

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 6:30pm - Bapt Medical Center Nassau board room.
 Gainesville Support Group meets the 1st Sunday of each month (except Holidays) Hope Lodge 2121 SW 16th St Gainesville

OstomyPockets



Women's Right Side Attachment



Men's Left Side Attachment



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Contact MCP for more information
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 (904) 733-8500
patti@ostomymcp.com

Jacksonville Contact Information:
 Patti Langenbach
 (800) 741-0110
 (904) 733-8500
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
 (Newsletter will be in PDF format)

Support group meets the 3rd Sunday of each month 3 p.m. 4836 Victor Street
Next Meeting Mar. 15th

Gainesville Support Group meets the 1st Sunday of each month (except Holidays)
 Next meeting: **Mar. 1st at 2pm** at Hope Lodge 2121 SW 16th St Gainesville, FL 32608
Contact info:
 Brinda Watson (352) 373-1266
 Nelson Griffiths (352) 376-8703

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 Mar. 8th

Ocala Contact Information
 Lynn Parsons (352)245-3114
www.ostomyocala.com

Amelia Island Area Ostomy Support Group meets last Monday of each month at 6:30pm (except May, June, July & Aug) Bapt Medical Center Nassau board room.
 Free parking (904) 310-9054
Next Meeting Mar. 30th



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

By Linda Blumberg AKA “Mrs. Lips”

February 2015: all about LOVE! At our February 15 Jax ASG meeting, ostomates/family gathered, caring/sharing, *embracing* ostomy concerns/experiences and each other. We learned about ConvaTec’s latest products and munched on Kimberly’s Konfections to our *heart’s* content. “Gutsy,” Linda’s ileostomy stoma discussed her continued *love affair* with ConvaTec’s 24/7 inspirational informational social media Inspire.com for issues/answers and for prebies poised to have ostomy surgery, newbies’ needs in recovery process, or anyone vested in virtual *hugs*, humor, well-wishers. It’s almost March. It is time to realize how *lucky* we are to be alive to live well with an ostomy.

SPOTLIGHT ON: March 2015: Colorectal Cancer Awareness Month! Daylight Savings Time(8th), Linda’s Spring Break (16-20th), St. Patrick’s Day (17th), Spring begins (20th), Linda & Bruce’s 29th Anniversary (30th), Colorectal Cancer Awareness Month: AAA (Awareness/Acceptance/Advocacy).

Awareness involves time for change: smoke alarm batteries/setting clocks ahead 1 hour. It is time to *spring forward* into action to: 1) check for blood in stools/urine, 2) have life-saving colonoscopy, with follow up life-affirming ileostomy, colostomy, or urostomy surgery, if needed. As for *luck*, you make it yourself! Don’t wait for cancer diagnosis to scare the living *daylights* out of you!

Postsurgical Ostomy Acceptance occurs when we realize that even with a stoma, WE are still normal, beautiful, loveable people who can feel EMPOWERED to live well with an ostomy! STOMA ARRIVAL=YOUR SURVIVAL to remember how *lucky* we are to CELEBRATE BEING ALIVE! Accept YOUR stoma, and others will too! True ostomy acceptance is nonjudgmental! (See Linda’s 1st Phoenix article/photo, June 2011, p.30)...

You don’t need to join a *march* to Advocate for Ostomy (!): Gutsy saved Linda’s life; but, humor and a (com)passion for writing/others continue as her salvation! 1) Share YOUR ostomy journey: a) at support group meetings, b) on Inspire.com, c) by submitting your unique experiences/perceptive perspectives/humor, in writing, to this (or YOUR local) newsletter, or publications, e.g., Phoenix mag, and d) by educating general public to dispel their negative preconceived notions; 2) drive loved ones to/from colonoscopy, remaining loving and loyal if they have ostomy surgery; 3) Advocate for YOUR stoma: Turn all the other stomas *green* with envy by dressing yours in a pouch cover from Koolostomy.com! b) Make your stoma a STAR! Email his/her name: Patti@ostomymcp.com or Linda: blumbergl@duvalschools.org for inclusion in future Gutsy’s Gab column...In March, Gutsy feels *lucky* to welcome: “Lucifer” and “STORMY” (Inspire.com) and “Puffy” from The Villages (named because Puffy gets Huffy!) (See Linda’s 2nd Phoenix article/photo, December 2013, p. 78)...

BOTTOMLINE/MARK YOUR CALENDAR: our next Jax ASG meeting is Sunday, March 15, 2015. Since you make your own *luck* in this world, why not *march* over to Patti’s MCP store to CELEBRATE how *lucky* we are to be alive. With a *spring* in our step...to discuss ostomy concerns/experiences...for contagious camaraderie and Kimberly’s Konfections...we need YOU! And, that’s no *blarney*! See YOU there!!



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

World Ostomy Day
Saturday October the 3rd 2015.
The theme for WOD 2015 will be
“Many stories, one voice.”

