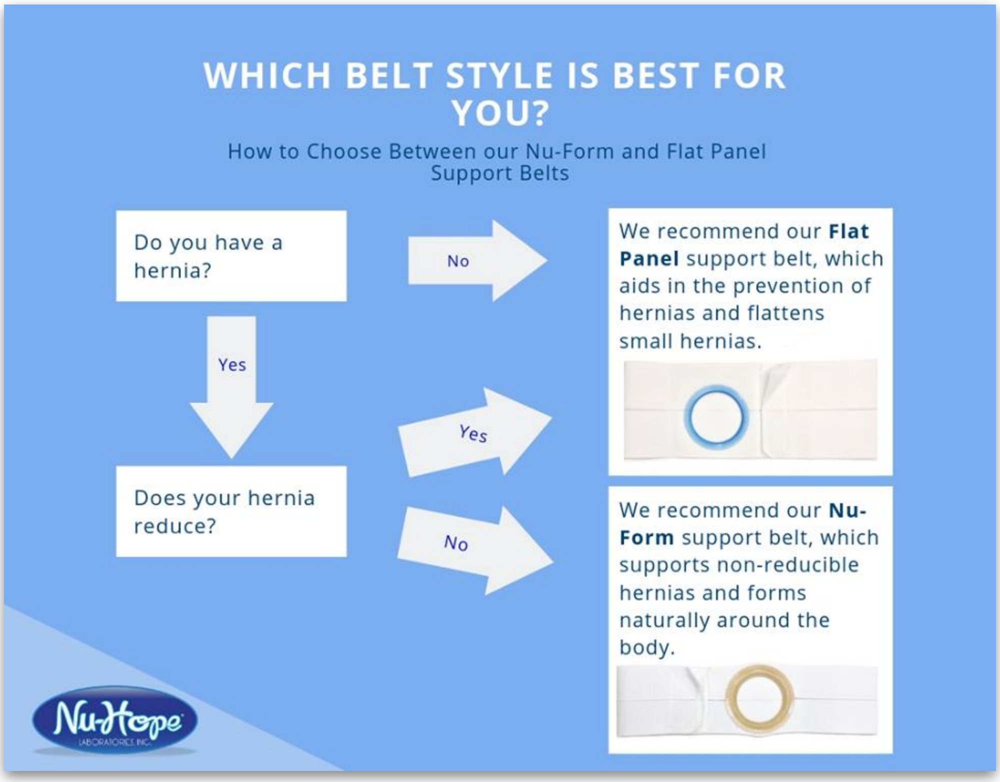
UOAA United Ostomy Associations of America, Inc.

The MailBag

March 2019

The Ostomy Support Newsletter Of Jacksonville, Amelia Island, Citrus County Support Group & Gainesville Ocala

well hello, march



WHICH BELT STYLE IS BEST FOR YOU?

How to Choose Between our Nu-Form and Flat Panel Support Belts

Do you have a hernia?

Does your hernia reduce?

We recommend our **Flat Panel** support belt, which aids in the prevention of hernias and flattens small hernias.

We recommend our **Nu-Form** support belt, which supports non-reducible hernias and forms naturally around the body.

Medical Care Products, Inc.
(904) 733-8500
(800) 741-0110

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https://www.facebook.com/JaxUOAA/?ref=aymt_homepage_panel

Jacksonville
Contact Information:
Patti Langenbach
(800) 741-0110
(904) 733-8500
patti@ostomymcp.com
Support group meets the 3rd Sunday of each month 3 p.m.
4836 Victor Street
Next Meeting: **Mar 17th**

Gainesville Support Group
Contact info:
Brinda Watson (352) 373-1266
Jean Haskins (352) 495-2626
Meets the 1st Sunday of each month (except Holidays)
at Hope Lodge2121 SW 16th St
Gainesville, FL
Next meeting: **Mar 3rd**

Ocala Support
Contact info:
Lynn Parsons 252 337-5097
www.ostomyocala.com
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 10th**

