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A deeper curve for deep inward areas around the stoma.  
Designed for situations where a deep curve is needed to even out divots,  
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For stomas that open below the skin's surface and need a lot of help to  
protrude

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### Jacksonville Contact Information:

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

[patti@ostomymcp.com](mailto:patti@ostomymcp.com)

Support group meets the 3rd Sunday  
of each month 3 p.m.  
4836 Victor Street  
Next Meeting: **July 16th**

### Gainesville Support Group Contact info:

Brinda Watson (352) 373-1266  
Jean Haskins (352) 495-2626

Meets the 1st Sunday of each month  
(except Holidays)

at Hope Lodge 2121 SW 16th St  
Gainesville, FL

Next meeting: **July 2nd at 2pm**

### Ocala Support

#### Contact info:

Lynn Parsons (352) 245-3114

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

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: **Sept 10th**

### Citrus County Support Group

Meets third Sunday of each month at  
2:00 PM in the Seven Rivers Regional  
Medical Center, 6201 N. Suncoast  
Bld., Crystal River, FL 34428, in the  
Community Room of the Medical  
Office Building

Next Meeting: **July 16th**

### Amelia Island Area Ostomy Support Group

(904) 310-9054

Meets second Monday of each month  
at 6:30pm UF North Campus

UF Health North 15255 Max Leggett  
Parkway Jacksonville, FL 32218

(Meeting Room 3-4)

Free parking

Next Meeting: **July 10th**



## “Gutsy’s FAB Gab-About: Stories of Ostomy ‘Glories/Gories!’”

“Speak Out and YOUR WORDS WILL Be Heard!”

By Linda Blumberg AKA “Mrs. Lips”

So, who will be next to regale us with HIS ostomy tale? Our next RED hot stoma story for July is Ron Dolar. Ron is the creator, innovator of: ADMirrorSystems.com...Ron is a disabled American veteran long long time ostomate (1967!), who discovered and uncovered a need for independence. Herein, is his story, short and sweet, but complete and replete with a viable reliable solution contribution...for us all!...as share with Gutsy, reprinted with his permission:

### Our Company Story October 29, 2016

The story of our company dates to early 2004. Soon after a revision of my ostomy site, I developed stomal hernias. The area around the stoma prolapsed. It was very difficult for me to manage and to change the appliance. During this time, my wife, a nurse, helped me in this regard, traveling with me when needed. However, her mother passed away in Iowa in 2005 and she needed to go there for about two weeks. I made use of nursing services and tried to source other forms of assistance.

This event made me realize how dependent I had become on other people. I needed to find a solution that would enable me to be more independent. I decided on a simple course of action. I wanted to purchase a mirror which I could use to help me change the appliance. I searched through various catalogs and visited numerous stores but could not find anything that would permit me to have hands-free viewing; in other words, to be able to see while simultaneously using both hands when changing my appliance. I spent time trying to adapt products that were presently available on the market to the purpose but soon realized that nothing was going to work.

I contacted a friend who owns a glass shop in eastern Washington and asked for his assistance to make a mirror on a stand. It seemed simple enough. However, in practice, it turned out to be unbelievably complicated. He suggested that he would talk to a retired Navy nuclear engineer in town about the project. I also spoke to a spinal cord injury patient to establish whether or not he was using something similar but this was not the case. Nevertheless, he indicated that he would be interested in helping us.

This group of people worked together for three years. In 2010, we developed and finished a prototype unit which is now known as the AD Mirror System®. Together as a group, we started a small company named AD Products and began testing the mirror system. The product worked extremely well. Following engineering modifications to improve the system, we started to manufacture it in the USA. Our company filed for patents in 2014, receiving both the design and utility

patents in 2016. Working with the United States Department of Veterans Affairs, other veterans, therapists, doctors, and hospital patients, we discovered that our mirror system was useful to ostomy, wound care, spinal cord, spina bifida, and diabetes mellitus patients.

Modifications were performed after testing and consultation with relevant industry groups. We were privileged to have received the input of various patients, medical groups, and doctors interested in the project. Who am I? I'm that old guy. My name is Ron Dolar. I'm a 100% disabled American veteran and the person who requested the mirror in the beginning.

