

# The MailBag

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

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

## **“GUTSY’S GAB:” “SPEAK OUT AND BE HEARD!”**



January 2013 issue: MailBag-Jax, FL

By Linda Blumberg AKA “Mrs. Lips”

December 2012 was a time for celebrations/holiday gatherings, camaraderie, and good times together. When our Jax ASG met December 16, we dispensed with the usual sharing of

ostomy experiences at the Medical Care Products, Inc. Jax, FL store location, and instead were privileged to attend a lovely party at Patti Langenbach’s beautiful condo on the St. John’s River. This head of our Jax ASG, owner of both MCP and this newsletter, and Linda’s ileostomy stoma “Gutsy’s” groovy guru, opened both her home and heart to us... as always. Fabulous food, friends, and fun! Small, intimate gathering in gorgeous, inviting surroundings! Gutsy expresses our gratitude!...Oh; did YOU miss it? “OMG;” did you mistakenly pop over to Patti’s store instead? That’s too bad! You missed a great party!...and we missed YOU being there!...Uh, could it be you’re not receiving this newsletter in a timely fashion...or at all? Easily rectified!...or as Gutsy laughs, easily “rect(um)ified!” (as Linda winces, recalling IBD’s horrible hemorrhoids!...but we “TMI” digress)...

**SPOTLIGHT ON:** January 2013: Happy, healthy New Year to you and yours from Linda, Gutsy, “Mrs. Lips,” and hubby Bruce (AKA “Gusty”)! Gutsy says, “It’s time to get your REAR in GEAR!” (OK; CCFA said it first!)...Time for Resolutions! No, not those pounds you want/many need to lose, or dangerously deadly habits like smoking and drinking you need to give up...Gutsy suggests simpler, easy and painless, controllable resolutions: if you are not getting the newsletter, then you are missing notice of future meetings/gatherings! Solution?: don’t depend on US “snail mail” anymore to receive this newsletter!...call Patti

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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](mailto:patti@ostomymcp.com)

(Newsletter will be in PDF format)

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### NEXT MEETING

**Sunday, January 20, 2013**

***August 7-10,  
2013 Fourth  
UOAA National  
Conference  
Jacksonville FL***

at (904)733-8500 or email her: "Patti@ostomymcp.com" and share YOUR email address...as did Linda, a self-proclaimed technology dinosaur(!)...Begin January with a new mantra: grateful to be alive...to thrive...to have survived...circumstances that necessitated ileostomy, colostomy, or urostomy surgery (IBD...like Gutsy's Linda...cancer, injury, war, or emergency...like newbie colostomate who looked healthier and happier at Patti's party-YAY!)...our good fortune that we are still here with our loved ones...how transitory life can be...gone in the blink of an eye...by horrific happenings...like senseless shootings...or our own blatant disregard/denial of changes in bladder/bowel habits...and vanity, thereof...and dire consequences...

**BOTTOM LINE/MARK YOUR CALENDAR:** You have already resolved to receive this newsletter via email, and daily renew your appreciation of being alive...Good start!!...Now, revel in that our next Jax ASG meeting, for the new year, is **Sunday, January 20, 2013**...at Patti's MCP store...this is around the time of Martin Luther King's Birthday...Gutsy, too has a "dream" that January will be a time for Resolution, Renewal, and Reveling: in renewing friendships with ostomates/nonostomate spouses, alike...and reveling in the opportunity to meet newbie ostomates and help guide them to (ostomy) acceptance through your unique experiences and perspectives...and in resolving to continue our commitment to remind family, friends, and coworkers to be vigilant to check for blood in stool/bladder habits, get that life-saving colonoscopy, and to ultimately revel in the renewal of our resolve that ostomy is a good (re)solution for what ails/fails/jails/nails/pales/snails/stales/frails/wails our digestive/bladder systems...Come CELEBRATE the New Year with us!...**BYS:** Bring Your Stoma (gotta), Spouse (optional, but always welcome), and Suggestions (like sharing Name Your Stoma...like Gutsy, who has famously frequented the Stoma Registry all of her 6 years)...Good friends (YOU!) + good food (YUM!) + good information (a stoma can always learn new stuff) + good Gutsy + good times = GOOD LIFE!!!...Share yours with us!...See YOU there!

