

UOA Jacksonville Chapter #211

The Mailbag



Meetings are held at the Baptist Medical Center
8th Floor - Meeting Room C - 3rd Sunday of each month 3PM

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No Meeting in July

**Please plan to join us
Sunday August 15th
starting at 3 p.m.**

**JOIN UOA IN THE
WINNER'S CIRCLE**



42nd National Conference
United Ostomy Associations, Inc.
August 4-7 • Louisville, KY

Medical Care Products, Inc
Toll Free 800 741-0110
WE ARE ON THE NET
www.ostomymcp.com

**A MESSAGE FROM THE PRESIDENT
& VISITATION COORDINATOR**

*****THERE WILL NOT BE A MEETING***
IN JULY, 04**

I would first like to apologies for not being at the meeting but I had emergency major surgery on June 15, 2004, got out of the hospital that following Sunday and had to return to hospital on Wednesday, June 23, 2004 because my labs were out of whack. I did not feel myself so I had to go back in for a second visit. So now I am feeling much better.

I would like to thank Beth Carnes and Lou Chamberlin for helping me out during this time with the meeting. I hope everything went well. As I stated above there will be no July 2004 meeting as it's the summer and alots of people take vacation and such. I am going to New Orleans the third weekend for a family reunion. I hope everyone has an enjoyable summer.

Our next meeting is **August 15, 2004**, as stated in last months newsletter, our speaker will be a representative from the Ronald McDonald House. We will start collecting Christmas presents earlier this year to try to get a lot for the children. So if you can bring a wrapped gift with age and girl or boy, with you to the meeting that would be great. That will show our speaker we care about the children. The limit monetarily is \$5.00. If you just want to send to Medical Care Products the \$5.00, you may and I will go shopping for you if you can't get out. We in the past have collected a lot for them. We thank Sandy and Ron Davis for their outstanding choose of charities to contribute too.

Remember, if you have any extra ostomy supplies to contribute to our closet at Medical Care Products, please do not hesitate to contact me for pick up (904)282-8181 or just deliver them to Medical Care Products and tell them that its for the donation closet and they will be glad to make sure it is put in it.

I look forward to seeing each and everyone of you at our August 15, 2004 meeting. Have a great summer.

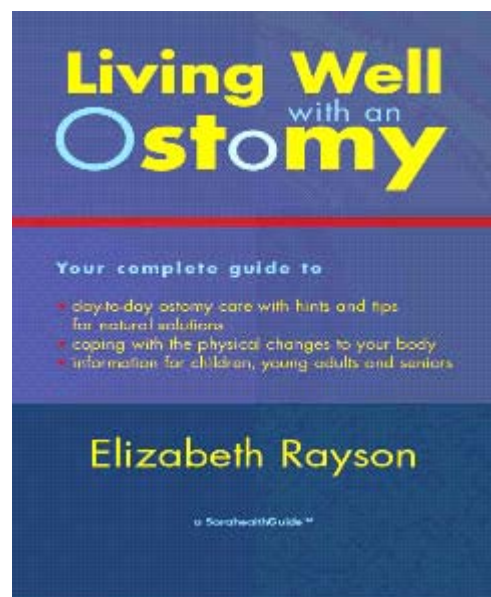
Sincerely, Brenda L. Holloway, President

Colostomy Bowel Control

Patients with a right-sided colostomy do not have as much remaining colon as those with a left-sided colostomy. Because of this there is usually too little colon left to absorb enough water to make a solid stool. This type cannot be controlled by irrigation, but instead behaves very much like an ileostomy with a fairly continuous discharge. The left-sided colostomy is often described as a “dry colostomy” because it discharges formed stool. One has the choice of attempting to manage this type either by trained control or irrigation control.

Only one-third of the people who attempt to train themselves to control the colostomy without irrigation are successful in doing so. This type of training relies very heavily on diet and medication to achieve regularity. Many physicians in this country feel that control is more easily and satisfactorily achieved by irrigation.