### Product overview:

AD Mirror Systems® are manufactured of high-grade, sealed 1.0" and 0.5" stainless steel. Four types of complete systems are available; the Home Mirror System®, Trooper Mirror System®, Foot Mirror System, and Hospital Mirror System®.

A clear viewing area is provided by a 6.5" × 7.5" sealed mirror, with adjustable rotation and elevation, with the Mirror Systems®. The curved structure, shaped like a branch, is designed to lean at a slight angle, thereby applying light pressure to the mast section. When placed where needed, it remains there, without the need for cams, levers, knobs, or other devices to secure or tighten it. The ability to easily assemble and adjust the mirror is useful to patients with dexterity and arthritic issues. The mast sections are of various lengths and can be interchanged, providing the patient with an assortment of mirror heights. The horseshoe base allows the unit to be placed under or between the bed's box spring and the mattress. The assembled mirrors are left in place to allow for easy set-up and access. The base is also designed for use under a wheelchair or furniture. The unit can be used in the bathroom and shower or packed into a large suitcase for travel.

The Trooper Mirror System® has the same capabilities and qualities as the Home Mirror System®. However, it is lighter

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and fits into a backpack for camping and outside activities. The Trooper Mirror System® can be used by patients with diabetes mellitus who require a high mirror position to closely view the bottom of their feet or other areas of their body with skin issues.

The foot inspection mirror (Foot Mirror System®) is designed to allow easy inspection of the feet.

The hospital mirror (Hospital Mirror System®) has the same qualities as the others and a weighted base. It can be transported on a wire cart designed for the purpose of unit transportation.

For more information, please see our website at:

[www.admirrorsystems.com](http://www.admirrorsystems.com)  
or call us toll free at:  
1.888.959.6770 extension 102  
To order a mirror system, call the order desk at:  
1.888.959.6770 extension 103”

Ron Dolar



[Admirrorsystems.com](http://Admirrorsystems.com); [rdolar1943@gmail.com](mailto:rdolar1943@gmail.com)

Ron is the founder of ADproducts and the lead inventor of the AD Mirror System. Ron is a disabled veteran, and has had an ostomy since 1967[!]. He has worked with various companies designing computer software, with management of system software and computer games. He has a history of owning and managing different businesses. Ron has worked with various youth and sports organizations, both in the civilian and military areas. Currently Ron is the manager of ADproducts, and is the founder of ADproducts and AD Mirror Systems, located in Spokane, Washington.

Quality mirror products designed to give users greater independence.

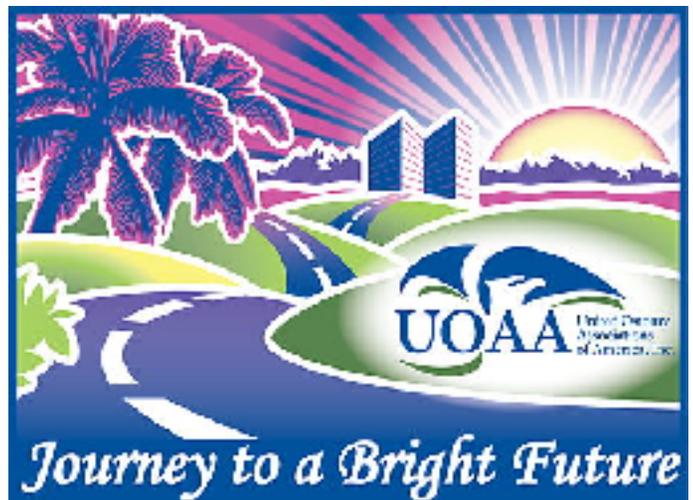


Home Mirror System

The most durable, personal mirror system. This full-size, stainless version aids the patient daily at home or beyond, and can provide greater independence.



Trooper Mirror System



6<sup>th</sup> National Conference

Tues-Sat., Aug. 22-26, 2017, Hotel Irvine, Irvine, California

## On Stomas and their Nerves

### 1. Does Your Stoma Hurt?

by Victor Alterescu, RN,ET; via Northwest Arkansas Mail Pouch; and North Central OK Ostomy Outlook, Jan 1999

Quite often people tell me that their stoma hurts. This surprises me a great deal since stomas do not have any sensation.

You could cut, burn, do anything to the stoma and you would not feel a thing. That's hard to believe, but true. Stomas do not have receptors for pain.

Sometimes, the lack of stoma sensation can lead to problems. For example, an incorrectly fitting appliance may cut into the stoma, but no pain will be felt. A stoma can be badly damaged before the problem is noticed. For this reason, it is important not to wear your pouch for long periods of time (more than a week, in my opinion), since it is good to see if the stoma is OK.

Actually, when people talk about stoma pain, they are usually talking about pain from the skin around the stoma. That skin, the peristomal skin, is full of nerve receptors that are sensitive to such things as heat, cold, chemicals and adhesives that can cause pain. It is the skin that is sensing the pain, not the stoma.

If any unusual symptoms or irritations are noticed, do not hesitate to contact your doctor or ET [WOCN] for an evaluation and, if necessary, a prescription for a specific treatment.

### 2. Stomas and Pain Response

by Mike D'Orazio, ET(retired); written in response to #1 above; printed in North Central OK Ostomy Outlook, Feb 1999

While Victor's statements regarding stoma pain are, at one level, essentially correct, there are legitimate situations when one's stoma will feel pain.

In the normal condition of the intestine, of which a stoma is a part, typical pain touch receptors are not present. However when the bowel is stretched, as when obstructed and subsequently swollen, the bowel will "feel" painful. There are stretch receptors within the bowel wall that inform us of an obstructive event. While experiencing an obstructive event other physiological phenomena occur to further inform and distress us.

On rare occasions patients with stomas have strongly complained of stomal pain. Physical exams have often not been able to reveal any clear evidence of harm or obstruction to the stoma site. In these unusual situations the phenomenon of psychic pain has been put forth to explain the pain.

Just thought I would add my two cents worth to this oft noted question. My intent is not to discredit any point of view, rather to be more inclusive of explanations relating to this phenomenon.

### 3. The nerve(s) of those stomas!

by Mike D'Orazio (aka "Mike ET"); posted on UOAA Discussion Board, May 11, 2009; printed in North Central OK Ostomy Outlook, May 2009

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.

Editor's Note: Putting this all in perspective, the claim in article #1 that "stomas do not have any sensation" is false, as is the often-repeated claim that "stomas have no nerve endings." Stomas definitely have nerves that are sensitive to stretching. However, it's also true that stomas tend to be insensitive to certain other stimuli, notably cutting. This creates the real danger, as stated in article #1, that you can cut your stoma without being aware of it. And it's also probably true that in most cases when people talk about stoma pain, it's really from the peristomal skin.

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## Short-term Ostomate: A Point of View

by Katy Duggan; via Pomona Valley (Upland, CA) News and Views; and Chippewa Valley (WI) Rosebud Review

One day I was on vacation in New York and simply feeling constipated. The next day I was in a Seattle emergency room signing a consent form for a resection (surgical removal of part of my bowel) and a possible ostomy. As an RN, I took care of many a child with a colostomy and could only remember the awful skin breakdowns that many of the kids had on their abdomens. I remembered the struggles to keep the old style appliances on their fragile bodies. I was feeling scared, confused and incompetent to take care of one on my own body. My surgery resulted in no ostomy,

and I was relieved. I had only a colon cancer diagnosis to deal with post-operatively.

Five days later, I found myself again faced with a consent form for emergency surgery for complications. This time there was no doubt that I would have an ostomy — an ileostomy. The surgeon assured me that it would be only for eight to ten weeks, and then it would be closed. The assurance vanished with the first visit of the oncologist. He did not want me to have a third surgery, recover from that operation, and then start chemotherapy.

Now my challenge was to face nine to ten months of taking care of the ostomy on my body. Even as professionally trained as I was, I had all the same fears as those who must face living a lifetime with an ostomy. I kept telling my family I just wanted to pay a nurse to come in each week to deal with the bag change and any problems. I wanted someone else to deal with "it." I had to have help for several weeks but gradually became less "scared," not as "confused," more "competent" as each week passed. Although, as I write this, I am closer to the surgery date to reconnect my bowel, I have walked the road each ostomate walks. Between chemotherapy side-effects and learning new skills for managing an ileostomy, I am a stronger, more competent individual.



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## UOAA Discussion Board

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

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To: