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The Mailbag

The Ostomy Support Newsletter Of Jacksonville, Florida

Support group meets the 3rd Sunday of each month 3 p.m. 4836 Victor Street

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Next chapter meeting will be held on Sunday June 26th 3pm, 4836 Victor Street.

UOAA United Ostomy Associations of America, Inc.

Jacksonville Chapter is now a member of the United Ostomy Association of America. Please take the time and visit their Website http://www.ostomy.org.

Public TV Documentary Movie

UOAA entered into a contract for the publication of a five-minute ostomy public awareness movie that will appear on public TV; the National Medical Report as shown on cable; network and international TV as part of Voice of America.

This excellently produced project—coordinated by UOAA President Elect Kristin Knipp—can now be viewed on the UOAA Internet site at www.uoaa.org/uoaa_psa.shtml. One may also view the movie athttp://uoaa.wordpress.com/ .

We encourage you to send one of these links to anyone with an interest in ostomy surgery; i.e., our members, local medical professionals, family and even friends who you might want to have better understanding about our organization.

Hernia and the Ostomateby Eugene Broccolo

via Orange County (NY) Ostomy Support Group

Hernias can develop postoperatively through any surgical incision. Incisions that are not closed tightly are more prone to hernias. Colostomies represent surgical incisions that cannot be closed tightly because to do so could result in a stricture or narrowing of the bowel opening.

Hernias of colostomies, or pericolostomy hernias, can occur frequently. They can be apparent in the immediate postoperative period, or more often, develop years after the original surgery. They can be recognized as a bulge forming around the colostomy, most noticeably when the patient is standing. Good bowel function is dependent on good abdominal musculature and is especially dependent on the muscles around the colostomy site. Therefore, a colostomy hernia would give symptoms of poor colostomy functions, e.g., incomplete evacuation, difficulty in irrigation and discomfort during elimination.

Most hernias will cause fewer symptoms with some external support, e.g., an abdominal binder, but the colostomy itself and whatever appliance is used will interfere with good compression. Therefore, surgical repair has to be considered for the hernia.

Since the very same problems exist at the time of repair as were present at the original surgery, e.g., inability to obtain a tight closure, the recurrence rate for this type of hernia is much higher than with other hernias.

Because of the possibility that even in the best of circumstances a colostomy hernia can recur, the decision to proceed with surgery should be made only after consideration of all the factors, such as general health and nutrition, the degree of disability and the level of physical activity required.

Ostomies versus False Teeth

from Spacecoast Shuttle Blast, FL; via Seattle (WA) The Ostomist

How often have members of ostomy groups said that having an ostomy is no worse than wearing false teeth? Non-ostomates often laugh at this and can't believe that we are being honest.

False teeth? Everyone dreads the day that teeth must go and an expensive set of "false choppers" replaces them. But think of false teeth as the equivalent to that "awful surgery?" Never!

Well, before folks feel so sorry for us ostomates, let's look at the similarities. Everyone would prefer to keep his own teeth—or his own colon or bladder. Wearers of false teeth try to pretend their teeth are real—many ostomates hide their surgery. A big problem is keeping false teeth in place—same way with ostomy appliances. No one wants the "click" of teeth to be heard—ostomies may gurgle audibly.

After a few months, false teeth are supposed to feel like a natural part of you—also true of your ostomy appliance. As one grows and changes, a set of false teeth may have to be changed—and appliances may have to be changed due to weight gain/loss or stoma retraction.

False teeth are expensive—but so is ostomy surgery. False teeth must be worn all the time—ostomates wear appliances, or at least tiny pads, all the time. Many products are sold to keep false teeth clean and odor-free—the same is true for ostomy equipment. Let's say that false teeth are a necessary evil, a little nuisance in the mouth—at the opposite end of the tract may be the nuisance of a stoma needing an ostomy appliance or pad.

So the next time a distressed family member says a relative will "have his life ruined" by having an ostomy, ask whether someone who has all his teeth suddenly knocked out has a ruined life. If we could think of ostomies with the same calm humor with which we view false teeth, wouldn't everybody see them for what they really are? Not really worse than false teeth.

The New and the Old (with an Ostomy)

By Mark Shaffer

At a recent meeting of our local ostomy association, a subject came up that I found intriguing. One of the participants in a rap session stated that he found himself depressed and withdrawn, even though it had been a year since his surgery. He wondered how long he could expect that feeling to last, and I think, whether it would last for the rest of his life.

Some people with ostomies adjust almost immediately. These folks see an ostomy as a cure for an illness that threatened their lives or restricted their activities. Others take a few months, generally feeling better about the situation as soon as they master the fine art of pouch changing and maintenance. For many, ostomy surgery begins a process that appears, and is very close to, the grieving process. Like any grieving process, the amount of time needed to feel emotionally whole again will vary.

It took me almost two years following my surgery before I felt like I had regained my former personality and was ready to move on with my life. So there is not a magic amount of time needed to adjust to your new ostomy.

Allow yourself the time you need and realize that the feelings of depression and isolation will eventually go away. If the depression is severe, do not be afraid to seek professional help. If your isolation is caused by a lack of confidence in your pouching system, seek help from your WOC nurse.

If your pouching system is working fine but you still feel separated from others, seek help from other people with ostomies. Go to a meeting of your local ostomy association and meet others in the same situation. If you do not already have one, call your local ostomy association and arrange a meeting with an ostomy visitor. The person can talk to you about how they handled their postoperative emotions. Above all, give yourself time to adjust.

Bone Loss after an Ileostomy

Written by staff reporters for The New Outlook

Walking on a summer day here in Chicago, jumping into a swimming pool or lifting a child up into your arms . . . these are just a few of our everyday activities, all of which require us to have strong, healthy bones. Our bones are what allow us to partake in everything that we do, therefore, it is imperative that they function properly.

It has come to our attention that ostomy patients, especially those with ileostomies, are at an increased risk for bone density loss. This loss is due to the lack of calcium absorption into the bones usually caused by the underlying diseases requiring ostomy surgery. Many of us who have had bone density scans were surprised by the level of bone loss that has occurred.

Your doctor can order a bone scan that would usually be done at your local hospital; they call it a dexascan. Some doctors may mistake an ostomy as the cause of the problem. However, an ostomy has no relationship to bone loss in all except those rare cases of short bowel syndrome.

There are different degrees of osteoporosis some being very mild and some so severe that it is life threatening. Bone loss is not only caused by a lack of calcium in the diet and the body's ability to absorb it, but also by the lack of other vitamins and minerals that make the calcium effective, like vitamin D.

Contrary to popular belief, men as well as women may have difficulty assimilating calcium, leading them to have a loss in bone mass. It is important for those of us with ostomies to be aware of this and make sure that our doctors are monitoring this potential problem. Osteoporosis is a silent disease that causes bones to thin, become weak, and fracture with no warning especially in the hip, spine and wrist. Today in the United States, anywhere from seven to 8 million individuals already have this disease. Approximately 17 million more people have low bone mass, placing them at increased risk for osteoporosis.

The good news is that osteoporosis is preventable and treatable in many cases. There are steps you can take to keep your bones stronger. Some proven ways are by weight bearing exercises like walking, weight lifting, and one of our favorites, golfing—walking the 18 holes, of course—as well as simply working around the house. My best advice to you is to check with your doctor. He/she can further inform you about osteoporosis and bone mass loss. Your doctor will probably suggest increases in exercise and talking a quality calcium and vitamin D supplement. If your condition is more serious, he/she can prescribe drugs especially made to retard bone loss.

Bone loss can actually be reversed. That means that if you have some bone loss and are heading in the wrong direction, positive steps will build bone up again. How about that . . . you can build strong bones at any age with determination and the correct procedures. In addition, the preventive measures that you can take now lessen your risk of the problems associated with osteoporosis in the future.

New Ostomy Bill in Congress

House resolution number 152 of the 112th Congress states "Recognizing the life-saving role of ostomy surgery and prosthetics in the daily lives of hundreds of thousands of people in the United States."

Representative Leonard Lance, R-NJ7, and Senator Richard Burr, R-NC, are the sponsors of the bill submitted to the House Ways and Means Committee and the Senate Health, Education, Labor and Pensions committee. There is a very small possibility that when a final bill is written and adapted it can be passed by both houses in Congress and become law. There is a higher probability that this law becomes incorporated into a larger bill that does become law.

Aug 7-11, 2011 • Third National UOAA Conference
John Ascuaga's Nugget Hotel,
Reno NV
For more information
please visit
UOAA www.ostomy.org

http://www.ostomy.org/conference_2011.shtml

Check Us Out On The Web
www.ostomymcp.cpom

Other Websites Of Interest:

United Ostomy Association of America: www.uoaa.org

Your Ostomy Community Connection Center: www.c3life.com

Ostomy Chat Room Weekly Meetings

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

Community Zero (Ostomy) Support* - Wednesdays, 9:00 pm US Eastern time
http://groups.yahoo.com/group/ostomatessupport/

Yahoo UK Ostomy Support* - 1st & 3rd Sundays, 8:00 pm UK time / 3:00 pm US Eastern Time
http://clubs.yahoo.com/clubs/ukostomysupport

UOAA Chat Sundays 9pm ET / 6pm PT
http://www.yodaa.org/chat.php

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 __

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