## **EXERCISE: THE FINAL INGREDIENT IN OSTOMY MANAGEMENT**

Adapted from the Coloplast Website, UOAA Update Sept 07

Exercise has become fashionable" -- and that has probably done more to put people off it than anything else

If the thought of strobe lights, rowing machines and leotards gives you the shivers, then take heart. There are no end of easy, enjoyable ways to make yourself a little stronger, a little fitter. Just find the ones that are right for you. Most of all, don't overdo it. Even light exercise is good exercise - for joints, your muscles, your lungs and for your general sense of well-being. Gently does it. To begin with, don't confuse exercise with sports. There's 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, try to walk more - both for pleasure and as an alternative means of transport. And 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. And of course you'll have a showpiece garden to show for it. Wait for about 3 months after surgery before beginning gardening. You'll be surprised at how quickly you feel the benefits. After a few aches in the early days, you'll begin to feel more supple, and be able to do more without getting out of breath. Doctor's orders - All

doctors agree on the benefits of exercise - but it's a good idea to talk to your doctor before starting an exercise program, especially if you're 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. And you can't get better advice than that.

## HOSPITALIZATION FOR OSTOMY PATIENT

By Dr. Lindsay Bard; via Chicago (IL) The New Outlook; and Hartford (CT) The Hartford Ostomy Update

It is important for a person with an ostomy to know how he/she should be handled differently than someone without an ostomy when you need to be hospitalized. It's up to you. It is very important to communicate to medical personnel who take care of you, including every physician that treats you, that you have an ostomy, and what type of ostomy you have. Here are some rules to help you cover the details:

### Rule 1 – The Cardinal Rule!

If you feel something is being done or going to be done to you that might be harmful, refuse the procedure. Then explain why to the medical personnel, especially your physician. They will then decide with you if the procedure will actually be in your best interests.

### Rule 2 – Supplies

Bring your own supplies to the hospital. Never assume the hospital will have the exact pouching system or irrigation system you use. Most hospitals have some supplies available. These are used for emergency situations.

### Rule 3 – Laxatives & Irrigations

Follow the points below concerning laxatives or irrigation practices, according to which type of ostomy you have. Medical personnel often assume all stomas

are colostomies. But, of course, practices vary among the various types of ostomies.

- A transverse colostomy cannot be managed by daily irrigations. The only colostomy that can be managed by irrigations is the descending or sigmoid colostomy. However, sigmoid or low colostomies do not have to be irrigated in order for them to function; many people with sigmoid colostomies prefer letting the stoma work as nature dictates. If you do not irrigate your colostomy, let the fact be known to your caregivers. If your physician orders your bowel cleared, irrigate your own colostomy; do not rely on others. There is a strong possibility that those caring for you will not know how to irrigate your colostomy.
- Bring your own irrigation set to the hospital.
- If you have an ileostomy or urinary diversion ostomy, never allow a stomal irrigation as a surgical or x-ray preparation.

Remember that laxatives or cathartics by mouth can be troublesome for people with colostomies. For people with ileostomies, they can be disastrous—people with ileostomies should always refuse them. A person with an ileostomy will have diarrhea, may become dehydrated and go into electrolyte imbalance. The only prep needed is to stop eating and drinking by midnight the night before surgery. An IV should be started the night before surgery to prevent dehydration.