Kim's version Salsa

Recipes served at Jacksonville Ostomy Support Group Meetings

Salsa

Ingredients:

- 3lbs Roman/Plum Tomatoes - cored & seeded & chopped
- 1 Yellow or Orange Pepper - cored & seeded & chopped
- 1 Sm can of Chopped Olives
- 1 Red Onion - chopped
- 1/4 C chopped Cilantro - or to taste
- 1 Stalk Celery - chopped finely (optional)
- 1 Anaheim Chile Pepper (mild heat) or Jalapeno Pepper - cored & seeded & chopped
- Garlic -or to taste
- 1 tsp Celery Salt - or to taste
- 1 tsp Oregano - or to taste
- 1 tsp Cumin - or to taste
- 1 TB of weber's Bold Chipotle Seasonings

Directions:

After coring / seeding / chopping tomatoes & yellow pepper, sprinkle a pinch of salt on it and let stand. This will draw out the water some so the salsa is not so watery. The easiest way to chop celery is to cut it length wise into thin ribbon 1/2 inch from the top. Then cut crosswise into slivers. By having the ribbons attached at the top, it will be easier to keep the ribbons together. Chop and mix in other ingredients. This is best when done the night before so the flavors can blend.



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Ostomy Terms and Procedures

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 (catherization). 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; a Barnett Continent Ileal Reservoir; or a pull-through pouch 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.

No Need to Sing the Pouch Poppin' Blues

Via Evansville, IN, *Re-Route*

Worried about your pouch popping off? Take heart. These days with the advances in modern appliances, and if care has been taken when the pouch was applied, this will almost never happen. But we need to do our part.

Look, pouches can pop off when they're full, and we move fast. So, if you don't want to stop moving, better keep that pouch pretty empty.

For this reason, some ostomates wear the big pouches. Many of our members wear 9-inch pouches because they show less and are more convenient. Some of the smaller pouches actually look sporty. I personally like a sporty-looking pouch.

If you empty when you urinate, you will seldom have a full pouch. A male member said, "The biggest change my ostomy has made in my life is that I never use the urinal anymore." He empties his pouch every chance he gets, which means that he empties it when he urinates. Most of us don't make special trips to the bathroom just to empty a pouch, unless one has a urostomy. This statement applies mostly to ileostomates.

On the Short Side

Kathy Ward, UOAA Admin. Asst.

We get a lot of questions here at our national office. I thought I would address some of them from time to time in a short article. So whenever you see On the Short Side, you know it's from our home office.

- 1 *My wafer and barrier ring won't stay on. What can I do?* I recently found out by accident that the amount of softener in your water can make a difference in the effectiveness of your barrier ring seal because the softener in the water is not being rinsed off. The softener solution remains on the skin, compromising the seal. The dispenser was broken on our water softener, and the result was that we were getting an abundance of softener in our water. When it was fixed, I found that my wafer and barrier ring stayed on my body much longer. It used to get compromised by the second day. So, if you can't determine any other reason, check how much water softener is being dispensed daily.
- 2 *My stoma emits so much liquid, I can't keep it dry enough to put a new barrier ring and wafer on. What can I do?* Try eating bananas or apples. They will help to absorb the liquids. There is a Diet and Nutrition Guide on our website at ostomy.org that has other suggestions as well. For those of you who get those late-night hunger pangs, try not eating that snack too late, especially if you intend to put on a new ostomy wafer the next morning. On those days, try to avoid all after-dinner snacking.
- 3 For those of you who are short-waisted, try placing your pouch diagonally on your body. This gives your pouch more room to expand. If you find it's still too long, bags with a Velcro seal can be folded-up, once or twice, at the end to give you more comfort.

How to Empty an Ostomy Pouch (Ileostomies & Colostomies)

From the webpage Articlesbase.com

Empty the Pouch:

- 1 Sit on the toilet with the tail of the ostomy pouch aimed between your legs. (If you find this difficult to do because you are short or a larger person, stand in front of the toilet instead.)
- 2 Place a layer of toilet paper in the toilet bowl to prevent splashing.
- 3 Hold the bottom of the pouch up. Remove the clamp and set aside; fold the bottom of the pouch. This will help to keep the end clean.
- 4 Slowly lower the tail end of the pouch over the toilet.
- 5 Slide your fingers down the pouch to push the stool out.
- 6 If the stool is thick, pour a small amount of water into the pouch before you empty it.

Clean the Pouch:

- 1 Wipe the inside and outside of the ostomy pouch end with toilet paper to prevent odor.
- 2 Clean the clamp if needed.
- 3 If you want to rinse out the pouch, hold the end of the pouch up and pour tepid water into the pouch and gently shake it by holding the pouch closed. Avoid allowing the water to reach up to the stoma. Empty the pouch into the toilet.

Close the Pouch (with clamp):

- 1 Hold the clamp open.
- 2 Place the inner bar of the clamp on top of the pouch with the curve side down, about 1 inch from the bottom.
- 3 Fold the pouch over the clamp once only. Do not roll the pouch around the clamp because this will stretch the clamp and cause leakage.
- 4 Press both parts of the clamp together.

There are likely other comfortable and unique methods of emptying an ostomy pouch that people with ostomies have discovered on their own!

Celebrate!

UOAA's 10th Anniversary at
Our National Conference
September 1-6, 2015
in St. Louis, Missouri

http://www.ostomy.org/2015_National_Conference_Page.html

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To: