

# 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).

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



## Jacksonville Contact Information:

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

[patti@ostomymcp.com](mailto: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](mailto: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 Jan. 19th**

## Ocala Contact Information

Lynn Parsons  
(352)245-3114

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

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 Jan. 12th**



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## GUTSY'S GAB: SPEAK OUT AND BE HEARD!

January 2014 issue: MailBag-Jax, FL  
By Linda Blumberg AKA "Mrs. Lips"



December 2013: ...a time for celebrations & holiday gatherings, camaraderie, and good times together! Our Jax ASG met December 15, 2013 for a holiday party - fabulous food, friends, and fun! Alas, Patti was out sick and sorely missed! Bette (BeeJay65), Joe (JEG), Ann Marie (Blessed Life), and Linda (Gutsylips) hoped to *inspire* others to read and post on ConvaTec's "Inspire.com" which is more than just an online ostomy group. Gutsy enjoys dispensing advice to newbies and reading others' inspirational and informational posts. It will never replace the joys of joining with ostomates/spouses in our face-2-face Jax ASG, or the heartfelt hugs available in person, but, it comes in a close second! Bette and Linda invited a new local poster, "W" to the party...but, he was unable to attend. We hope to coax him to come to our January 2014 meeting...What a great way to keep in "touch"!

SPOTLIGHT ON: January 2014: New Years Day (1<sup>st</sup>), Linda returns to work (6<sup>th</sup>), Martin Luther King's Birthday (20<sup>th</sup>), Linda's 58<sup>th</sup> Birthday (27<sup>th</sup>)...Happy Healthy New Year to you and yours from Linda and hubby Bruce. Gutsy says that the *New Year* is time to get your *REAR* in *GEAR*! Time for Resolutions! Grateful to be *alive*? YES! Gutsy saved Linda's life 7 years ago with permanent ileostomy surgery. Resolve to embrace awareness and be vigilant to: 1) Check for blood in stools/urine. 2) Have life-saving/affirming colonoscopy. 3) Develop/perpetuate tolerance and acceptance of ourselves. Encourage friends, family, and especially the medical community, to improve attitudes. We are "*normal*" people...no matter that our stoma necessitated body alterations. We are always beautiful! 4) Inform Patti of your email address in order to receive her monthly MailBag newsletter, including Gutsy's Gab column, and well-advanced knowledge of next meeting date!...avoid "*snail mail*" and you will receive valuable information in a timelier manner!

BOTTOM LINE/MARK YOUR CALENDAR: Our next Jax ASG meeting is Sunday, January 19, 2014. January is the time for Resolution, Renewal, and Reveling: *Renew* friendships with ostomates/nonostomates alike. *Revel* in the opportunity to meet and assist newbies to benefit from our individual experiences and unique perspectives. *Resolve* to advocate for ostomy awareness and acceptance to fulfill the "*dream*" of a better life, despite whatever created your need for ostomy surgery (IBD like Linda's longtime Crohn's Colitis, colorectal/bladder Cancer, or emergency. Give your stoma a new name for 2014!...email [Patti@ostomymcp.com](mailto:Patti@ostomymcp.com) or Linda: [blumbergl@duvalschools.org](mailto:blumbergl@duvalschools.org) for inclusion in future Gutsy's Gab column, or, if you hurry by January 6<sup>th</sup>, you could enter the Stoma Naming Contest featured in December 2013 Phoenix magazine (P.78 for Linda's article and details)...where you could win fabulous prizes! Hope you don't forget to *renew* your subscription! (Hahaha)...*Resolve* to join us! See YOU there!

## 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.

## Pouch Changes – How Often

via Green Bay (WI) GB News Review and Seattle (WA) Ostomist

This question is among those most frequently asked, particularly by ileostomates and urostomy patients. Like many other questions, there is no one answer that applies to all ostomates.

An informal survey revealed that people change their appliances as much as 3 times a day, and as infrequently as every 2 to 4 weeks. Obviously, there must be reasons for this great variation. After pointing out that the great majority of ileostomy and urostomy patients change in the range of once daily to once a week, let us explore some of the reasons. People on either side of this spectrum can have a skin problem or skin which is nearly indestructible. Some of the reasons for the variation in time between changes include:

**Stoma length:** A short stoma exposes the adhesive material to moisture which decreases wearing time.

**Amount or consistency of effluent:** Profuse effluent tends to loosen the seal.

**Skin Type:** Moist or oily skin tends to decrease adhesion time.

**Skin Irritation:** Decreases adhesion. The appliance should be changed more frequently to evaluate the success of your attempts to heal the skin.

