

The Mailbag

The Ostomy Support Newsletter Of Jacksonville, Florida

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

Contact Information:

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

patti@ostomymcp.com

Brenda Holloway
282-8181



MARCH IS COLON CANCER AWARENESS MONTH

Next chapter meeting will be held on
March 20th.
3pm, 4836 Victor Street.



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 at <http://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.

Bathroom Hints

By Lynn Rowell, Rambling Rosebud, MD

If you have a very active ostomy with much output, like me, you have the opportunity to visit the “small room” rather frequently. I have found that one of the toilets in my house that does not do a very good job of flushing the waste away. In fact, the bowl fills with clean water from the tank, and then the surplus is sucked down the toilet into the sewer. Unfortunately, a lot of the liquid waste remains, and it becomes necessary to wait for the tank to fill and flush again, or risk someone thinking you either did not flush or that the toilet’s not working correctly.

Requiring flushing twice is both annoying and wasteful. These kinds of toilets have a large bowl with much water in it, means that as you empty, it can create quite a splash, putting in a few squares of toilet paper first prevents the waste from splashing as the pouch is emptied.

Newer toilets are sold meeting water saving requirements. Unfortunately, some of them are still designed so that clean water from the tank fills up the bowl, and then it is sucked back out. These also may have problems removing the waste properly.

Many public facilities have installed power flush toilets that require little water. They have a powerful sucking action that removes waste. Since they do not have much water in the bowl if the output is thick, some may remain after flushing. It is best to put down a few squares of toilet paper into the bowl before emptying the pouch. The majority of the waste, hopefully, will be on that paper, which is then pulled away when you flush. I have also found this to be helpful when using the toilet on a plane, as they also use very little water.

As I have encountered public restrooms minus soap, I carry a small hand sanitizer or pack of travel wipes for such occasions. A few tissues in your supply kit or some squares of toilet paper are also good for the time when you have to go, but the stall is out of paper.

Recent Health Statistics on Weight

U.S. Department of Health/Center for Disease Control

If becoming healthy in our culture were easy, everyone would be doing it. Clearly, everyone is not. We have obtained a few statistics that may help persuade some people with ostomies to change their lives for the better enabling them to live life to the fullest.

* More than two-thirds of the U.S. population is currently overweight or obese. (The BMI rubric is used to determine these results)

* Only 26 percent of us eat anything close to the five servings of vegetables and fruits considered essential for decent health—and a far tinier fraction obtain the six to nine servings recommended for optimal well-being.

* Only about 30 percent of Americans report obtaining any kind of regular exercise. Studies suggest that fewer than 10 percent obtain daily exercise.

* About one in two adults are on one or more prescription drugs at any given time.

* The percentage of U.S. children and adolescents with chronic health conditions has nearly quadrupled in the past 40 years, from 1.8 percent in 1960 to 7 percent in 2004.

* One out of two men, and one out of three women, will be diagnosed with cancer in their lifetimes.

* The fiscal costs of coping with chronic lifestyle-related diseases currently absorb about 75 percent of our total healthcare spending and about 12 percent of the U.S. gross domestic product.

* Experts predict that in less than two decades, more than 85 percent of our population will be considered overweight or obese, with one in every six healthcare dollars spent on costs directly related to that epidemic.

* Within the next 25 years, the incidence of diabetes, specifically type two, is projected to double—and

costs to triple. The CDC now estimates that by 2050 one in three U.S. adults (100 million of us) will suffer from diabetes.

* In 2009, annual healthcare costs for a family of four were about \$33,000, according to the Centers for Medicare and Medicaid Services, and these costs are projected to double in the next several years.

* Chronic-disease-related losses in productivity from absenteeism and “presentee-ism” (people coming to work but not being capable, energized or focused enough to do good work) are even more staggering: Many experts estimate they are triple the direct medical costs.

These statistics use methods that are not completely accepted by all in the medical community. The methods of gathering information can be improved.

A Pouch Falling Off

Adapted By The New Outlook

One of the most embarrassing situations that can befall a person with an ostomy is to have an accident because the barrier or the pouch pulled loose.

Multiple reasons exist to explain the falling off of an ostomy system:

- The stoma
- The barrier
- The pouch

The stoma may be placed too close to a scar, crease or bodily prominence so that the twisting or bending loosens the barrier. This is no single solution for a misplaced stoma. A different barrier may be tried; e.g., one that is softer and more pliable like the new and improved version of Hollister’s New Image Ostomy System.

An irregular area may be built up with the new seals—like ConvaTec’s Eakin Seals—or with paste. Using these products will usually solve most challenges.

A stoma may require surgical intervention if one has a prolapsing stoma that is pushing the pouch

off. Conversely, a flat or recessed stoma may cause pooling of the effluent around the stoma eroding the adherence and eventually lifting the barrier from the skin. Fortunately, manufacturers have developed ostomy systems with curved barriers that put minor pressure on the skin around the stoma. These convex ostomy systems are a growing product line of retailers as more and more people discover the advantages of wearing a convex barrier.

The most stubborn falloff problem can usually be solved by using a seal with a convex barrier held on with a belt. Your ET nurse is expert in solving these types of issues.

The skin around the stoma might be too oily or too irritated for the barrier to hold satisfactorily. Bath oils and greasy creams should be avoided. But, there are products that may be put on the peristomal skin to treat skin irritation problems. Ostomy product manufacturers all carry skin care products that will treat peristomal skin and yet at the same time allow your barrier to adhere firmly to your skin.

There are many different producers of many different barriers. They offer you a large choice of products that may work for you. You need to try different products if you are having problems. One barrier will not work for everyone in the same way. For instance, one urostomate in our Chapter had a problem with falloff using a flat, Stomahesive barrier. He saw an ET from our Chapter and she recommended he try a Durahesive barrier with convexity along with a belt to gently hold it in place. It worked! Our member was so pleased that he could resume his life doing the same activities he did before surgery.

A well fitting pouch that is suited to your needs and lifestyle is essential. If your pouch keeps coming off, have your entire ostomy system evaluated by an ET nurse. Do not settle for less than excellent service from your ostomy system. There are solutions to most any problem with ostomy management. Invest the time to talk to a professional ostomy nurse—at a hospital, through your retailer, at a Chapter meeting or even by calling one of the manufacturers themselves. There is no need to suffer!

Seniors with Ostomies

Indian River Ostomy Association, FL

As baby boomers age, there are a greater number of illnesses just waiting for them. Years of fast foods and stress make a breeding ground for intestinal problems. When they can no longer deny that their fast-paced lifestyles and poor eating habits have caught up to them, they seek medical help.

When tests confirm intestinal problems that require surgery, their whole world seems to explode around them when the doctor says, "You need an

ostomy." If the patient is fortunate enough to have a doctor who is aware of the local ostomy association, he/she will ask the ET nurse managing the pre-surgery examination to arrange for a visit.

It is only when an ostomate talks to other ostomates that the problems that seemed insurmountable are gradually chipped away. That is what the UOA and local chapters are all about — ostomates helping other ostomates. And where is the best place to find this information and help? Why, at a monthly chapter ostomy meeting, of course.



**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.com**

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 __

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

Medical Care Products, Inc
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www.ostomymcp.com

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

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