### Rule 4 – X-rays

X-rays present special problems for people with ostomies, again, differently managed according to ostomy type:

- A person with a colostomy must never allow radiology technicians to introduce barium into your stoma with a rectal tube. It is too large and rigid. Take your irrigation set with you to x-ray and explain to the technicians that a soft rubber or plastic catheter F#26 or 28 should be

used to enter the stoma. Put a transparent pouch on before going to x-ray. Have the technician or yourself place the rubber or plastic catheter into your stoma through the clear plastic pouch. When enough barium is in your large bowel for the x-ray, the rubber or plastic catheter can be withdrawn and the open end of the pouch closed. The pouch will then collect the barium as it is expelled and can be emptied neatly after the procedure. Once the x-rays are completed, irrigate normally to clean the remaining barium from your colon. This will prevent having to take laxatives by mouth after the procedure.

- A person with an ileostomy may drink barium for an x-ray procedure, but never allow anyone to put barium into your stoma.
- A person with a urostomy can have normal GI x-rays without any problems. Never allow anyone to put barium in your stoma. At times, dye may be injected through a soft plastic catheter into a urostomy for retrograde ureter and renal studies, often called an ileo-loop study. The same study may be performed on a urostomy patient with a Kock pouch. The dye will be injected via a large syringe; this can be a very painful procedure if the dye is not injected very slowly. Even 50 mL will create a great deal of pressure in the ureters and kidneys, if injected rapidly. Remember to request that the injection be done slowly.

## WHAT OSTOMATES SHOULD KNOW ABOUT DRUGS

Via St. Paul Pacesetter

Liquids are faster acting than pills or gel caps. The degree of compression of a tablet determines the rate that medicine is dissolved in one's system. Vitamins should be taken on a full stomach or else they will irritate the lining of the stomach and produce the sensation of feeling hungry. The amount of absorption is based on the amount of intestines still intact; therefore, the type of drugs taken must be in

accordance with how much absorption "power" you have. Time-release capsules are NOT for the ileostomate. Time release medicine will completely dissolve at once if alcohol is consumed with it or shortly afterwards. Most medication is available in a variety of forms. Be sure to tell your pharmacist that you have an ostomy so he or she can provide the right form of prescribed medication. The following precautions are offered to avoid food and drug interactions that can reduce the effectiveness of prescription drugs.

- . Don't mix medicine into hot beverages. Heat can destroy or alter drug ingredients.
- . Don't stir medications into food which can destroy the release mechanism of certain drugs.
- . Read all directions, warnings and precautions about your medication.

### Safe Travel Tips

by Joseph Rundle, Aurora (IL) Ostomy Group; via Metro Maryland

With the terrorist alert on high and many concerned about safe travel at this difficult time, I thought I would offer you some useful tips:

- Do not ride in an automobile. Autos cause 20% of all fatal accidents.
- Do not stay at home. That is where 17% of all accidents occur.
- Do not walk across the street. Pedestrians are victims of over 14% of all accidents.
- Do not travel by air, rail or water. People have 16% of all accidental deaths because of these activities.

However, only 0.0001% of all fatal accidents occur at our local ostomy support association's meetings. Moreover, virtually none of these happen during the business meetings. Obviously, the safest place to be is at your local ostomy association meeting. You'd better go to the next one, just to play it safe.

**August 7-10, 2013 • Fourth UOAA National Conference • Jacksonville FL**

Jacksonville is where Florida begins—and where the UOAA's next national conference will gather attendees from across the US (and hopefully beyond). We have secured a great nightly lodging rate for our attendees at the [Hyatt Regency, Jacksonville Riverfront](#) – just \$99 (guaranteed for 2013). Please feel free to take a [virtual tour](#) of the hotel and see what the [Jacksonville area](#) has to offer. Learn some [history and an abundance of other facts](#) as well. And plan to join us in 2013.

Once the hotel has given us a code for the group rate and added it to their reservation system, we will post more information here and announce it to our support groups and in other ways. Program information and other details will be added as well, so check back here occasionally!



[http://www.ostomy.org/conferences\\_events.shtml](http://www.ostomy.org/conferences_events.shtml)

**Check Us Out On The Web**  
[www.ostomymcp.com](http://www.ostomymcp.com)

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

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WE ARE ON THE NET

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