**Experience:** Good technique, such as allowing glue (adhesive) to dry well, increases adhesion.

**Personal Experience:** Preferences, convenience and odor control.

## **Proper Care & Storage of Ostomy Supplies**

from an article by Teresa Murphy-Stowers, Fort Worth, TX; via Dallas (TX) Ostomatic News

Ostomy supplies are not inexpensive, to say the least. So, it is important to understand how to apply them properly with the fewest errors possible and equally important to know how to take care of and store supplies until use. Proper care may avert the need to discard unused supplies and thus be as economical as possible.

- Be sure to read carefully the instruction sheet included in the box or guidelines on the container for specific recommendations for a given product.
- Generally, all ostomy supplies should be stored in a cool, dry location. Too much heat can melt or weaken many of the materials used in ostomy wafers, pouches, and accessory items. Avoid leaving supplies in a hot car or in direct sunlight.
- Review instructions periodically to refresh your memory and to see if any recommendations have changed over time.
- Keep supplies such as wafers and pouches in their original box. By doing so, you save the brand name, product identification number, and the lot and date information for those items. Perhaps you will never need this information, but in the event you do, the box you have saved will provide the information you (or someone helping you) will need for reorder or to report any quality control problems.
- Some ostomy supplies do have a “shelf life.” Be sure to check for dates that may be recorded on their containers. If you find you have a box with an expired date, check with the manufacturer, your local supplier, or an Ostomy nurse for advice on usage.
- While you do want to keep a “stock” of supplies so you are always prepared to change out your system, avoid the practice of stockpiling too much so your reserve will be as fresh as possible. This, of course, depends on factors such as the availability, proximity to a local supply house, or shipping issues.
- Purchase supplies from a trusted vendor—one you know will provide good service as well as stock/ship current stock.

### **Reporting Defective supplies**

- If you determine your supplies are defective in spite of proper use and storage, contact the manufacturer at their toll free number to report the problem and receive product replacement or adjustment.
- Let your supply source know of your report to the manufacturer. They need to be aware of problems; however, the complaint needs to be directed to the manufacturer to ensure the defect can be addressed.

## OSTOMY OUTPUT

via NV Town Karaya; and Green Bay (WI) News Review

### What to do if your ostomy output becomes thin, watery, or greatly increases in volume:

- Never limit your fluid intake in order to thicken the drainage, since this can lead to dehydration.
- Avoid food which you know from experience makes drainage too loose and too frequent.
- Begin a low-residue diet, avoiding especially green beans, broccoli, spinach, highly spiced foods, raw fruits and beer.
- Add strained bananas, applesauce, boiled rice, tapioca, boiled milk and peanut butter to your diet.
- Pretzels help in thickening and add bulk to the drainage. The salt, also, helps to stimulate thirst.
- Many people lack an enzyme which is responsible for the metabolism of milk sugar (lactose). This condition can cause diarrhea, gas, bloating, nausea and cramping. The elimination of milk products may cause a dramatic improvement in the symptoms.

### What to do if your ostomy output becomes thick, or if you develop constipation:

- Increase your fluid consumption, especially fruit juices.
- Increase the amount of cooked fruits and vegetables you are consuming.
- Very few foods need to be omitted from your diet because of fear of food blockage. Perhaps more important than the food in avoiding blockages is chewing well. You can reduce your intake of foods which are very high in fiber, and foods with seeds that are hard to digest if they appear to be a problem. Examples are Chinese vegetables, raw onions, nuts, pineapples, corn-on-the-cob, raw carrots, raisins, celery, mushrooms, popcorn, coconut macaroons and coleslaw.

## Upcoming Events

May 2-4, 2014

**UOAA Mid-Atlantic Regional  
Conference**

Sept 1-6, 2015

**5th UOAA National Conference, St  
Louis MO**

CHECK UOAA WEBSITE FOR MORE  
INFORMATION

<http://www.ostomy.org>



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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 \_\_

Mail to: Patti Langenbach, PO Box 10239 Jacksonville, FL 32247-0239

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

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**Medical Care Products, Inc**  
**PO Box 10239**  
**Jacksonville, FL 32247-0239**

To:

The Ostomy Support Newsletter Of Jacksonville & Ocala, Florida