

# 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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**Please plan  
to join us  
Sunday June  
25th  
starting at  
3 p.m.**

**Medical Care Products, Inc**  
Toll Free 800 741-0110  
WE ARE ON THE NET  
[www.ostomymcp.com](http://www.ostomymcp.com)

## OSTOMY SUPPORT GROUP

### MEETING THIS MONTH IS ON THE 4<sup>TH</sup> SUNDAY DUE TO FATHER'S DAY

*This month we will be having Patti from Medical Care Products to play Ostomy Jeopardy so please join us at our meeting on JUNE 25, 2006 at Baptist Medical Center, 8<sup>th</sup> Floor, Function Room C. I look forward to seeing each and everyone of you.*

*The following are the speakers I have line up so far:*

*June 25 to be announced*

*July 16 Steve C. Senay from Coloplast*

*Aug 20 Patti @ Medical Care Products, Inc – Ostomy Jeopardy*

*Dec Christmas Party at a local restaurant*

*Please note we had a little change for June and July\**

*We are going to continue this year collecting the pop tabs for the Ronald McDonald House. We are going to see if we can fill a gallon jug by the end of the year again. In 2005 we filled a gallon jug up. This year we have far exceeded this amount. We will collect these at every meeting or you can drop them off at Medical Care Products*

*Also, please remember if you have any extra supplies that can be donated to our closet for those less fortunate and or to help individuals during the hard time or in between insurance companies. Either bring to a meeting or take them to Medical Care Products or call Brenda Holloway and she will arrange to pick them up at your home, her number is 422-8165. We appreciate all you do for our closet.*

Only meetings that are changed this year due to holidays are the following:

\*\*\*\*\*June = June 25, 06 due to Father's Day

Thank you for your time,

*Brenda L. Holloway, Support Group Contact*

## "IOA Today Quarterly Free Newsletter"

IOA Today

A Quarterly Ostomy Related Electronic Newsletter

Bringing You Ostomy Related Information From Around the World

Current issue Second Quarter 2006

You will find the following reports in the Second Quarter 2006 issue:

1. PRESIDENT'S MESSAGE
  2. ONE PERSON CAN MAKE A DIFFERENCE
  3. IOA CONGRATULATES RIA
  4. TWO VALUABLE CD'S
  5. AN INTERESTING CONFERENCE
  6. WORLD OSTOMY DAY
- Letter from Barry  
Hollister Photo Info  
Coloplast Info
7. STOMA CARE WORKSHOP IN INDIA
  8. 20/40 Report
  9. GAUTEFALL 2005
  10. FOW USA
  11. NEWS FROM CANADA
  12. NEWS FROM SPAIN
  13. PROJECT OF THE SPOUSES FROM OSTOMY PATIENTS ILCO BELGIUM
  14. UPDATE PUERTO RICO
  15. FLYER ON PUERTO RICO
  16. CALL FOR NEXT WORLD CONGRESS
  17. UOAA UPDATE
  18. UPDATE COLOSTOMY ASSOCIATION

Next issue coming Third Quarter (July) 2006

**Sign up today:** <http://www.ostomyinternational.org/back.htm>

Past issues of IOA Today may also be found using the above link.

### **MEDICAL CONDITIONS**

#### **About Fistulas**

*What is an anal fistula? Is there a cure? A fistula is an abnormal, tubular connection between two organs or between an internal organ and the outside surface of the body. An anal fistula is commonly a passage between the anal canal and the skin near the anus. It's usually the result of an anorectal abscess that drains through the skin. The cause of such an abscess may be an infection that began within the anal canal or rectum, or even from a more distant location in the small or large intestine as a result of inflammatory bowel disease (IBD) such a Crohn's Disease or Ulcerative Colitis.*

*Treatment may include surgical drainage of the abscess and antibiotics. If the problem is a complication of IBD,*

*treatment of the underlying condition usually is necessary to resolve the problem and prevent recurrence.*

*(Mayo Clinic Newsletter "Health Oasis")*

#### **Adhesions...& Other Pains that Cramp Your Style**

*Adhesions are tough, string-like fibrous bands, often in the small intestine. They may form spontaneously but are more common after surgery, where disturbances caused by tissue manipulation may lead to healing in the form of fibrous tissue, hence adhesions. Some people form them more easily than others.*

*Adhesions may grow to interfere with the normal motion of the intestine, causing a blockage or obstruction, with food, liquid or even air unable to pass the blocked area. Severe bloating, abdominal pain, vomiting and*

constipation are symptoms of blockage and present a serious situation requiring medical attention and possible immediate surgery to cut the obstructive adhesive bands.

Abdominal pain, though, doesn't always mean adhesions are blocking the intestines. A frequent cause for such pain is a spasm of muscles responsible for peristalsis, the rhythmic muscular contractions that propel the bolus through the intestines. Muscle spasms in the calf are referred to as a "charley horse.:"; spasms in the intestines are essentially the same thing but assume the name "irritable intestine" or "irritable bowel."

Even ostomates who function without colons are not immune from painful intestinal spasms – in the small intestine. An ileostomate may sometimes suffer from pain that can't be traced to blockage and may be told that adhesions are responsible; the actual cause may instead be a spasm.

### **Irritable Bowel Syndrome**

Irritable bowel syndrome (IBS) is one of the most common disorders of the digestive tract. Symptoms of IBS often increase with stress and after eating, and include: Abdominal bloating, pain, and gas; mucus in the stool; Feeling that a bowel movement hasn't been completed; Irregular bowel habits, with constipation, diarrhea, or both.

IBS is a functional disorder, which means that function of the digestive tract is impaired. There are no physical signs of this disorder and no tests that diagnose it. IBS can persist for many years. An episode can be milder or more severe than the one before it, but the disorder itself does not worsen over time. It does not lead to more serious diseases.

### **Prevention:**

If constipation is the main symptom: Try an over-the-counter fiber supplement or bulk-forming agent that contains crushed psyllium seeds or methyl-cellulose, such as Metamucil, Fiberall, and Citrucel; Add fiber-rich foods to your diet slowly so they do not worsen gas or cramps; Use laxatives only on a doctor's recommendation.

If diarrhea is the main symptom: Avoid foods that make diarrhea worse. Eliminate one food at a time, and then add it back gradually. Many people find the following foods or drinks worsen their symptoms: alcohol, caffeine, nicotine, beans, broccoli, apples, spicy foods, foods high in acid, such as citrus fruits, fatty foods, including bacon, sausage, butter, oils, and anything deep-fried.

If a food doesn't seem to be related to symptoms, there is no need to avoid it. Avoid dairy products that contain lactose (milk sugar) if they seem to worsen your

symptoms. However, get enough calcium in your diet from other sources. Avoid sorbitol, an artificial sweetener found in some sugarless candies and gum. Add more starchy food (bread, rice, potatoes, pasta) to your diet. If diarrhea persists over-the-counter medication such as loperamide (Imodium) may help. Check with your doctor if you are using it twice a month or more.

To reduce stress: Keep a record of the life events that occur with your symptoms. This may help to see a connection between your symptoms and stressful occasions. Get regular exercise, such as swimming, jogging, or brisk walking to help reduce tension.

### **Two IBS Drugs Now Available**

Women with irritable bowel syndrome (IBS) who suffer from chronic constipation finally have an approved treatment option. Tegaserod maleate (Zelnorm) recently became the first and only prescription drug approved by the FDA for short-term treatment of the symptoms for abdominal pain and discomfort, bloating and constipation associated with IBS.

IBS is a common condition that affects up to 20 percent of all Americans and possibly as many as 70 percent of people with fibromyalgia.

For the majority of people with IBS, abdominal pain and bloating are accompanied by chronic constipation. For a smaller percentage, IBS causes chronic diarrhea or alternating bouts of diarrhea and constipation.

Just a month before Zelnorm's approval, the first drug approved for diarrhea-predominant IBS was reintroduced with new restrictions on its use. Alosetron hydrochloride (Lotronex) was pulled from the market in November 2000 when some women using the drug had serious adverse effects.

Zelnorm is the first agent in a new class of drugs called serotonin-4 receptor antagonists developed to normalize the body's ability to move food and waste through the gastrointestinal tract. Five other drugs for irritable bowel syndrome are currently in development.



<http://www.ostomyinternational.org/congress2007.htm>

**Did You Know**

Published Research from April 2006

Researchers at the Brigham and Women's Hospital in Boston have found new evidence that ordinary tea may prime the immune system to fend off attacks from bacteria and other pathogens.

Does a high-fiber diet protect against colon cancer or not? The two most recent studies, published in the British journal Lancet, may not have the last word on the subject, but at least they agree: both suggest that a high-fiber diet lowers the risk substantially.

The FDA has approved the first flu vaccine delivered as a nasal mist. It is not for children under age 5 or adults age 50 or older, and it costs three times as much as a shot, but for folks who hate needles, a shot-less vaccine could be what the doctor ordered.

**The 2006 World Ostomy Day  
Photo Contest**

Sponsored by  
Hollister

**For more information please visit the  
International Ostomy Association  
Website**

**<http://www.ostomyinternational.org>**

Or view the March 2006 Mailbag Newsletter



**For more information please visit the  
International Ostomy Association Website**  
<http://www.ostomyinternational.org>

**Visit our chapter Website:**

<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/id10.html>

**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! **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 \_\_

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

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

TO:

**Join us**  
**Sunday June**  
**25th starting at**  
**3 PM**  
**Baptist Medical Center**  
**8th Floor**  
**Meeting Room C**

# **Medical Care Products, Inc**

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