

# 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 6pm - Bapt Medical Center Nassau board room.

**Jax June UOA meeting changed to 22nd due to Father's Day**



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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 June 22nd  
Due To Father's Day**

## Ocala Contact Information

Lynn Parsons  
(352)245-3114

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

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 June 8th**

## Amelia Island Area Ostomy Support Group

meets last Monday of each month at 6pm (except May, June, July & Aug)  
Bapt Medical Center  
Nassau board room.  
Free parking (904) 310-9054  
**Next Meeting Sept. 29th**



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

By Linda Blumberg AKA “Mrs. Lips”

**May 2014:** we honored Mom, dearly departed, maybe attended prom...at our May 18 Jax ASG meeting, a diverse group of ostomates/family gathered together: our regulars, newbies, and a *pre-bie* planning his summer ileostomy surgery...“Gutsy,” Linda’s ileostomy stoma quickly allayed his fears and wished him well...Linda, Bette, and Joe extolled the virtues of ConvaTec’s inspirational informational social media website, Inspire.com...discussed ostomy concerns/experiences, focusing on peristomal hernias, including efficacy of hernia belts/mesh surgery...Hmm; it’s almost June: did your hernia make you feel like you were “busting out all over?”...

**SPOTLIGHT ON:** June 2014: Begin Hurricane season (1<sup>st</sup>!), Last day school (6<sup>th</sup>), Linda’s last work day (10<sup>th</sup>-YAY!), Flag Day (14<sup>th</sup>), Father’s Day (15<sup>th</sup>)...(too darn) Hot temps; summer vacations...Temp-tinged to shed clothes/inhibitions?...well, don’t be too “inhibited” to “shed” your fear of: 1) checking for blood in stool/urine...Education does not take a vacation just ‘cause schools out for summer!...Still “flagging” your responsibility to have: 2) life-saving colonoscopy, with follow up life-affirming ileostomy, colostomy, or urostomy surgery, if needed? You will still be normal, loveable, beautiful (handsome), and can feel empowered to live with an ostomy! (See Linda’s 1<sup>st</sup> Phoenix article, June 2011, p.30)...Gutsy says you will still look “hot” wearing a 1-piece or 2-piece...POUCH!...but NO bikinis! (hahaha)...

For **Father’s Day**, give Dad the best gift possible, just like you did for Mom in May: drive him to/from his colonoscopy! ...Linda’s (beloved, late) father, Harry, impatiently sent her to AAA after only 1 teen driving lesson!...Gutsy says the NEW AAA is: Awareness, Acceptance, and Advocacy!...It’s June, so “bug” Dad to be aware of his bowel/bladder habits...forget the necktie and instead “tie” him into acceptance, if he becomes an ostomate...help him advocate for ostomy so he can celebrate being alive...to spoil his grandchildren!...

Hot temps in June...but YOU can be COOL, man...to your stoma: 1) Dress him/her up in (feminine/masculine) pouch covers from Koolostomy.com...could offset the “tool belt” he may have traded in for a hernia belt...2) Honor your stoma with its own name! Email: [patti@ostomymcp.com](mailto:patti@ostomymcp.com) or Linda: [blumbergl@duvalschools.org](mailto:blumbergl@duvalschools.org) for inclusion in future Gutsy’s Gab column, just like Inspire.com’s, “Gloria the Wonder Stoma,” who even has her own email address(!)...cathartic and fun! (See Linda’s 2<sup>nd</sup> Phoenix article/photo, December 2013, p. 78)...

**BOTTOMLINE/MARK YOUR CALENDAR:** Schools OUT for summer, right?...Well, YOU could be with the “IN crowd:” Come cool off with our hot topics, like competitive ostomy manufacturers, at our next **Jax ASG meeting, Sunday, June 22, 2014**...(changed from Father’s Day June 15<sup>th</sup> to allow time with Dad/Granddad, etc.)...and **CELEBRATE BEING ALIVE!**...See YOU there!!...

