

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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Next chapter meeting will take place on
Sunday January 15th
***Come join use for the
first meeting of 2012***
3PM 4836 Victor Street
Speaker TBA



Jacksonville Chapter is a member of the United Ostomy Association of America.

Please take the time and visit their Website <http://www.ostomy.org>.

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. 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.

Sexual Functioning with an Ostomy

By Ellen A. Shipes, RN, MSN, CWOCN, and Sally T. Lehr, RN, Sexual Counseling for People with Ostomies

Fear and misunderstanding often result in the assignment of unnatural or supernatural qualities to that which is unknown. This article will present factual information about people with ileostomies and urostomies that will dismiss the fear and dispel the misunderstanding.

Having an ileostomy does not possess the extensive attributes of having a colostomy. They are more uniform in size and shape. Like the individuals they are a part of, however, no two are exactly the same. Ileostomies are much more likely to be temporary. They are most often performed to remove disease such as Crohn's disease, ulcerative colitis and occasionally cancer.

Since ileostomies are made in the small bowel, they are usually smaller than colostomies but have the same red color. Urostomies are the most varied of all the stomas in name, location, size and color. Urostomies are done because of trauma, congenital defects or disease, but the ultimate reason is to protect the kidneys by removing or bypassing the damaged or diseased portion of the urinary tract.

The urine is diverted to the abdominal wall by various methods. Location of the urostomy in the urinary tract determines the name. Stomas formed from part of the urinary tract will be pink, not red, due to a difference in tissue structure between the intestinal and urinary tracts. These types of operations are now rarely done. Bowel conduits, the most common of urinary diversion surgeries, will be red because they are constructed from a portion of the intestine.

Verbal and mental exclamations of "Gross!", "Ugly!", "Monstrous!", "I can't stand it!", "It's a sore!" and the like may be expressed by people with ostomies and their partners following surgery. Indeed, it is unfortunate that mostly just members of the medical profession can truly gaze upon a stoma and its accompanying incision and state, "How nice! It looks great!"

Although the person with an ostomy and his/her partner may react poorly to the initial results of surgical intervention, the stoma itself should

produce little or no physical change in sexual functioning once the individual has recovered from the surgical procedure. Since the stoma is often bright red and appears sore, it is commonly thought that sexual activity will cause stomal damage and pain.

Because the bowel and stoma have no nerve endings as such (of course, there are nerves in the stoma but not of the kind where touching it would produce any sensation), even vigorous sexual activity should not result in pain. Slight stomal bleeding may be noted following an especially energetic lovemaking session because of the fragile nature of the stomal blood vessels. There is no cause for alarm as long as the bleeding remains minimal and does not persist for several hours.

The maintenance of sexual functioning varies widely following surgery. In men, the scope of physical change depends solely on the degree of damage to the nerves controlling erection and ejaculation.

Radical resection required for removal of malignancies of the bladder and rectum imparts a high degree of erection difficulty (impotence). In regard to surgery performed for colon cancer, studies cite the frequency of impotence for men with urostomies as ranging from 24 percent to 75 percent. Since a major part of sexual functioning depends on the desire, expectation, and motivation of the individual and partner, it is unwise to assume that erection failure is a foregone conclusion.

women, the physical damage is not so extensive. Removals of the vagina or persistent coital pain are the only physical conditions that should preclude normal lovemaking. Each person with an ostomy must be considered individually and all people with ostomies and their partners should have sexual counseling incorporated into their pre- and postoperative teaching. This will aid in reducing both fear and the psychological difficulties which frequently accompany ostomy surgery. Most people with ostomies have active sexual lives. Many better than ever before since the handicap of disease is no longer present.

Abdominal Noises

Adapted by The New Outlook

Everyone seems to receive those certain messages from inside our tummy at some time or another. Rumbles, grumbles, growls and howls . . . these noises come from the abdomen and are sometimes noticed by anyone within hearing distance.

Since this happens to everyone, you would think that we could just laugh them off or ignore them. Instead, we are embarrassed. As people with ostomies, we wonder if something is wrong since it seems to happen more often with us. Or, at least, we seem to be more sensitive to it than we were before we had surgery.

These abdominal noises are formally named barborygmi (bore-bore-rig-my). If pain accompanies these noises, it could be a sign of an obstruction, an ulcer or a gall bladder problem. It is necessary to see a doctor if these conditions persist. However, it is usual that all these sounds with all their fury really signify nothing important. The cause may be any of the following:

- You are hungry. Peristalsis goes on whether there is anything to move or not.
- You are nervous. Peristalsis increases with stress.
- You have been drinking coffee, tea, cola or beer. These also stimulate peristalsis. Since these are often drunk on an empty stomach, they produce gurgles as peristalsis redoubles its movement.

There is literature about lowering one's cholesterol by eating a high fiber diet. You may have taken this advice and added these high fiber foods to your diet. Digesting fiber produces gas therefore, abdominal noises will increase. If you wear a pouching system, you will notice that it quickly fills with gas, and you are wearing a balloon.

Eating too many carbohydrates will also increase gas. Our digestive systems do not digest starches and sugars as easily as protein and fats. The concerns are often lactose, a sugar found in milk and milk products, sorbitol, a sugar-free sweetener, and raffinose and stachyose, sugar in dried beans. The

result is more gas gurgling. You may be eating too fast, have your mouth open when eating or talking while eating. Your mother always told you it was impolite, but she did not mention that you would swallow air. Air which makes grumbly noises as it is moved along the digestive tract.

To prevent gas eat a snack of healthy fruit or vegetables between meals if you are hungry. You may also eat smaller more frequent meals. And finally, eat slowly, chew your food well and do not gulp.

Frequently Asked Questions

By Secure Start, Hollister Incorporated

Q How do I know if my stoma is healthy?

A Each person's stoma is unique. The stoma is always red and moist, much like the mucus membrane in your mouth. A stoma is not painful, as there are no nerve endings in it. Minor, temporary bleeding of the stoma is normal if it is rubbed or hit.

Q How often should I change my pouching system?

A You should expect predictable, sustained wear time from your pouching system. This is related to the type of skin barrier used, the shape of the barrier—convex or flat—and a number of other factors; i.e., climate and your activity level.

Some people prefer to change their pouches daily, while others wear their pouching systems for up to the recommended limit of four days. If you have trouble getting your skin barrier to stay in place, you may need to get help with fitting and product selection. The best source of help is a certified wound ostomy continence nurse—a WOC nurse.

Q What is the skin barrier?

A The skin barrier is the waxy part of your pouching system that sticks to your skin. The skin barrier is primarily responsible for holding your pouch to your body. Tape may be used as an additional support, but if the skin barrier does not stick firmly, the tape alone will not be enough.

Q What is the main purpose of the skin barrier?

A It is to protect your skin, while holding your pouch. Without the skin barrier your skin would be exposed to the harmful effects of the urine or stool.

Q What size should my skin barrier be?

A The opening in the skin barrier should be the same size as your stoma. This is not something about which you want to guess. Sizing guides are available free from Hollister Incorporated. If you are not sure that you have the right size opening or you want to try a skin barrier that is already pre-cut, you need to measure. Size does matter!

An additional note: Some skin barrier work best if they are cut 1/8th to 1/16th of an inch larger than the stoma with the gap filled-in with paste or a barrier seal. Extended wear barriers—like the FlexTend—may be sized to actually touch the stoma. These barriers are especially designed for individuals with more liquid stool—like people with ileostomies, transverse colostomies and urostomies. Do not use paste with a urostomy. A convex barrier is a common option.

2012 UOAC Conference in Toronto

"Caring in a Changing World"

August 15 – 18, 2012

**Delta Chelsea Hotel
Downtown Toronto**

http://www.ostomycanada.ca/events/biennial_conference_of_uoac



http://www.ostomy.org/conferences_events.shtml

Is Your Pouch Showing?

Forwarded By NewsLeak, DuPage County Ostomy Association

Are you worried about your pouching system showing under your clothes? On the other hand, is your stoma protruding so much that it shows through your clothes?

Most Americans today lead pretty busy lives at a relatively fast pace. Everyone seems to be concerned with his/her own individual happenings. Aren't you? By the way, what is the color of the bus driver's hair? Did the sales clerk in the store wear brown shoes or black ones today? What color was the bank teller's tie? Does your brother's wife have blue or brown eyes? Men, what color is your wife's hair?

Give up? Forget about the uncalled for worries and enjoy each day. Remember that your attitude about your image will affect the attitude of your family and friends. Most of us are more conscience of our ostomy than anyone else around us is. Virtually no one in the world even knows what an ostomy is much less to look at one of us and see where it is and if it is showing. Even your fellow friends with ostomies, when we get together often casually look at each other, checking to see if an ostomy shows. If we cannot see it, and we know exactly where to look and what to look for, how is anyone else every going to know? Be happy, you have been given a new life.



Check Us Out On The Web

www.ostomymcp.com

Other Websites Of Interest:

United Ostomy Association of America: www.uoaa.org

Your Ostomy Community Connection Center: www.c3life.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/ostomatesupport/>

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 __

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Medical Care Products, Inc

Toll Free 800 741-0110

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