However, there are some patients who can't achieve irrigation because they have an “irritable bowel.” This problem has nothing to do with the colostomy. It is just part of some people's makeup. Some people, even before they have their colostomy, may have very irregular bowel habits. They retain these habits after the colostomy is performed, so that regular irrigation does not assure them of regularity. When this condition exists, the physician will sometimes suggest that the patient dispense with irrigation since it will not produce the desired regular pattern, and the person may become frustrated trying to achieve this. In this case, once again the colostomy is treated much like an ileostomy with the wearing of an appliance all of the time.



2004 Young Adult Conference

August 4-7, 2004

Louisville, KY

For 2004, we have an amazing event planned for young adults to meet and share experiences. The first ever combined UOA National Conference and Young Adult Conference will provide educational programming and opportunities for informal social gatherings. Topics include College Life, Dating & Sexuality, Employment Issues, Insurance Concerns, Sports & Fitness and Nutrition. We are also excited to announce we will host the first inter-network softball game and the second edition of the “Ostomate Idol” contest, so be sure to prepare your best karaoke for a monetary prize. We look forward to seeing you there!

For more information, call 800-826-0826, ext. 104 or e-mail jsmith@uoa.org.

TEENS/YOUNG ADULTS

Ostomy Surgery in Young People

Colectomy (the surgical removal of all or part of the colon) and ostomy, is a major step in anyone's life. Yet it is still more traumatic when performed on a teenager or young adult.

The older person, who is married and has found his or her place in the world, may rapidly adjust to his or her new situation, aided and encouraged by one's partner. There is a job to resume, usually with renewed vigor and strength. Life is resumed. The younger ostomate may not have this feeling of belonging. If preceded by a long illness, then he or she will have fallen behind classmates, both academically and socially. Returning to school without old familiar friends may seem strange and disquieting.

A major difficulty for the young is being different, regardless of the cause. Not being "one of the crowd" is a major consideration. Already singled out previously by the ulcerative colitis with its dietary and physical restrictions, the younger person may feel this difference from others more acutely, when returning to the social circle with an ostomy. True, no one need know about the ostomy, yet an inner feeling of being different still exists. Gym classes and swimming must be approached carefully, not to mention the more intimate aspects of dating.

Another obstacle for the young is the choice of occupation. For the individual who is self-employed, engaged in a profession, or working for a small company, there is no need for concern. However, for those who must work for large companies with employment physicals, there is a greater fear of rejection because of the ostomy. The medical examiner or company nurse may be completely unfamiliar with an ostomy and assume that it is a handicap to productive work. They are not aware that the ostomate, freed from debilitating disease, is eager to make his or her mark in the world to show that he or she is normal again.

A constant battle is being waged against the type of medical discrimination based on lack of knowledge. The only way victory can be achieved is by unmasking these practices. One approach is to ask for a telephone call or letter on behalf of the ostomate to the medical examiner of the company by another physician, such as the surgeon who performed the ostomy, or the medical advisor to the local ostomy chapter. Constant pressure on companies may bring about needed reforms.

Finally the biggest barrier of all, to find a mate. Since the ostomy is not noticeable externally, casual meeting and dating does not present a problem. When a deeper relationship is established, then the problem arises as to whether the other person should be told about the ostomy before serious plans are made about marriage. A simple and calm manner should be used to explain about the ostomy. For example, "I was very sick at one time and was cured by an extensive operation which required the removal of my colon. I am fine now, but I must wear a leak and odor-proof pouch to contain my waste products."

The emphasis is on good health with the ostomy – the price for the beneficial result.

The **UOA** is proud to offer seven special interest "networks." These groups cater to members with unique interests and needs and offer a place to connect, learn and share.

Membership * Parents & Children * Teens * Young Adults * 30+ * Continual Diversions * Gat & Lesbian Ostomates

www.uoa.org

MEDICATIONS

Antibiotic Side Effects

Many times ostomates who must take powerful antibiotics suddenly find they have itching and burning under their pouches and have poor pouch adhesion. A side effect of antibiotic therapy can be a yeast infection on the skin around the stoma. You may hear health professionals call this monilia.

At first it may appear as tiny white pimples, but in a few days it is a red rash. This is caused by the antibiotic killing some normal bacteria in the body as well as the bacteria causing infection or illness. At the same time you may also notice sores in your mouth, diarrhea, and a similar rash on the perineal area.

Contact your doctor for a prescription of mycostatin or mystatin powder. Put the powder directly on the irritated area. Apply a coat of silicone skin barrier such as Skin Prep or Bard Protective Skin Barrier, etc. Let this dry!!! Apply a pouch as usual. Eating foods such as yogurt or drinking buttermilk helps to replace some of the normal bacteria in the gastrointestinal tract.

Drugs and the Senior

Changes in the body, caused either by age or disease, make seniors three times as likely to adverse drug reactions (nausea, dizziness, blurred vision and others) than younger people.

Drug interactions are another potential source of great danger for the elderly. Since many elderly are on multiple regimens for more than one chronic condition, the potential for drug interactions is much greater.

Taking medications without a clear understanding of the what, when, how, and why significantly reduces the effectiveness of the medication.

It's a fact that:

Approximately 25% of all prescriptions are written for patients 65 years of age or older who receive an average of 13 prescription drugs per year.

The cost of failure to consume drugs properly exceeds \$15 billion per year.

Approximately 43% of patients want more information about the drugs they take including their side effects.

Approximately 7% of patients never get their prescriptions filled.

Approximately 19% of patients want more information on drug dosage and how the drug should be taken.

Approximately 15% of patients do not take a full course of their prescribed drug therapy.

Approximately 125,000 Americans die each year from failure to take their medication properly.

Approximately 11% of all hospital admissions are related to failure to take drugs properly

Approximately 3-5 percent of all hospital admissions are due to drug-induced toxicity.

Approximately 23 percent of nursing home admissions result from inability to manage medication use in the home environment.

Studies have shown that 79-90 percent of the elderly take prescription and over-the-counter medications with little knowledge of their dangerous effects. Often, elderly people that have speech or hearing problems are absent-minded or are experiencing other symptoms we attribute to aging, but are really suffering from drug reactions. This condition is called reversible dementia.

The elderly are often victims of over dosage, and not necessarily because of mistaken dosages. Often body weight fluctuations and normal changes in a body composition lead to over dose unless the dosage of a drug is altered accordingly.

UOA Jacksonville Chapter is now on the Web
<http://www.ostomymcp.com/chapter/Jaxchapter1.htm>

Ostomy Chat Room Weekly Meetings

Yahoo Peoples with Ostomy2* - Mondays, 8:00 pm US Central time
<http://clubs.yahoo.com/clubs/peopleswithostomy2>

StuartOnline Ostomy Chat* - Tuesdays, 8:00 pm US Central time
<http://www.stuartonline.com/chatroom.htm>

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! Annual dues are **US\$25.00**. If you cannot afford to pay dues at this time, you may still be accepted as a "local-only" member.* **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 __

Please bill me for annual chapter dues of US\$25.00

Dues payment enclosed - make check payable to **U.O.A. Jax Chapter #211**

Master Card, Visa or Discover # _____ expiration _____

I cannot pay dues now and wish to be a local member only*

You may use my name in chapter Newsletter & Directory: Yes __ No __

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



United Ostomy Association , Inc

www.uoa.org

MEETINGS ARE HELD AT THE
BAPTIST MEDICAL CENTER
8TH FLOOR MEETING ROOM C
3RD SUNDAY OF EACH MONTH
3 PM

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**No Meeting in
July**

**Join us
Sunday August
15th starting at
3 PM
Baptist Medical Center 8th
Floor
Meeting Room C**

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Family owned and operated for over 38 years

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