## Summertime...and the Living is Easy

by Bobbie Brewer, Greater Atlanta Ostomy Association

Summertime fun may include many outdoor activities and travel, but may also lead to some concerns about ostomy management. Let's review:

Swimming is an excellent exercise and activity you can enjoy with family and friends. So, why are so many of us afraid to get back into the water? Check out these tips:

- Don't go swimming immediately after you have put on a new pouching system.
- Make sure your pouch is empty and has a secure seal.
- Picture framing your wafer with water-proof tape isn't necessary, but may give you the extra confidence you need.
- Take precautions against sunburn. Besides being bad for your skin; a bad sunburn can result in diarrhea and sometimes vomiting, thus depleting electrolytes.
- When sitting and soaking up the sun, protect/shade your pouching system by placing some covering across the outside area (e.g., hat, towel, magazine).
- Monilia is a common summer problem. This raised, itchy, red rash on the peristomal skin is uncomfortable and keeps the pouches from holding well. If you suspect a monilia rash, consult an ostomy nurse.

Fluids and More Fluids are needed during the hot summer months. Review the following:

- Water is an essential nutrient needed by each and every body cell. Up to 75% of the body's mass is made up of water. Water controls body temperature, serves as building material and solvent, and transports nutrients. Thirst is a signal that the body needs fluids. Daily losses must be replaced. Encourage fluid intake of eight to ten (8 oz) glasses of liquids each day.
- Any liquid containing water (soda, milk, juice, etc.) helps to meet your daily requirement. You can also get water from the food you eat (e.g., tomatoes have a total of 94% water content). [North Central OK Ed. note: And don't worry if liquids contain some caffeine. It's a myth that caffeinated drinks are dehydrating.]
- Water is an excellent natural beverage; however, over-consumption of water can wash away electrolytes in the body. Drink a combination of water and electrolyte beverages. The glucose ingredient in electrolyte drinks aids in the absorption of electrolytes. [North Central OK Ed. note: To emphasize this point, runners in marathon races have collapsed, and sometimes even died, due to hyponatremia—low blood sodium caused by drinking too much plain water.]

### Summer Diets

- Remember the fiber content of those fresh fruits and vegetables—enjoy but chew, chew [ileostomates, especially].
- Add only one new food at a time to determine the effect (if any) on your output.

### Tips for Traveling with Medications and/or Ostomy Supplies

- Keep your medicines (and emergency pouches) with you—not in the checked luggage.
- Bring more than enough medicine and/or ostomy supplies for your trip.
- Keep a list of all your medicines and/or ostomy supplies with you.
- Do not store ostomy supplies in your car, especially under the hot summer sun.

## **Depression and the New Ostomate**

by Mark Shaffer, from Northern Virginia The Pouch; via Chippewa Valley (WI) Rosebud Review

At a recent support group meeting, a subject came up that I found intriguing. One of the participants in the 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 go on for the rest of his life.

Some ostomates 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 to be, and is, very close to the grieving process, and 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 no 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, don't be afraid to seek professional help.

If your isolation is caused by a lack of confidence in your appliance, seek help from an ostomy nurse. If your appliance is working fine but you still feel separated from others, seek help from other ostomates. Go to a meeting and meet others in the same situation. If you don't already have one, call your local support group and ask for an ostomy visitor who can talk to you about how he or she managed post-operative emotions. But above all, give yourself time to adjust.

## **The Overactive Ileostomy**

from So. NV Town Karaya; via Oklahoma City (OK) Ostomy News

An overactive ileostomy can result from a variety of problems. If the small bowel is inflamed due to Crohn's disease, radiation injury, or bacterial/viral enteritis, the output will be profuse. If there is narrowing of the small bowel close to the stoma, where the ileostomy goes through the abdominal wall, a pressure backup can lead to explosive high output.

Any food that has a laxative effect should be eliminated or, at best, kept to a minimum. People with lactose intolerance will have high output if they use any kind of milk product, including powdered milk, which is found in many prepared foods.

Excessive drinking of fluids will also increase the ileostomy output. An ostomate who has had a gall bladder removed may have increased output. Medicines to counteract bile salts can be used if the problem is related to gall bladder removal. Many prescriptions and OTC drugs list diarrhea as a side effect.

The ostomate should work with his physician to evaluate the problem. Once disease can be ruled out, therapeutic emphasis can be placed on diet, utilizing foods that decrease output. Bulk laxatives can be used with each meal to absorb and solidify some of the liquid output.



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### Upcoming Events

Sept 1-6, 2015  
**5th UOAA National Conference,  
St Louis MO**

CHECK UOAA WEBSITE FOR  
MORE INFORMATION

<http://www.ostomy.org>



**Sept 1-6, 2015 • Fifth UOAA  
National Conference •  
St Louis MO**



[http://ostomycanada.ca/events/  
biennial\\_conference\\_of\\_uoac](http://ostomycanada.ca/events/biennial_conference_of_uoac)

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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To: