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

Next chapter meeting will be held on Sunday May 15th 3pm, 4836 Victor Street.

UOAA United Ostomy Associations of America, Inc.

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 athttp://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.

HOSPITALIZATION FOR OSTOMY PATIENTS

by Dr. Lindsay Bard; via Chicago (IL) The New Outlook; and Hartford (CT) The Hartford Ostomy Update

It is important for a person with an ostomy to know how he/she should be handled differently than someone without an ostomy when you need to be hospitalized. It's up to you. It is very important to communicate to medical personnel who take care of you, including every physician that treats you, that you have an ostomy, and what type of ostomy you have. Here are some rules to help you cover the details:

Rule 1 – The Cardinal Rule!

If you feel something is being done or going to be done to you that might be harmful, refuse the procedure. Then explain why to the medical personnel, especially your physician. They will then decide with you if the procedure will actually be in your best interests.

Rule 2 – Supplies

Bring your own supplies to the hospital. Never assume the hospital will have the exact pouching system or irrigation system you use. Most hospitals have some supplies available. These are used for emergency situations.

Rule 3 – Laxatives & Irrigations

Follow the points below concerning laxatives or irrigation practices, according to which type of ostomy you have. Medical personnel often assume all stomas are colostomies. But, of course, practices vary among the various types of ostomies.

- A transverse colostomy cannot be managed by daily irrigations. The only colostomy that can be managed by irrigations is the descending or sigmoid colostomy. However, sigmoid or low colostomies do not have to be irrigated in order for them to function; many people with sigmoid colostomies prefer letting the stoma work as nature dictates. If you do not irrigate your colostomy, let the fact be known to your caregivers. If your physician orders your bowel cleared, irrigate your own colostomy; do not rely on others. There is a strong possibility that those caring for you will not know how to irrigate your colostomy.
- Bring your own irrigation set to the hospital.
- If you have an ileostomy or urinary diversion ostomy, never allow a stomal irrigation as a surgical or x-ray preparation.

Remember that laxatives or cathartics by mouth can be troublesome for people with colostomies. For people with ileostomies, they can be disastrous—people with ileostomies should always refuse them. A person with an ileostomy will have diarrhea, may become dehydrated and go into electrolyte imbalance. The only prep needed is to stop eating and drinking by midnight the night before surgery. An IV should be started the night before surgery to prevent dehydration.

Rule 4 – X-rays

X-rays present special problems for people with ostomies, again, differently managed according to ostomy type:

- A person with a colostomy must never allow radiology technicians to introduce barium into your stoma with a rectal tube. It is too large and rigid. Take your irrigation set with you to x-ray and explain to the technicians that a soft rubber or plastic catheter F#26 or 28 should be used to enter the stoma. Put a transparent pouch on before going to x-ray. Have the technician or yourself place the rubber or plastic catheter into your stoma through the clear plastic pouch. When enough barium is in your large bowel for the x-ray, the rubber or plastic catheter can be withdrawn and the open end of the pouch closed. The pouch will then collect the barium as it is expelled and can be emptied neatly after the procedure. Once the x-rays are completed, irrigate normally to clean the remaining barium from your colon. This will prevent having to take laxatives by mouth after the procedure.
- A person with an ileostomy may drink barium for an x-ray procedure, but never allow anyone to put barium into your stoma.
- A person with a urostomy can have normal GI x-rays without any problems. Never allow anyone to put barium in your stoma. At times, dye may be injected through a soft plastic catheter into a urostomy for retrograde ureter and renal studies, often called an ileo-loop study. The same study may be performed on a urostomy patient with a Kock pouch. The dye will be injected via a large syringe; this can be a very painful procedure if the dye is not injected very slowly. Even 50 mL will create a great deal of pressure in the ureters and kidneys, if injected rapidly. Remember to request that the injection be done slowly.

Sexual Functioning with an Ostomy
From Sexual Counseling for Ostomates,

By: Ellen A Shipes, RN, MN, ET, & Sally T. Lehr, RN

Fear and misunderstanding often result in the assignment of unnatural or supernatural qualities to that which is unknown. This article will present factual information about ileostomies and urostomies that will dismiss the fear and dispel the misunderstanding.

Ileostomies do not possess the extensive attributes of colostomies. They are more uniform in size and shape. Like the individuals they are a part of, however, no two are exactly the same. Ileostomies are usually temporary. They are most often performed to treat diseases such as ulcerative colitis and Crohn's disease.

Since ileostomies are made in the small bowel, they are usually smaller than colostomies but have the same red color. Urostomies are the most varied of all the ostomies in name, location, size and color. Urostomies are done because of trauma, congenital defects or disease, but the ultimate reason is to protect the kidneys by removing or bypassing the affected or diseased portion of the urinary tract.

Verbal and mental exclamations of "Gross!", "Ugly!" "Monstrous!" "I can't stand it!" "It's a sore!" and the like may be expressed by people with ostomies and their partners following surgery. Indeed, only members of the medical profession can truly gaze upon a stoma and its accompanying incision and state, "How nice! It looks great!" Although a person with an ostomy and partner may react poorly to the initial results of surgical intervention, the stoma itself should produce no physical change in sexual functioning once the individual has recovered from the surgical procedure. Since the stoma is often bright red and appears sore, it is commonly thought that sexual activity will cause stomal damage and pain.

Because the bowel and stoma have no nerve endings, even vigorous sexual activity should not result in pain. Slight stomal bleeding may be noted following an especially energetic lovemaking session because of the fragile nature of the stomal blood vessels. There is no cause for alarm as long as the bleeding remains minimal and does not persist for several hours.

The maintenance of sexual functioning varies widely following surgery. In men, the scope of physical change depends solely on the degree of damage to the nerves controlling erection and ejaculation. The radical resection required for removal of malignancies of the bladder and rectum imparts a high degree of erection difficulty (impotence). Concerning surgery performed for colon cancer, studies cite the frequency of impotence as ranging from 24 percent to 75 percent. Since a major part of sexual functioning depends on the desire, expectation and motivation of the individual and partner, it is unwise to assume that erection failure is a foregone conclusion.

For women, the physical damage is not so extensive. Removals of the vagina or persistent coital pain are the only physical conditions that should preclude normal lovemaking. Each person with an ostomy must be considered individually and all people with ostomies and their partners should have sexual counseling incorporated in their pre-and postoperative teaching. This will aid in reducing both fear and psychological difficulties, which frequently accompany ostomy surgery.

Tips for People with Urostomies

By Ben Hoover, Metro Maryland Ostomy Assn

Your equipment is not a handicap; it is a small nuisance. You can still do just about everything you ever did, although you might want to use an ostomy belt to hold your system if you are very active.

Two or more pouch covers are one of the best comfort investments you can ever make. After all, that fluid is entering your pouch at 98.6°.

People with a urostomy should not use stoma paste.

The vinegar you use during the day in your night bag can ruin the plumbing in your home if it is not flushed or rinsed down with water.

You are going to have some leaks. Do not worry about it. It happens to all of us. Just change your equipment and continue to march.

Putting your night bag in a small plastic washbasin while in use will save on cleaning your rugs and floors.

Some one-suit luggage will fit underneath an airline seat. A small plastic washbasin will fit in half of one side of the suitcase, which will hold your supplies while traveling and is then available when you are using your night bag.

Apply a little toilet paper to the drain on your pouch when you have drained the equipment to absorb any remanding liquid residue out of the drain.

Do not worry about your urostomy when traveling. You can go anywhere you want. You just have to take a few things you did not take previously.

Take three times as many supplies as you think you will need when you travel . . . just in case.

If you have a leak in a pouch, put on a new pouch. If you have a leak in a barrier, put on a new barrier. Trying to use tape or fixing the leak will not work very well.

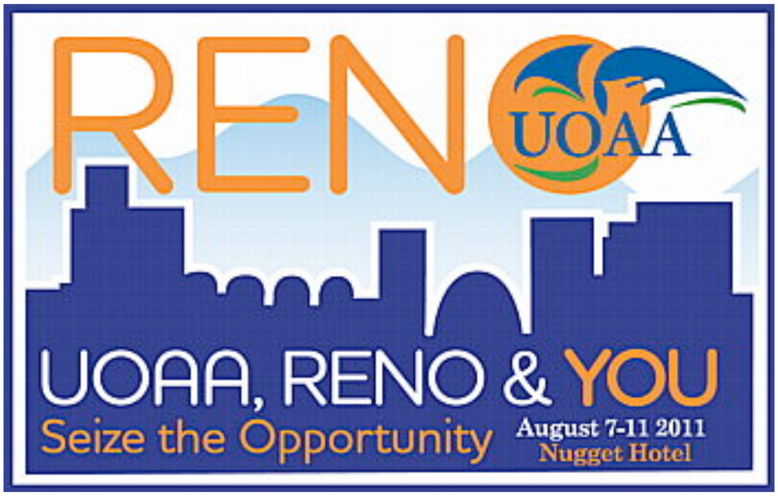
Many people out there would love to trade their problems for what you and I will know only as an inconvenience.

I'm Alive . . . You're Alive We, Both Have Ostomies

Ostomy Support group of Central Indiana

They did not perform this surgery on us just for fun. They did not call it elective surgery. They hustled us off to the operating room to save our lives.

They told our husbands, wives and other loved ones that it was necessary or we would die . . . maybe not today, but sometime very soon, too soon. So now, we have an ileostomy, a colostomy, an ileal conduit—or maybe two of these—and we are alive. We are alive because of this surgery and we can accept this or reject it. We can live a secret sheltered life. We can be embarrassed and not talk about our affliction . . . or we can say thank you for another chance to live this life in a helpful, hopeful way. We can tell people that an ostomy is not the end of a normal life. Sometimes they may have a loved one who must face this surgery. We can hope that because we were normal, happy, well adjusted and alive, and told someone about our ostomy, his/her loved one would fare better, perhaps, as well as we did. Try it. Would it not make you feel good to think someone could benefit from your experience?



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.cpom

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
PO Box 10239
Jacksonville, FL 32247-0239

TO: