



## StomaGenie and SecurPress

Stomagienics, Inc. Is a newly launched company focused on the ostomy pouch changing process. StomaGenie contains effluent or urine during pouch changes to allow time to clean and prepare peristomal skin while aligning the barrier accurately the first time. After sliding the new barrier into place around the StomaGenie, the SecurPress pushes and secures the barrier against the peristomal skin, therefore decreasing potential failure. StomaGenie is self-contained and disposable. Both products can be used with one and two-piece pouching systems.



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

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[https://www.facebook.com/JaxUOAA/?ref=aymt\\_homepage\\_panel](https://www.facebook.com/JaxUOAA/?ref=aymt_homepage_panel)

### Jacksonville Contact Information:

Patti Langenbach  
 (800) 741-0110  
 (904) 733-8500

[patti@ostomymcp.com](mailto:patti@ostomymcp.com)

Support group meets the 3rd Sunday of each month 3 p.m.  
 4836 Victor Street  
 Next Meeting: **Feb 17th**

### Gainesville Support Group Contact info:

Brinda Watson (352) 373-1266  
 Jean Haskins (352) 495-2626

Meets the 1st Sunday of each month (except Holidays)

at Hope Lodge 2121 SW 16th St  
 Gainesville, FL

Next meeting: **Feb 3rd**

### Ocala Support Contact info:

Lynn Parsons 252 337-5097

[www.ostomyocala.com](http://www.ostomyocala.com)

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 10th**

### Citrus County Support Group

Meets third Sunday of each month at 2:00 PM in the Seven Rivers Regional Medical Center, 6201 N. Suncoast Blvd., Crystal River, FL 34428, in the Community Room of the Medical Office Building

Next Meeting: **Feb 17th**

### Amelia Island Area Ostomy Support Group

(904) 310-9054

Meets second Monday of each month at 6:30pm UF North Campus

UF Health North 15255 Max Leggett Parkway Jacksonville, FL 32218 (Meeting Room 3-4)

Free parking

Next Meeting: **Feb 11th**



## **“Gutsy’s FAB Gab-About: Stories of Ostomy ‘Glories/Gories!’”**

“Speak Out and YOUR WORDS WILL Be Heard!”

By Linda Blumberg AKA “Mrs. Lips”

RYAN’S STORY: “The Pilates Pro: ‘Returning’ to a Strong Body, Peace of Mind, and Positive Attitude” by Ryan Hodgkinson:

“I was a happy, active child with few relatively minor health issues up until the age of eleven. That is when I began experiencing intense stomach cramping, frequent, urgent trips to the bathroom and painful bowel movements. I began to lose weight, became less active and more withdrawn from those around me.

I was taken to a Pediatric Gastroenterologist who diagnosed me with Crohn’s disease. I was immediately put on a daily regimen of Metronidazole and Prednisone. The medications helped, but I still lived in a constant cycle of partial remission interrupted by sudden, intense flare-ups.

Long-term use of Prednisone has a number of serious side effects. Including loss of bone density and sudden, dramatic mood swings. My mother wanted me to get involved in some sort of physical activity to keep my bones healthy and help me emotionally. I had always wanted to try martial arts and enrolled in a karate class. I immediately took to karate and soon my body began to regain strength and better control over my temper. I also began lifting weights and found it to be an enjoyable activity.

As my confidence improved, I began trying out other sports including wrestling. I earned my varsity letter my freshman year all the while still dealing with the ups and downs of Crohn’s disease. That all changed when I was seventeen and developed an excruciatingly painful abscess. I had the abscess surgically drained, but it came back and my surgeon suggested a temporary loop ileostomy. This was my first experience with an ostomy. I was very hesitant to undergo the procedure, but I was reassured that it would only be for a month and the abscess would finally fully heal. Things didn’t go as planned and what was supposed to be a month stretched out to over a year.

High school with an ileostomy was challenging. I was very embarrassed of my ostomy and lived in constant fear of people finding out about it. When I eventually had my take-down surgery, I was ecstatic. I eagerly returned to karate training and traveled to Japan to compete.

My Crohn’s was still very active and the abscess continued to return and need to be drained. During my senior year I was advised that I should again divert my colon, this time with a temporary colostomy which I had for about six months. I was less secretive about my ostomy this time around, but still didn’t talk about it openly and eagerly counted the days until my take-down surgery which happened the summer before I left for college.

I attended Gonzaga University and once again returned to living with semi-remission and sudden, intense flares. Even so, I continued to train in karate and lift weights and even managed to spend a year living abroad in Italy. After graduation, I was accepted in to UCLA’s Ancient History PhD program.

The abscess returned and my GI argued that my large intestine was too damaged to save and that I needed to undergo a total colectomy. I dreaded the idea of going back to having an ostomy and sought out numerous second opinions. They all came back with the same conclusion: my colon had to go. Graduate school is incredibly stressful without health issues, but now I had to cope with the idea that this ostomy wasn’t temporary. There was no going back. I also began to experience pain in my pelvis from scar tissue impacting my peroneal nerve.

I was eventually given the go ahead to begin exercising but wasn't given any direction or advice. I resumed lifting weights and thought I was being smart about it; I started with light weights and always practiced proper form. What I didn't understand was that my core muscles, the postural muscles that help keep the body balanced and are essential to providing good support to the spine had completely atrophied. I essentially had no support for my low back as I lifted weights and soon began experiencing a new pain that radiated down my leg. An MRI revealed that I had ruptures in my L4 and L5 vertebrae which were impacting my sciatic nerve.

I became increasingly sedentary and soon found myself out of shape and overweight. I was unhappy and depressed and decided to pull out of my graduate program not long after earning my Master's Degree.

This was a low point in my life. I felt like a failure for leaving my graduate program, lived in daily pain, was unhappy with my physical appearance and terribly embarrassed of my ileostomy. I sought treatment for my pain from a number of doctors who readily prescribed me opioid pain medications. The medications masked the pain but did nothing to get to the root of the problem. My life began to spiral out of control as I developed a dependence on the medications and a growing tolerance to them, causing me to need more and more pills to make it through the day.

It was at this time that my sister Heidi began to convince me that I needed to try Pilates. Heidi is a Physical Therapist and Certified Pilates Instructor and was adamant that Pilates could help me with chronic back and nerve pain. I was hesitant at first--I knew little about Pilates and had plenty of misconceptions. However, I was also miserable and desperate for a change so I decided to take a chance.

Pilates is a form of movement re-education in which the exerciser learns to overcome faulty compensatory movement and stabilization patterns. The principal goals are to achieve efficient, functional movement, improved posture, core strength and flexibility.

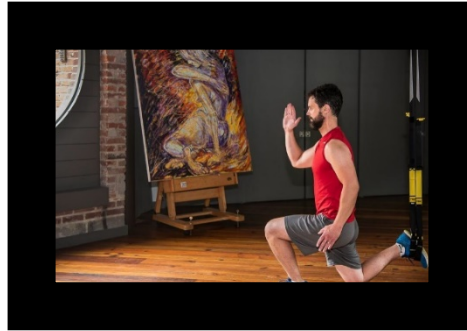
My training started slow, focusing on coordinating my movements with my breath while maintaining core engagement. As the difficulty of the exercises progressed, I began to develop a better mind-body awareness, improved core stability, flexibility, full-body strength and coordination. Pilates began to alleviate not only my lower back pain, but also helped the pain caused by scar tissue. I felt like I had been given my life back. I was fit, healthy and pain free. For the first time, I no longer felt the need to hide my ostomy, I became comfortable talking to others about it and how it saved my life. I began to try other forms of exercise, I became trained in using the TRX, ran a full marathon and resumed my karate training, even competing in karate tournaments.

I enrolled in a 750-hour comprehensive Pilates certification course and am now a PMA® Certified Pilates Instructor. I developed a passion for studying and practicing Pilates and fitness and sharing that passion with others. I also became an ACE Certified Personal Trainer and continue to seek out new and effective exercise modalities. After over ten years of teaching Pilates full-time, I recently started my own business. It feels amazing when my clients tell me they are in less pain, feel stronger, more flexible and in touch with their bodies.

I'd be lying if I said every day was easy. I have occasional setbacks. Living and training with an ostomy can be difficult. While Pilates has completely freed me from sciatic nerve pain, my peroneal nerve can still cause me problems. Every few months, I wake up in severe pain. Despite this, I have learned how to safely and effectively work through the discomfort to improve myself not only physically, but also to become a better person, husband, father and instructor."

**\*\*Ryan's article appeared in Fall 2018 US Phoenix ostomy mag [cover story!], P. 46\*\*...**

**PHOTOS: Ryan in "action," deriving much satisfaction: Premier Persevering Pespicious Pilates Professional...[Par Excellence!]**



**OWNER: "Dynamic Pilates and Fitness, LLC" [Washington, DC]...**

**Website: [www.DynamicPilatesDC.com](http://www.DynamicPilatesDC.com) //email: [Ryan@dynamicpilatesdc.com](mailto:Ryan@dynamicpilatesdc.com)**

## Folliculitis

From Metro Maryland; via Worcester (MA) *New Diversions*

Folliculitis is an inflammation of hair follicles. It is usually caused by traumatic hair removal, for example, hair under the pouch skin barrier is pulled out when the skin barrier is removed. Prevention is the key to managing skin complications, so, in this case, you should use an electric razor or scissors to clip the hair.

If folliculitis does occur, it can sometimes be confused with a yeast infection. The skin under the faceplate or wafer is red and small pustules may appear. On close inspection, though, in folliculitis these pustules will be seen **only** at the hair follicles. Treatment includes modifying the shaving and the pouch removal method as needed to prevent further damage. Usually the use of a skin protective powder will permit the skin to heal. In a few cases, an antibiotic powder (prescribed by your physician) may be required. As with other skin complications, your ET nurse can provide you with help in identifying and treating the problem.



**UOAA's 7th National Conference**

**Philadelphia**

**AUGUST 6, 2019 @ 2:00 PM - AUGUST 10, 2019 @ 11:00 PM**

**<https://www.ostomy.org/2019-uoa-national-conference/>**

## Keep a Clean Medicine Chest

Rambling Rosebud; Green Bay (WI) *News Review*

via

It's a good idea to clean house in your medicine chest once a year, according to St. Luke's Pharmacy Director. Medicines that are outdated or deteriorated should be disposed of properly, which means flushing them down the toilet after they have been removed from their packaging.

1. Remove and throw away all medicines which have passed their expiration date. Some deteriorated medicines can be dangerous.
2. Throw away all leftover antibiotics. Generally speaking, there shouldn't be any leftover antibiotics because, in most cases, every bit should be taken as directed.
3. Throw away all aspirin which smells like vinegar.
4. Throw out any medicines you don't recognize and any that aren't clearly labeled.
5. Throw away eye drops which aren't clear and any creams which have discolored.
6. Throw out any drugs you haven't used in the past year unless they are for familiar, recurrent conditions. But if the expiration date has passed, throw them out anyway.

Medicines should be stored in a cool, dry, dark place and one that can be locked if there are small children in the house.



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**UOAA Discussion Board**

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

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To: