

# 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).  
 Amelia Island Area Ostomy Support Group meets last Monday of each month at 6:30pm - Bapt Medical Center Nassau board room.  
 Gainesville Support Group meets the 1st Sunday of each month (except Holidays) Hope Lodge 2121 SW 16th St Gainesville



## Flexima® 3S Ostomy Base Plates Convex and Flat base plates

### Description

Flexima® 3S convex base plates are to be used with the Flexima® colostomy, ileostomy or urostomy pouches.

Flexima®3S = Simple, Soft and Secure:

**SIMPLE:** coupling system: Easy to fit, easy to clean! Intuitive, so no education required! Multiple orientation with possibility of 3 pouch positions according to body configuration.

**SOFT:** Minimum pressure on the abdomen necessary at application! High degree of comfort, flexible when base plate and pouch are coupled together! Optimized body fit thanks to new generation of plastic material allowing great discretion!

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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. 17th**

**Gainesville Support Group** meets the 1st Sunday of each month (except Holidays)  
 Next meeting: **Jan. 3rd at 2pm** at Hope Lodge 2121 SW 16th St Gainesville, FL 32608  
**Contact info:**  
 Brinda Watson (352) 373-1266  
 Nelson Griffiths (352) 376-8703

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. 10th**  
**Contact info:**  
 Lynn Parsons (352) 245-3114  
[www.ostomyocala.com](http://www.ostomyocala.com)

**Amelia Island Area Ostomy Support Group** meets last Monday of each month at 6:30pm (except May, June, July & Aug) Bapt Medical Center Nassau board room.  
 Free parking (904) 310-9054  
**Next Meeting Jan. 25th**



## “Gutsy’s Gab:” “Speak Out and Be Heard!”

By Linda Blumberg AKA “Mrs. Lips”

**December 2015:** Time to CELEBRATE!...at our December 20 Jax ASG holiday party, ostomates/family gathered at Patti’s MCP store. Fabulous food, friends, and fun, a great way to “close the door” on 2015...and, as January is on the horizon, we “reopen the door” to a New Year with “resolutions, renewal, and reveling” to live well with an ostomy!

**SPOTLIGHT ON:** January 2016: New Year’s Day (1<sup>st</sup>), Linda returns to work (4<sup>th</sup>), Martin Luther King’s Birthday (18<sup>th</sup>), Linda’s “29<sup>th</sup>” Birthday (x2+2: 27<sup>th</sup>—hahaha!)...Happy Healthy New Year to you and yours from “Gutsy,” Linda’s 9 year old ileostomy stoma!...Ringing in the New Year with the “3 R’s:” “Resolutions/Renewal/Reveling” ...the *realization* of “Ostomy AAA:” Awareness/Acceptance/Advocacy” ...

Postsurgical Ostomy Acceptance occurs when we realize that even with a stoma, WE are still normal, loveable, beautiful people who can feel a *resurgence* of EMPOWERMENT to live well with an ostomy! STOMA ARRIVAL=YOUR SURVIVAL! YOUR *resuscitation* to CELEBRATE BEING ALIVE! your reconciliation to accepting your stoma will likely encourage *reticent* nonostomates to do so, too; true ostomy acceptance is a non-judgmental *revelation* in and of itself! (See Linda’s 1<sup>st</sup> Phoenix article/photo, June 2011, p.30)

*Resolutions* for the New Year: time to *reflect, reevaluate, readjust* in a *renaissance* by Advocating for Ostomy: Gutsy saved Linda’s life; but, humor and a (com)passion for writing/others continue as her salvation! 1) Share YOUR ostomy journey: a) at support group meetings, b) on Inspire.com: ConvaTec’s *Revolutionary* 24/7 inspirational/informational social media website, for presurgical prebies/novice newbies/ostomysome oldbies’ global “relationships,” c) by submitting your unique experiences/perceptive perspectives/humor, sharing YOUR stories of ostomy glories(!), in writing, to this (or YOUR local) newsletter, or publications, e.g., US Phoenix Ostomy mag out, and d) by educating general public to dispel its negative preconceived notions; 2) drive loved ones to/from colonoscopy, remaining loving/loyal if he/she has ostomy surgery; 3) Advocate for YOUR stoma: a) Rejuvenate the New Year with a beautiful pouch cover from Koolostomy.com(!), b) Make YOUR stoma a STAR! email his/her name: [Patti@ostomymcp.com](mailto:Patti@ostomymcp.com) or Linda: [blumbergl@duvalschools.org](mailto:blumbergl@duvalschools.org) for inclusion in future Gutsy’s Gab column...in January, Gutsy welcomes *Remarkable*: “Trouble,” “Amiga,” and Revision: Glennis the Menace to Hannah the Helpful (Inspire.com)...cathartic and fun! (See Linda’s 2<sup>nd</sup> Phoenix article/photo, December 2013, p. 78)

**BOTTOMLINE/MARK YOUR CALENDAR:** January: time to get your “Rear” in Gear!...our next Jax ASG meeting is Sunday, January 17, 2016...Come CELEBRATE BEING ALIVE!...“Repair” to Patti’s MCP store...“Revisit” with old friends...“Reexamine” ostomy concerns/experiences...enjoy Kimberly’s “Refreshing Recipes”...and each other!...“Rebound” for the New Year by joining us...See YOU there!..

## UOAA 2015 Conference Photos

<http://uoaa.smugmug.com/Other/St-Louis-2015/>

## Hospitalization Guidelines for Ostomy Patients

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.

- For anyone who wears a two-piece pouching system: you may remove the pouch just prior to the insertion of the catheter, and replace the pouch after the procedure is completed. If you wear a one-piece pouching system, bring another with you to the x-ray department to replace the one removed for the procedure. In the event you are incapacitated, and cannot use your hands to replace your pouching system, request that a WOC nurse in the hospital be available to assist you. The WOC nurse will be able to replace the skin barrier and pouch for you before you leave the x-ray department.

### **Rule 5 – Instructions**

Bring with you to the hospital two copies of instructions for changing your pouching system and/or irrigating your colostomy. Provide one to your nurse for your chart and keep one with your supplies at bedside. If you bring supplies that are not disposable, mark them “do not discard.” Otherwise, you may lose them.

### **Rule 6 – Communicate!**

Again, let me stress that you must communicate with the hospital personnel who take care of you. You will have a better hospital stay, and they will have an easier time treating you.

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## **You Have Adjusted to Your Ostomy When...**

via Hemet-San Jacinto (CA) Stoma-Life

- You stop spending all of your spare time in the bathroom waiting for your stoma to work so you can empty the pouch right away.
- You can move about freely, without holding your appliance as though it might fall off any minute.
- You make that first trip to the mailbox without taking along your ostomy supplies.
- You stop grabbing your abdomen when the grocery clerk asks if you need help to the car with your bag.
- You go out for the evening and realize too late that you left your emergency kit at home.
- You begin to think how lucky you are to be alive instead of how unlucky you are to have an ostomy.
- You attend the monthly support group meetings with an expectation of learning more about your ostomy rather than staying at home worrying about it all.

### **UOAA Discussion Board**

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

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## The nerve(s) of those stomas!

posted by user "Mike ET" on the [UOAA Discussion Board](#)

The question or comment about stomas lacking sensory nerves, or the more broadly stated claim that stomas have no nerves, is a myth that dies very hard. Allow me to borrow from one of my presentations that partly addresses this issue:

"...most of the information carried by gastrointestinal primary afferent neurons is not consciously perceived. This is nicely demonstrated by tests on fistula patients who report no sensation when the healthy stomach is probed or in patients that have had the intestinal lining cut to take a biopsy." quoted from: Am J Physiol Gastrointest Liver Physiol 277:922-928, 1999. John B. Furness, Wolfgang A. A. Kunze and Nadine Clerc. page G924.

Additionally, we have: "There are more than 100 million nerve cells in the human small intestine, a number roughly equal to the number of nerve cells in the spinal cord. Add in the nerve cells of the esophagus, stomach, and large intestine and you find that we have more nerve cells in our bowel than in our spine. We have more nerve cells in our gut than in the entire remainder of our peripheral nervous system." quoted from: The Second Brain by Michael Gershon, M.D. page Xiii.

Alas, stomas do have nerves!

So, now let us put to rest the misstatement about the bowel and nerves, and **bother to reeducate those who have misspoken early on.**

There are nerves; but the sensory nerves of the bowel between the esophagus and the rectum, for certain types of painful stimuli, such as cutting or cautery, are either very low in number and caliber or the brain is not readily able to perceive the pain.

Of course, one can still be a pain in the a\*\*; however, this is a topic for other times and places.



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