

The

Mailbag

The Ostomy Support Newsletter Of Jacksonville, Florida

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Happy New Year

Next meeting will be the 3rd Sunday in January at 3pm

Meeting: January 18th

Time: 3:00 pm

**Where: Medical Care Products
4836 Victor Street
733-8500**

**Topic: UOAA
Community Networking
Help session for New Ostomates**

WORLD OSTOMY DAY

OCTOBER 3, 2009

For more information please visit the

International Ostomy Association Website:

<http://www.ostomvinternational.org>

What to do about Pouch Odor

By Eileen T. Carter, RN, MS, CWOCN

You should never be able to tell a person has an ostomy by his/her smell.

- ❖ Modern pouching systems are odor free
- ❖ No special precautions are necessary

It is only in rare cases that pouch odor needs special treatment. Disposable modern pouches are odor free, save for the brief odor everyone experiences during pouch emptying. Just be sure nothing has stained your clothes to leave a lingering odor. Cuffing the tail of the pouch at the start of each emptying should prevent soiling the outside surface.

Diet can also play a role in odor control. Certain foods may cause odor and certain others neutralize it. Keep track of your own body's response to foods and avoid those that cause unwanted odor especially if you may need to use a public restroom.

As a rule, the following foods may cause odor (the first three-affect urine):

asparagus	brussels sprouts	fish	broccoli	some spices	
cauliflower	onion	beans	cabbage	garlic	turnips
					eggs

On the other hand, parsley, orange juice and active-culture yogurt can help neutralize odors. A sudden increase in odor may be related to a bowel blockage. Contact your doctor or WOC nurse if other symptoms occur, such as decreased output and cramps. A blockage must be dealt with immediately!

Another tactic to suppress odor is to treat the inside of the pouch. Use products that are commercially available for just this purpose. Hollister, Inc. makes an excellent product, M-9 drops, which are almost a miracle in controlling all types of odors. Do not put aspirin or mouthwash inside of the pouch. These practices were once in vogue but have the ability to cause you damage; e.g., they could cause the stoma to bleed.

Odor-reducing ingestible pills are available for those still bothered by odor problems. Consult your WOC nurse, and if you decide to go this route be sure to follow the directions. Otherwise, you could be needlessly bringing on health problems.

Bear in mind, your sensitivity to your stoma's fragrance may be just that—your own sensitivity. Following a sensible lifestyle should allow you to be just as odor free as the next person. However, if you sense difficulty, try these hints one at a time to see what works best for you.

Upcoming 2009 Events

Starting off in 2009 North & Central American & Caribbean Ostomy Association (NCACOA)

Regional Meeting February 4-7, 2009 will take place in the City of Colima, State of Colima, Mexico. If you are interested in attending this event please visit:

<http://www.ostomyinternational.org/Forms/NCACOARegioanlConference.pdf>

UOAA will be holding their 2nd conference. This one will held August 5-8 2009 in the city of New Orleans. If you are able to attend this event you will not only enjoy the conference but the city. Let the Good Times Roll. For more information please visit their Website: <http://www.uoaa.org>.

Exercise: The Final Ingredient in Ostomy Management

Adapted from Coloplast

Exercise has once again become fashionable—and that has probably done more to put people off it than anything else has. If the thought of strobe lights, rowing machines and leotards gives you the shivers, then take heart. There is no end of easy, enjoyable ways to make yourself a little stronger and a little fitter. Just find the ones that are right for you. Most of all, do not overdo it. Even light exercise is good exercise—for your heart, joints, muscles, lungs and for your general sense of well being. Gently does it.

To begin with, do not confuse exercise with sports. There is more to getting healthier than chasing a ball around on a football field. Walking is a great place to start. Post-operatively, just walking to the next-door neighbors or to the end of the garden is fine. When you begin to regain your strength, walk more—both for pleasure and as an alternative means of transportation. Moreover, when you do, walk briskly—so you get slightly out of breath.

Gardening is great too. Digging, weeding, hoeing and mowing can constitute a superb day's workout. Of course, you will have a showpiece garden to show for it. Wait for about three months after surgery before beginning gardening. You will be surprised at how quickly you will feel the benefits. After a few aches in the early days, you will begin to feel suppler and be able to do more without getting out of breath.

Doctor's orders—all doctors agree on the benefits of exercise, but it is a good idea to talk to your doctor before starting an exercise program, especially if you are very out of practice or if you have other health considerations, like asthma or a heart condition. Your doctor will advise you to take it easy to begin with and to enjoy yourself. You cannot obtain better advice than that.

Should My Family Help with the Care of My Ostomy?

By Mary Bawn, LPN, WOCN

Let us be direct with our response . . . your family should not help with the care of your ostomy if you are able to care for yourself. Make yours a "does it yourself" family where everyone goes to the toilet by him/her selves. I am sure any normal person will not ask a member of the family to accompany them in the bathroom to help with the elimination process. Why should you?

Of course, if you are not physically able to care for yourself help is generously accepted. Too many people with ostomies never like to view their stomas. Therefore, they use the well-known crutch of "I can't do it myself," and for years have had someone assist them in the toilet and perform the routine daily tasks of personal hygiene that could have been done without any problems or aid from another person.

This person is handicapped indeed . . . mentally, not physically. If you cannot tolerate your own body, how can you expect someone else to tolerate you? Be independent and lead a normal life. Having an ostomy means a life of being able to function as a whole person. A family member should be aware of needs and care in case of illness or great stress, but this should be on an exception basis. Help can then be given if it is necessary. Including family members in teaching care of the ostomy is part of the ostomy nurse's function.

About Colostomies

from Philadelphia (PA) *Journal* via Oklahoma City (OK) *Ostomy News*

There are several types of colostomies. The word "colostomy" means to create a new opening in the colon for stool to pass through. A stoma is the opening on the abdominal wall for the colostomy.

The location of the stoma defines what type of colostomy a person has. An Ascending Colostomy is on the right side of the abdomen and is made from the upward (ascending) portion of the colon. The stool is usually semi-soft to liquid.

Bowel movements usually occur shortly after a meal. The pouch should fit well around the stoma without any skin showing. Stool will irritate any skin that is exposed. If skin shows between the stoma and pouch opening, a pouch with a smaller stomal opening is needed or the skin should be protected with paste.

A Transverse Colostomy is on the upper part of the abdomen and can be located anywhere along the horizontal (transverse) portion of the colon. The stool is usually soft to slightly formed. Usually a bowel movement will occur a few hours after a meal. Again, the pouch must fit well to prevent skin from being irritated by stool.

A Sigmoid Colostomy is on the lower left side of the abdomen and is made from the downward (descending) portion of the colon. The stool is usually soft to firm.

After a period of time a person's bowel movements may occur at about the same time of day as they did before surgery. People with sigmoid colostomies usually have a choice of whether or not to irrigate. An irrigation is an enema given through the stoma to help the colon have a bowel movement at a certain time of day.

Whether or not a person irrigates is that person's choice, depending on how regular bowel movements were before surgery. Irrigation is not painful but needs to be done on a regular schedule to train the bowel with a new habit.

Regardless of what type of colostomy a person has, once strength is regained, they may return to a normal day's activities. Having a colostomy will not handicap anyone in any way as long as they manage the colostomy instead of letting it manage them.

International Ostomy Association

Are you interested in Ostomy related news from around the world? If so please visit the IOA Website <http://www.ostomyinternational.org>. There you will be able view past issues of the **IOA TODAY** Newsletter containing Ostomy related reports from around the world. There is also an up to date section called Publications. There you will find a number links to **Ostomy related publications** from around the world.

You may visit this page via <http://www.ostomyinternational.org/publication.html>.

Also found on this page you will find

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>

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 __

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