

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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Congratulations to the new “Certified” ostomy visitors that attended February’s visitor training program. We have added 6 trained visitors along with several spouses who are willing to talk to new ostomates and their families. These folks are enthusiastic and ready to help. We will be contacting all local WOCN nurses and surgeons to inform them of the service this Ostomy Support Group can offer their patients.

There will not be a meeting in March. Our next meeting will be April 19th at 3pm.

Thanks again to all who participated in the training!

Patti



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**For more information please
 visit the**

**International Ostomy
 Association Website:**

<http://www.ostomyinternational.org>

Registration Information

http://www.uoaa.org/conference_2009.shtml

The Flu And What To Do

Ostomy News Review, Green Bay, WI; South Fraser Connection, BC; Metro Halifax News, October 2008.
UOAA UPDATE 2/09

The flu brings with it headaches, upset stomach, diarrhea, muscle aches and pains!!!! The advice: plenty of fluids and rest in bed - this remains sound medical advice for your general attack of the virus. But if your case of the flu includes that "bug-a-boo" diarrhea, you may find the following hints helpful. For those with a colostomy, it is usually wise not to irrigate during this time. Your intestine is really washing itself out. After diarrhea, you have a sluggish colon for a few days, so again, "leave it alone". Start irrigation again after a few days when your colon has had a chance to return to normal.

For the ileostomate, diarrhea is a greater hazard. Along with the excess water discharge, there is a loss of electrolytes and vitamins that are necessary in maintaining good health. This loss is usually referred to as a loss of fluid which, in turn, brings a state of dehydration. Therefore, you must restore electrolyte balance. First, eliminate all solid food. Second, obtain potassium safely and effectively from tea, bullion, and ginger ale. Third, obtain sodium from saltine crackers or salted pretzels. Fourth, drink a lot of water. Cranberry juice and orange juice also contains potassium, while bullion and tomato juice are good sources of sodium.

Vomiting also brings the threat of dehydration. If it is severe and continuing, your doctor should be notified or go to the ER. You should know also that diarrhea may be symptomatic of partial obstruction or an acute attack of gastroenteritis. Since the treatment of these two entities is entirely different, a proper diagnosis should be made as rapidly as possible if obstruction is suspected because of localized cramping. A physician should be sought immediately. So you can see why it is so important to determine whether the diarrhea is caused (1) by obstruction or (2) gastroenteritis. If you do not know, check it out with your doctor. Do not play games. Remember - always call your physician unless you are 100% certain of what you are doing.

For urostomates - be sure to keep electrolytes in balance by following the general instructions for colostomies and ileostomies. No ostomate should take medicine for pain or a laxative without the physician's order. Do not use antibiotics for colds or flu unless the doctor orders it. In colostomy patients, drugs or certain foods can cause constipation. This can be prevented during a cold by drinking plenty of liquids. Increased

water intake in the ileostomate results in increased urine output rather than increased water discharge through the appliance.

When returning to a normal diet, use fiber-free foods at first, then gradually increase to regular, normal diet. Prompt attention to the symptoms of distress of colds and flu should bring to each of you a happier and, hopefully, healthier winter.

Herbs and the Intestine

UOAA UPDATE 2/09 via The Right Connection - San Diego

Herbs have long been proclaimed as nature's remedy for many of our maladies. The fact is that 40% of all prescribed drugs are based on chemicals from plants. The following are a few examples:

Bay leaves, added to slow cooking foods are said to "tone" the digestive tract. They also relieve cramps and expel wind from the stomach and bowels.

Cayenne is claimed to have such benefits as easing congestion, warming your feet and aiding in digestion. Dill is an old remedy for stomach ulcers, probably because of its calming effect. But it will also reduce flatulence when used as a seasoning.

Garlic has long been proclaimed to be an aid to the immune system and effective against colds, flu and helps in gastro-intestinal disorders. It works better raw than cooked. Thyme in tea is proclaimed to be a cold remedy.

Parsley is nature's finest deodorant. It is a breath freshener but it also reduces odor in the stool. Chew a couple of springs of parsley, especially after eating garlic!

COMING UP

Aug 5-8, 2009 • Second National UOAA Conference • New Orleans, LA

The Second National UOAA Conference will be held at the Sheraton New Orleans from Wednesday, August 5 through Saturday, August 8, 2009. For hotel reservations call the Sheraton at 800.325.3535 and mention the UOAA Conference and you'll be given the reduced room rate of \$109 per night plus tax.

More information and on-line registration will be available on this website beginning January 1, 2009. If you have any questions or concerns, please call the UOAA office at 800.826.0826. Visit www.uoaa.org for more information.

Ostomy Terms and Procedures

Learning the Lingo

UOAA UPDATE 2/09

If you are reading this newsletter, chances are you or someone close to you has had an **intestinal** or **urinary diversion**. This is the broadest terminology for the types of surgeries we are all dealing with at various stages—whether just starting out or successfully managing for a number of years. Quite simply, our body’s waste management system has been diverted or changed from its normal course. If you have an intestinal diversion, the way your body **excretes** (or passes) solid waste has been changed. If you have a urinary diversion, the normal flow of urine from the kidneys to the bladder has been interrupted. These two types of diversions can be further divided into two more subdivisions: **continent** and **incontinent diversions**.

➤ **Continent Diversion**—a continent diversion is one where the elimination of solid waste or urine is controlled. The control is made possible through the creation of an internal **reservoir** (a man-made pouch inside your body) to hold the feces or urine. Elimination is then done through manually inserting tubing to drain the reservoir (**catheterization**). In the case of “pull-throughs” where the reservoir has been attached to the anus, elimination is through normal means.

You may have a Kock (or K) pouch; an Indiana pouch; a Barnett Continent Ileal Reservoir; or a pull-through such as J, S, or W pouch; an ileoanal (or pelvic) **reservoir**; or similar procedure. These are all considered continent (controlled) Diversions.

Incontinent Diversion—the elimination of either fecal waste or urine is not controlled in this type of diversion and requires the patient to wear a pouching system. Usually an **ostomy** is considered to be an incontinent procedure.

- **Ostomy**—an ostomy refers to a surgically created opening in the body for the discharge of body wastes and allows for the formation of a **stoma**.
- **Stoma**—the actual end of the small intestine (**ileum**) or large intestine (**colon**) that can be seen protruding through the abdominal wall and through which the feces or urine is discharged. The ideal stoma is round, dark pink and moist. The skin around the stoma (the **peristomal** skin) is intact with no breaks or cuts and no irritation. Not every stoma is ideal, though. Your own stoma may be **retracted**, **flush** or **prolapsed** and may require additional attention to manage properly.
- **Retracted Stoma**—your intestine is pulling in and creating a concave effect, so that your stoma is below the surface of your skin. This may result in increased skin irritation.
- **Flush Stoma**—the stoma is at the same height, or flush, with the surface of the skin. This also may result in increased skin irritation.
- **Prolapsed Stoma**—the intestine is being pulled out of the abdominal opening, so that the stoma sticks out further than desirable. This can be uncomfortable and may cause the stoma to not work as efficiently.

There are basically three types of ostomies that result in the formation of a stoma: **colostomy**, **ileostomy** and **urostomy**.

➤ **Colostomy**—A colostomy is created when a portion of the **colon** (large intestine) or the **rectum** (the portion just above the anal opening) is surgically removed and the remaining colon is brought to the abdominal wall. It may further be defined by the portion of the colon involved and/or its permanence.

Sigmoid or Descending Colostomy—the most common type of ostomy surgery, in which the end of the descending or sigmoid colon (the portion that goes down the left side of your body) is brought to the surface of the abdomen. It is usually located on the lower left side of the abdomen.

Transverse Colostomy—a surgical opening created in the transverse colon (the portion that goes across your body) resulting in one or two openings. It is located in the upper abdomen, middle or right side.

Ascending Colostomy—an opening in the ascending portion of the colon (the portion that goes up the right side of your body). It is located on the right side of the abdomen.

Loop Colostomy—usually created in the transverse colon. This is one stoma with two openings; one discharges stool, the second mucus.

Temporary Colostomy—it may have one or two openings (if two, one will discharge only mucus). Allows the lower portion of the colon to rest or heal. A temporary colostomy will be evaluated at some time to determine if the colon can be reattached (called a resection or reversal) or if the colostomy should become permanent.

Permanent Colostomy—usually involves the loss of part of the colon, most commonly the rectum. The end of the remaining portion of the colon is brought out to the abdominal wall to form the stoma.

- **Ileostomy**—An ileostomy is created when a lower portion of the small intestine, the **ileum**, is surgically brought through the abdominal wall to form a stoma. Ileostomies may be temporary or permanent and may involve removal of all or part of the entire colon.
- **Urostomy**—This is a general term for a surgical procedure which diverts urine away from a diseased or defective bladder. The most common urostomies are the **ileal** or **cecal conduit** procedures.
 - **Ileal Conduit**—in this procedure a section at the end of the small bowel (the **ileum**) is surgically removed and relocated as a passageway (conduit) for urine to pass from the kidneys to the outside of the body through a stoma. It may include removal of the diseased bladder. Another common name is the ileal loop.
 - **Cecal Conduit**—in this procedure a section at the beginning of the large intestine (the **cecum**) is surgically removed and relocated as a passageway (conduit) for urine to pass from the kidneys to the outside of the body through a stoma. It may include removal of the diseased bladder. Another common name is the colon conduit.

Urostomy Care

UOAA UPDATE 2/09 via The Detour-Ocala FL

The **urostomate** should keep in mind that the stoma may shrink for several months following surgery. It is important that your appliance fits well so that the skin around the stoma does not become thick and white due to contact with urine. This crust may rub against the stoma, causing bleeding. To cleanse the pouch of crystals, soak it in a solution of 1 part vinegar to 2 parts water. Several glasses of cranberry juice each day will help restore the acid level in your body and there is less crystallization. The urinary pouch should be emptied often. There is no odor when the pouch is kept clean. The portion of the intestine (the ileum) that is used to form the “conduit” is mucous forming, so it is not unusual or abnormal to see some mucous in the urine. Before attaching the night drain, leave sufficient urine in the pouch to fill the entire length of the tube. This eliminates air bubbles which prevent the flow through the tube and causes “backup” problems. Please remember that for best results, you will want to change your appliance first thing in the morning before you eat or drink anything. This may give you some breathing room for a few minutes (when your

stoma will not be active) to get the skin dried off and the new appliance in place. If you bend over and try to be sure all stored liquid is forced out before you begin the change it may also help give you a few minutes of inactivity to complete the change.

Tips for the Urostomate

UOAA UPDATE 2/09 via Roanoke Valley VA News

Check the pH of your urine about twice a week to be sure the urine is acidic, with a pH of less than 6.0. Always wash your hands before working with your appliance or stoma to avoid introducing bacteria into the stoma.

Reusable or disposable appliances that are not cleaned adequately or are worn for long periods of time can cause urinary tract infections from bacterial growth in the pouch and urine.

Signs and symptoms of a urinary tract infection included fever, chills, bloody urine, cloudy or strong smelling urine, and pain in the back kidney area. If you experience these symptoms, see your doctor.

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/>

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>

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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