UOAA United Ostomy Associations of America, Inc.
Ostomy Support Newsletter Of Jacksonville, Ocala, Gainesville & Amelia Island FEB. 2016

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).
Amelia Island Area Ostomy Support Group meets last
Monday of each month at 6:30pm - Bapt Medical Center Nassau board room.

Gainesville Support Group meets the 1st Sunday of each month (except Holidays)
Hope Lodge 2121 SW 16th St Gainesville

CeraPlus Skin Barrier

Because Peristomal Skin Deserves Better.

The importance of peristomal skin health in ostomy care can't be overstated. The condition of this skin greatly affects how well the skin barrier can adhere, as well as the general comfort and well-being of patients living with a stoma. Maintaining healthy peristomal skin from the start is the ultimate goal.

CeraPlus skin barrier with Remois technology* has arrived.

Our newest skin barrier is infused with ceramide, the skin's naturally occurring protection against dryness. The CeraPlus skin barrier is designed to maintain adhesive properties, and features a formulation infused with ceramide to help:

- Protect the skin's natural moisture barrier
- Maintain good peristomal skin health
- Decrease transepidermal water loss (TEWL) from damaged or eroded skin

Medical Care Products, Inc.
(904) 733-8500
(800) 741-0110

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 Feb 21st

Gainesville Support Group
meets the 1st Sunday of each month (except Holidays)
Next meeting: **Feb 7th at 2pm**
at Hope Lodge2121 SW 16th St Gainesville, FL 32608
Contact info:
Brinda Watson (352) 373-1266
Nelson Griffiths (352 376-8703

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 Feb 14th
Contact info:
Lynn Parsons (352)245-3114
www.ostomyocala.com

Amelia Island Area
Ostomy Support Group
meets last Monday of each month at 6:30pm (except May, June, July & Aug) Bapt Medical Center Nassau board room.
Free parking (904) 310-9054
Next Meeting Feb 29th

"Gutsy's Gab:" "Speak Out and Be Heard!"

By Linda Blumberg AKA "Mrs. Lips"

In February 2016, "Gutsy's Gab" is Gadding About!...actually, it is on hiatus…but, don't *hate us*!…it's to revitalize the column! YOU already KNOW about the importance of Ostomy AAA (Awareness: checking for blood in stools/urine, having colonoscopy, with follow up ileostomy, colostomy, or urostomy surgery, if needed, realizing denial/avoidance could be fatal! Acceptance: still being normal, loveable, and beautiful even with a stoma, and can feel EMPOWERED to LIVE WELL WITH AN OSTOMY! Advocacy: driving loved ones to/from colonoscopy, remaining loving/loyal if surgery is needed!) Yeah; we have been *driving* home these points for 41 issues (hahaha)...and, that is nearly 3 ½ years!

Now, did you notice something missing from this missive of our mission to remind all that STOMA ARRIVAL does indeed=YOUR SURVIVAL to CELEBRATE BEING ALIVE?...Keeping our *wits* about our *wit,* hoping you care a *whit* about OUR 2 FAVE features that we LOVE to share monthly: namely, 1) Naming Your Stoma! where local (Jax, etc. ASG)//(inter)national stomas (Inspire.com) achieve STARdom! and, surely, 2) Sharing your Ostomy Journey! with *YOUR stories of ostomy glories* of your *triumphs and tribulations* encountered along the way to living well with your ostomy.

With this new venture, how about a new name? "Gutsy's Gab" needs further "G" alliteration like "Gadabout"…Nah…just as Linda shortened 9 year old ileostomy stoma Gutsy's name from "Chai Gutsy" to "Hi Gutsy" and finally "Gutsy," let's go with "Gutsy's Gab-about:" "Speak Out and YOUR WORDS WILL Be Heard! or, more pc, read (hahaha)…Possible topics for surgical sharing: "journeys on gurneys" or "glitches with stitches" or "entrustment with stoma adjustment" (AKA "Naming your stoma"…see Linda's 2nd Phoenix ostomy mag article/photo December 2013, p. 78), and, for eventual postsurgical living well with an ostomy: "hot air ballooning without swooning" or "abiding/confiding/guiding riding horses" or "playing/paying/displaying on golf courses" or "thriving on sky/deep sea diving/conniving/driving" or "cunning while running in races" or "sunning/funning in places/spaces/bases" (AKA activities/travel) or "Speeching and reaching kids by Mrs. Lips" (AKA Linda's work: see Linda's 1st Phoenix ostomy mag article/photo June 2011, p. 30) or "beseeching bids for tips!" (AKA "We WANT YOU to share!!!—hahaha)

Well, there you have it, in a nut(ty) shell! Who will be first to "regale us with tales" both "informational and inspirational" that will "inspire" us all?! Email stoma names/stories with publication permission to: Patti@ostomymcp.com or Linda: blumbergl@duvalschools.org... So, be a go getter!..."Gutsy's Gab-about:" **CAN'T WAIT TO KNOW Y-O-U BETTER!!!**

UOAA 2015 Conference Photos

http://uoaa.smugmug.com/Other/St-Louis-2015/

What is a Loop Ileostomy?

by Bob Baumel, Ostomy Association of North Central Oklahoma

An ileostomy is an opening to the ileum, the terminal section of small intestine, which is made through the abdominal wall, and discharges digestive waste to an external collection bag (an ostomy pouch). A “loop” ileostomy is a particular type of ileostomy which is intended to be temporary (usually kept in place for only a few months to a year), and may very well be the most common kind of ostomy that’s being created nowadays.

The ratio of temporary to permanent ostomies has increased steadily over the years, and has probably reached the point where the majority of new ostomies are temporary ones.

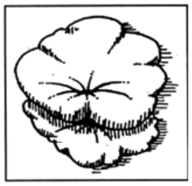
Temporary ostomies are often performed to divert the fecal stream from a surgery site that needs time to heal. For example, patients with rectal cancer would often, in the past, require a permanent colostomy. Now, only the very lowest rectal cancers require permanent colostomy; most of the others can be handled with “sphincter-sparing” surgeries (Bordeianou et al 2014, Ludwig 2007, McNamara & Parc 2003) which preserve continuity to the anus to allow normal defecation, but require a temporary ostomy to allow the surgery site to heal. The temporary ostomy may be a transverse colostomy (bypassing the left half of the colon) or an ileostomy (bypassing the entire colon). It’s been found that transverse colostomies suffer many more complications than ileostomies; therefore, temporary ileostomies have become the preferred choice.

Temporary ileostomies are also used in construction of J-Pouches (ileoanal reservoirs), and in various other situations where an intestinal surgery site needs to be temporarily bypassed.

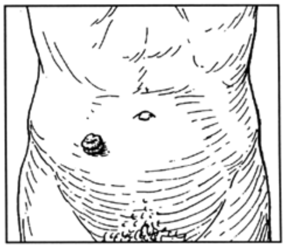
An ileostomy that’s intended to be permanent will be an “end” ileostomy, also known as a standard “Brooke” ileostomy. In this case, a single cut end of ileum is pulled through the skin and made into a stoma. The resulting stoma has a reasonably round cross section, and forms a “spout” that helps keep the caustic output away from the skin. Such a stoma is relatively easy to care for.

A “loop” ileostomy is formed by pulling a loop of ileum through the skin, while it remains attached to both upstream and downstream portions of intestine beneath the skin. The resulting stoma has two openings, one from the upstream side, the other from the downstream side. The upstream opening flows digestive waste; the downstream opening (known as a “mucous fistula”) secretes mucus that’s generated in the downstream portion of intestine.

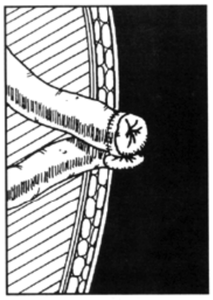
A loop ileostomy is usually more difficult to care for than an end ileostomy. A loop stoma is usually shaped more irregularly, and its openings are often at skin level. Also, during the first week or two after a loop ileostomy is constructed, a plastic “bridge” or rod is usually kept under the stoma to prevent it from pulling under the skin.



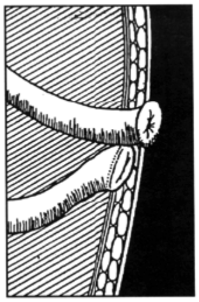
Loop Ileostomy Stoma
Figure #10



Stoma Position
Figure #11



Loop Ileostomy
Figure #12



End Ileostomy
Figure #13

Continuing your Social Life with an Ostomy

via Tacoma (WA) and Green Bay (WI) News Review

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

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 will probably find that you need to empty your pouch less often than you need to urinate.

Friendship and Love: 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. True friendships and deep relationships on any level are built on trust and mutual understanding. These qualities depend on you and other persons. 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 will not be deterred. If your ostomy does cause a break in friendship, a sexual alliance or even marriage, this relationship was not built upon trust and mutual respect and probably would have crumbled some time in the future anyway.

Keeping Your Pouch Odor Proof

by Victor Alterescu, RNET; via Quad City (IL) Newsletter and S. Brevard (FL) Newsletter

Rinsing a pouch out each time it is emptied is primarily a waste of time. For one thing, it takes longer to empty the pouch and you need more materials around you. You also leave more odor in the room since the pouch is kept open longer. The water, especially if it is warm, may open the pores of the pouch material and encourage odor permeation. Also, rinsing can affect the seal of your adhesive.

Rinsing a pouch after each emptying serves only an aesthetic purpose; the interior of the pouch may be clean but it does not serve a functional purpose. Frankly, it does not matter whether the interior of your pouch is clean any more than it matters if the interior of your colon is clean. The pouch is replacing an organ of storage, the colon and/or rectum.

The most important portion of the pouch that should be cleansed very thoroughly is the tip of the drainable pouch.

Rinsing the interior can only increase permeation but cleaning the exterior neck will avoid any odor that may be present as a result of having fecal residue on the end of the pouch. Therefore, I often recommend that a person carry an alcohol wipe (individually wrapped in foil) to clean the tip of the pouch. The pouch is emptied, the toilet flushed immediately, and the lower portion of the exterior pouch cleansed with toilet tissue and alcohol.

Does Your Stoma Hurt?

by Victor Alterescu, RN, ET; via Northwest Arkansas Mail Pouch

Quite often people tell me that their stoma hurts. This surprises me a great deal since stomas do not have any sensation.

You could cut, burn, do anything to the stoma and you would not feel a thing. That's hard to believe, but true. Stomas do not have receptors for pain.

Sometimes, the lack of stoma sensation can lead to problems. For example, an incorrectly fitting appliance may cut into the stoma, but no pain will be felt. A stoma can be badly damaged before the problem is noticed. For this reason, it is important not to wear your pouch for long periods of time (more than a week, in my opinion), since it is good to see if the stoma is OK.

Actually, when people talk about stoma pain, they are usually talking about pain from the skin around the stoma. That skin, the peristomal skin, is full of nerve receptors that are sensitive to such things as heat, cold, chemicals and adhesives that can cause pain. It is the skin that is sensing the pain, not the stoma.

If any unusual symptoms or irritations are noticed, do not hesitate to contact your doctor or ET for an evaluation and, if necessary, a prescription for a specific treatment.

UOAA Discussion Board

https://www.uoaa.org/forum/index.php

Apr 29–May 1, 2016 • Mid-Atlantic Regional Conference • Sterling VA • Holiday Inn Washington Dulles International Airport

http://www.ostomy.org/uploaded/files/events/uoaa_midatlantic_regional_2016_first_flyer.pdf?direct=1

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