Citrus County Support Group
Meets third Sunday of each month at 2:00 PM in the Seven Rivers Regional Medical Center, 6201 N. Suncoast Blvd., Crystal River, FL 34428, in the Community Room of the Medical Office Building
Next Meeting: **Mar 17th**

Amelia Island Area
Ostomy Support Group
(904) 310-9054
Meets second Monday of each month at 6:30pm UF North Campus
UF Health North 15255 Max Leggett ParkwayJacksonville, FL 32218
(Meeting Room 3-4)
Free parking
Next Meeting: **Mar 11th**

Six frequently asked questions about ostomy support belts and hernia belts.

Nu-Hope has the right belt for you. MELISSA PALAFOX FEB 3, 2019

In partnership with Nu-Hope Laboratories, Inc.

At Nu-Hope Laboratories, it is our goal to help ostomates find the right products. We manufacture hundreds of different ostomy pouches and skin barriers, as well as dozens of medical accessories, including hypoallergenic adhesive roll-on adhesive, cloth pouch covers, instant absorption granules, and tape strips.

Our custom ostomy support belts and hernia belts are handmade in Pacoima, California and come in 14 different options to suit your needs. To help you, we've created a complete guide for Nu-Hope support belts with a step-by-step process on how to choose the best belt.

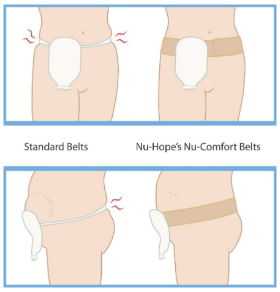
Here are six frequently asked questions we receive about our belts.

Q: Why is the ring belt opening larger than my flange size?

A: For the best fit and comfort, the belt ring opening should be slightly larger around than the flange (skin barrier) size. The flange will then sit just inside the ring, pressing on the adhesive tape area, which will also help the ostomy pouch stay in place against your body.

Q: How is the Nu-Comfort belt different from other support belts?

A: The Nu-Comfort belt substitutes traditional 1-inch wide ostomy belts by offering a 2-inch soft elastic band that won’t pinch and is gentle on your skin. The ring plate provides 360-degree support to the flange (skin barrier) and comes in five sizes (S-XXL) which fits almost any type of ostomy appliance.



Q: How should I wash my Nu-Hope belt?

A: For best results, hand wash your belt in warm water using a mild soap and let air dry. Do not use harsh detergent, bleach, a washing machine (even on gentle cycle) or dryer, since this could decrease the life of your belt. Your Nu-Hope belt will last longer if it is properly cared for.

Q: What is the best way to choose the width of my belt?

A: If you have a parastomal hernia, you'll first need to measure the area around the stoma. We recommend covering approximately 75-80% of the hernia. For example, if you have a 4-inch hernia, we recommend a 3-inch belt. For an 8-inch hernia, a 6-inch belt would work well. If you do not have a hernia, the smallest belt size will likely be most comfortable. Nu-Hope belt widths range from 3” to 9” and sizing information can be found on our website.

If you think you have a hernia, contact your Wound, Ostomy and Continence Nurse or doctor.

Q: Are Nu-Hope support belts covered by insurance?

A: As a manufacturer, we don’t interact with health insurance companies. To find out if a hernia belt or ostomy support belt is covered, we recommend that you call your insurance company to verify medical claim information on your policy.

Q: Where can I order a Nu-Hope hernia or ostomy support belt?

A: You can buy our belts directly from ostomy medical suppliers. Some suppliers who carry our products will work with your insurance company and others will only accept payments directly from the customer.

“Gutsy’s FAB Gab-About: Stories of Ostomy ‘Glories/Gories’!”

“Speak Out and YOUR WORDS WILL Be Heard!”

By Linda Blumberg AKA “Mrs. Lips”

PELE POWER

“Pele’s first days as my new permanent sidekick were filled with the usual challenges. She was as unpredictable and unforgiving as her volcanic goddess namesake. Limited movement and pain made Pele’s entrance into my world quite the adventure.

Late one evening I felt Pele stirring…a deep rumble…an omen of an impending eruption. The shaking became more pronounced…more intense…and fear encompassed me. I looked to where Pele resided…the sheet covering her was moving. With all the strength I could muster, I pulled the sheet aside…exposing a frightening yet quite amusing sight.

Pele’s pouch was the size of a Macy’s parade balloon and levitating as if being raised by some unseen force. As panic took over, I pushed the call button. A nurse promptly came to my rescue…or so I thought. She stared at the billowing balloon…her eyelids fluttered, her mouth dropped opened and, as she raced out of the room, uttered three words no one ever wants to hear “Oh My God!” I steeled myself against impending doom.

Within minutes, the nurse was back with a student in tow. The nurse calmly explained to the student that Pele was experiencing gas build-up in the pouch...a non-life-threatening condition, however, if the gas isn’t vented, the pouch will explode. Oh, yes, just the words I was waiting to hear ”possible pouch explosion.” I couldn’t run and there was no place to hide. A nightmare of epic proportions: a prisoner of my new colostomy!!! Ahhhhhhh!!!

Just when I thought the end was near, the nurse reached down and burped Pele’s pouch. Gas hissed as it escaped and filled the air with the most noxious odor ever produced by a human being. The three of us were coughing and gagging…the nurse and student immediately headed out the door in search of breathable air. I, on the other hand, remained in Pele’s putrid emission. On the bright side, I did not lose consciousness and the pouch did not explode. If Pele’s pouch had exploded, a Code Brown would have been declared and the hospital evacuated.

Life with Pele remains interesting and, at times, challenging. I keep a watchful eye on the goddess of fire, ever vigilant of gas build-up. And, for the astro scientists pondering where the Milky Way’s gases have gone, I have the answer … call me!!! *Carol Smith 12/04/2018* “

<u>*THEIR* UNIQUE, HUMOROUS STOMA ORIGINS: via email sent to Linda/”Gutsy:”</u>

“Hi Linda,

Oh, I do de-Clara, it's such a relief to have been able to clara-fy my identify confusion(s) by confessing all the di-stress-ing details of parallel identities!!! Whew!!!

Now to set the stoma naming record straight: When my darling little stoma found her way to the outside world, I named her Pele...and all was well. A friend then mentioned her mother had had a stoma way back in the early 1950's which was named Clara. Out of respect for my friend's mother, Pele suddenly became Clara...and all was well. You already know the Inspir-ing tale of how the name "Clara" suddenly reverted back to "Pele"...and all was not well...we were confused. One day I'd be calling Clara, the next Pele, so stinky stoma promptly revolted and wouldn't respond to either name...and well...you get the drift. As the months moved on, Clara/Pele faced her own identify crisis and I floundered on Inspire as to who I/we really was/were: Carol/Clara or Annie/Pele???? The four of us (or two of us, as the case may be) were drowning in names. In desperation, I actually thought of renaming Clara/Pele "Honey Dipper" and here's the tale/tail be-hind that possible moniker:

Long ago Dad told me that when he was a child the houses in his neighborhood didn't yet have indoor plumbing--only a path to a backyard outhouse. When the outhouse reached full capacity, the oldest neighborhood boys would be called upon clean out the deep, dark, stinky hole in the ground. This mission was accomplished by dipping a big wooden bucket into the goo/poo, passing the bucket from man to man, then dumping the contents into a horse-drawn wagon and hauling the wagon off to God only knows where. The term for these knights of darkness was "Honey Dippers." Dad said that before the Honey Dippers took on their aromatic task, they'd get snoots full of booze (no question about why!). When satisfactorily plastered and just one step away from completely passing out, they'd head to the overflowing outhouse. Dad would watch as the goo/poo-filled bucket was passed on down the line. One day tempers flared along the conga line of Honey Dippers and one man yelled to another: "Don't you hand me no SHIT, Jerry!" Dad said he never forgot that infamous line. Now, nearly 100 years later, every time I clean Clara's/Pele's pouch I recall the Honey Dippers' disgusting duties and sympathize with those long-departed souls. "Honey Dipper," a di-stink-tive name but not worth even more identity confusion.

With my cover now blown and Clara/Pele exposed, I'll most likely go back to whence I came: Carol/Clara (at least to those who already know my stinky little secrets). To the rest of the world, I shall remain incognito as, boo-hoo, "ForeverBlueToo."

Time to spiff up Clara...a task equal to playing with dynamite and matches. "Thar she blows" has left the confines of the oil fields and is frequently heard in the confines of my bathroom...with similar end results.

Take care, Linda. Enjoy your holiday!! I'll be in touch!! Love, Carol (ah, yes, Carol--I think!)”

Carol/”Pele**”//Ann/”Clara-Honeydipper”**

CELEBRATE YOUR INDEPENDENCE
7TH NATIONAL CONFERENCE
August 6-10, 2019
PHILADELPHIA 201 HOTEL

UOAA’s 7th National Conference

Philadelphia

AUGUST 6, 2019 @ 2:00 PM - AUGUST 10, 2019 @ 11:00 PM

https://www.ostomy.org/2019-uoaa-national-conference/

Lavenia's Two Ostomies

Notes by Bob Baumel, based on Lavenia Hutchinson's presentation to Stillwater-Ponca City

Lavenia had her original surgery in 1976 at the M.D. Anderson Cancer Center in Houston. It created both a colostomy and urostomy. In 1990, she had the urostomy converted to a "continent" Indiana Pouch. (The colostomy was also revised in that 1990 surgery, because herniation had developed).

During the 14 years that Lavenia had a conventional urostomy, it was difficult to care for. The bag needed to be emptied every 30-40 minutes, and sometimes the bags broke loose. She had a flush stoma that required convexity, but convex appliances didn't exist yet in 1976 (fortunately, they became available during the latter part of those 14 years).

Now, with her Indiana Pouch, Lavenia has an internal pouch, built from part of her colon, that stores urine. Instead of an external plastic bag, she wears only a small "patch" over her urinary stoma. The patch is needed to catch mucous seepage, but there is no leakage of urine. (The mucous is produced by the colon tissue that the pouch was made from.) The internal pouch needs to be emptied at roughly 4-6 hour inervals. On these occasions, she inserts a catheter through the stoma to drain the urine from the pouch.

Lavenia can tell when the pouch needs emptying by a feeling of "tightness." When catheterizing, she may sometimes use a syringe to start the flow of urine because the catheter can get plugged by mucous. If circumstances prevent her from catheterizing, urine would leak from the stoma, but a one-way valve at the top of the pouch prevents any backflow to the kidneys.

To deal with her Indiana pouch, Lavenia carries with her the catheter, some antibacterial soap, and K-Y jelly to help insert the catheter.
Lavenia's *other* ostomy (the conventional colostomy) gives her little trouble. She irrigates every other day. The irrigations are relatively quick, and she has little, if any, flow of fecal material in between irrigations. She wears a one-piece, re-usable, closed pouch over her colostomy stoma between irrigations.

For people with conventional urostomies, Lavenia suggests changing appliances first thing in the morning. Don't drink anything before changing it, and dry skin with a blow-dryer. Another tip: to avoid accidents involving night drainage, make a loop in the tube from the urostomy pouch to night drainage bag. While she had her conventional urostomy, Lavenia rotated three appliances: the one she had on, one soaking in vinegar & water, and one hanging, ready to be put on.

Recalling her original surgery in 1976, Lavenia said it was very difficult, involving 45 days in the hospital. The first six months were very rough, as she didn't know another ostomate. She credits her husband Randy who was very supportive during that period. [Lavenia then became one of the founding members of this chapter.]

UOAA Discussion Board

https://www.uoaa.org/forum/index.php

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To: