticed at one of our meetings that everyone thinks his/her own ostomy is the best?

The person with a colostomy that irrigates says, "I couldn't stand to wear that pouch all the time. It would drive me crazy." A person with a colostomy says, "I like the way I only have to empty my pouch once or twice a day. I'd hate to have it always running."

The person with an ileostomy says, "I couldn't stand having to irrigate or wonder when my pouch would get full. I'd rather just wear my pouch all the time and not have the bother."

The person with a continent procedure says, "I'd rather catheterize than have to wear a pouch all the time." The person with a pull-through says, "I couldn't stand having a stoma. I'd rather go to the bathroom several times a day."

The person with a urostomy is strangely silent. However, he/she is thinking to him/herself, "I'm so lucky, because I only have to use the bathroom once a day to move my bowels."

What kind of ostomy is the best? Why . . . mine is of course!

## Being a Total Person

By Albert Lyons, MD, Dallas, TX

The person with an ostomy as a total person includes the worker, the family member, the social being, the sexual being and the physically active being. To achieve this totality after ostomy surgery, a person needs compassionate doctors, a caring WOC nurse, loyal friends, a supportive family and his/her own will to become a total person.

A proper mixture of optimism and realism is needed for all of life's endeavors. Some modifications may be needed in one's lifestyle after ostomy surgery. It is all right to be upset by these changes because at the time, they may seem drastic. However, much of how one adjusts depends on how well this mixture is worked out, whether the person wants to adapt well or not. Your local ostomy association can assist with this lifestyle adjustment and speed up the entire process of living with an ostomy.

Right after surgery, most people feel like a small person attached to a large stoma. Everything seems to revolve around this stoma. One needs to provide daily care to maintain the functions of the ostomy; learn to adjust one's pouching system and even adapt to the different feelings of the simplest of routine bodily motions. As days go by, a person with an ostomy should begin to feel once more like a regular person . . . this time with a stoma. The time of making positive adjustment has begun. This may take a long or a short time, depending on the person. Anger and depression after ostomy surgery is perfectly natural. Most people go through a period of grief caused by the loss of a body part.

Becoming a certified ostomy visitor is one of the best ways for a person with an ostomy to adapt to his/her own surgery, as well as being helpful and providing support to someone with a new ostomy. Every contact with a new person helps reinforce the visitor's own attitude toward his/her situation, while a being a positive role model to that new patient going through ostomy surgery.

A loving spouse or even another family member can be present when life after ostomy surgery is discussed with a patient by a dedicated ostomy

visitor. Everyone at this kind of meeting may be involved and can be included in the discussion. The family also requires some adjusting to the ostomy surgery. It is always best to leave a time so that concerns can be brought up privately. Everyone has issues on their minds they do not want others to hear to avoid needless embarrassment.

Most people will have some issues in making changes to lifestyle or body image. This is to be expected. However, if progress is not made in a reasonable period, then psychiatric help may be needed. If a relationship can be established with a counselor before surgery, it can help a person make a smoother transition to his/her new life after ostomy surgery. Of course, this situation is not always possible, as some surgeries are done in an emergency with no prior knowledge of the illness.

Different types of ostomy surgery may result in impotency for men and/or pain during intercourse for women. One's sexuality need not depend only on one's capacity to perform in a traditional manner. There are many forms of sexual expression . . . remember. One's sexuality depends mostly on how one views him/herself.

Many people with ostomies want to share and help others but also maintain their personal space. They may not wish to discuss their surgery with everyone. It is up to each person to decide who should know about his/her surgery. Right after surgery, it may seem that everyone can tell that you have an ostomy. In reality, it is only you and anyone you wish to communicate your surgery.

Participating in a local ostomy association does not need to invade the individual patient's privacy. His wishes will be respected by the group. It is perfectly all right for one not to tell everybody he/her has had ostomy surgery, as long as this does not progress into hiding at home to avoid facing reality. Remember—every day there are people having ostomy surgery that can use your help.

## The Best Ostomy Hints

The Green Bay News Review

- Don't behave as if having an ostomy makes you less of a person or some freak of nature. There are lots of us and most of us are glad to the surgery kept us alive.
- Build a support system of people to answer questions when you have a problem. Consider your ET, or the ones' that support our Chapter as well as our other members as people who will be there for you.
- Don't play the dangerous game of making your appliance last as long as possible by over taping or putting off a change. There aren't any prizes given for the longest wear time ... except accidentally.
- Don't wait until you see the bottom of your supply box before ordering more. Always count on delays in shipping, holidays, etc. when calculating.
- Zip-lock sandwich bags are useful and odor proof for disposal of used ostomy pouches.
- Don't get hung up on odors. There are some great sprays and some internal deodorants. Remember, everybody creates some odors in the bathroom. Don't feel you are an exception.
- Hydration and electrolyte balance is of vital importance. Be sure to drink enough fluids to maintain good hydration.
- Read and learn all you can about ostomies. You never know when you may find an opportunity to educate someone about the life saving surgery that has extended so many lives. Learn to be matter of fact about this and never embarrassed. Few folks get out of this life without some medical problem.
- After surgery, almost everyone experiences some depression. You are certainly not alone. But it need not be a lasting condition. Seek help from other people. There is support out there for you.
- The bottom line is that we are alive and have been given a new life. Not long ago, this would not have been the case—successful ostomy surgery techniques were only perfected after WWII. Before this, people died. Ostomy surgery in the 1930's was horrible with few survivors.
- Medicine and surgical techniques have given us an opportunity to experience this "second chance". It is certainly an opportunity worth accepting and exploring. The most important part of you as a human being has not changed. You are still the same you. Never forget to actively celebrate life and all it has to offer.

### **IOA Today 1st Quarter 2010 Newsletter**

IOA TODAY brings to you up to date **Ostomy related reports** from around the world.

<http://www.ostomyinternational.org/IOAToday/IOATodayFirstQuarter2010.pdf>

### **Other Websites Of Interest:**

United Ostomy Association of America: [www.uoaa.org](http://www.uoaa.org)

Your Ostomy Community Connection Center: [www.c3life.com](http://www.c3life.com)

### **Check Us Out On The Web**

[www.ostomymcp.com](http://www.ostomymcp.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/>

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>

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 \_\_

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

Medical Care Products, Inc

**Toll Free 800 741-0110**

WE ARE ON THE NET

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