



CORONAVIRUS EFFECTS ON THE OSTOMY COMMUNITY

Please view page 2 for details



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Check Out The MailBag Now On FaceBook

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

Find all the past issues of the MailBag at <http://ostomymcp.com/id6.html>

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: **UNKNOWN**

Gainesville Support Group Contact info:

JoAnne Bell at 352-284-4214

Meets the 1st Sunday of each month (except Holidays)

at Hope Lodge 2121 SW 16th St
Gainesville, FL

Next meeting: **UNKNOWN**

Ocala Support Contact info:

Karen Franco 352-304-1309

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: **UNKNOWN**

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 **UNKNOWN**

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 Parkway Jacksonville, FL 32218

(Meeting Room 3-4)

Free parking

Next Meeting: **UNKNOWN**

The Villages Ostomy Support

Group We meet on the 2nd Tuesday evening of each month at 6:00 PM at

(except July & August)

Saddlebrook Recreation Center

3010 Saddlebrook Lane

The Villages, Florida

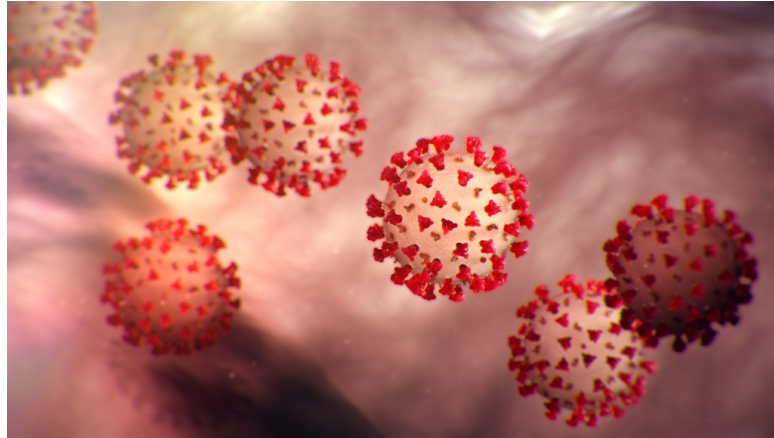
Linda Manson

tvostomy@gmail.com

865-335-6330

Next Meeting: **UNKNOWN**

CORONAVIRUS EFFECTS ON THE OSTOMY COMMUNITY



The ostomy community is understandably very concerned about how the COVID-19 outbreak is affecting their daily lives, health, support networks, and access to ostomy supplies.

In this time of great uncertainty, UOAA recommends all individuals consult with their own primary care physicians with questions concerning their risk factor or if they exhibit any symptoms. Please follow the [Center for Disease Control](#) (CDC) website for actual up to date information. We recognize that many people living with an ostomy or continent diversion are older people and those with chronic disease and are therefore at higher risk of developing serious illness. Please also see [CDC guidelines for people at risk](#).

UOAA is also hearing from many [Affiliated Support Groups](#) who have prudently decided to cancel their upcoming meetings. Members should expect that their meetings will be canceled for the foreseeable future. Affiliated Support Groups are each independently run and members should [contact their local leaders](#) if they have any questions about their meetings. [Community guidelines](#) are also available from the CDC to assist leaders in deciding steps they should take to address public health concerns.

UOAA reached out to the major ostomy manufacturers to see if the outbreak is currently impacting their production or supply chain. As of March 4, 2020 none of the manufacturers reported any issues in their operations as a result of the COVID-19 outbreak. Read our previous [blog post](#) for statements from individual manufacturers on this topic. Check with your distributor to see if there are any shipping delays due to increased demand of all goods at this time.

If you develop a fever, cough and have difficulty breathing always contact your healthcare provider. They will determine if you are a candidate for a COVID-19 test. Medicare and private insurance should [cover a test to see if you have coronavirus](#) if requested from a physician. Additionally, Medicare is offering [telemedicine options](#) so people can stay home as much as possible during this crisis. Contact your private insurer to discover any additional benefits they may be offering at this time. For [frequently asked questions](#) and facts about this virus follow updates from the [CDC](#) on the latest COVID-19 guidelines.

UOAA will update this blog post with any information that may affect our community.

<https://www.ostomy.org/coronavirus-effects-on-the-ostomy-community/>

WHEN AN OSTOMY REVERSAL PLAN TAKES A U-TURN

By Ellyn Mantell

Setting the scene for you, imagine the patient who has controlled ulcerative colitis or Crohn's Disease, or diverticulitis and is suddenly terribly symptomatic with infection and unremitting agonizing pain. Or consider the patient who has an accident in the intestinal region of their body. Or the patient who hears the news following a colonoscopy that there is colorectal cancer. Or the patient, like me, whose motility issues have made it impossible for the bowel to function. All of these scenarios are happening every day, all day, in hospitals and households and they all may very well lead to either a [colostomy](#) or [ileostomy](#). (I believe a urostomy is always a permanent surgery)

Frequently, depending upon the physicality of the ostomy, a [reversal](#) in a matter of six months to a year is either discussed or promised to the patient. It is usually explained that for the connection to heal, it requires that time, and once healed, the reversal is smooth sailing. Except, in many cases, it is not, and that is what I want to bring to your attention, based on the people with whom I have spoken. Please remember, I am not a medical professional, but I interface closely with many patients in many situations, so I speak from my observations.

Sometimes, during those 6-12 months, the sphincter muscles of the rectum stop fully functioning, and the patient may be tied to the bathroom as never before. Or the connection is narrow and there may begin a pattern of bowel obstructions due to the backup of stool. Other times, the surgeon had good intentions for a reversal, but the patient is simply not a good candidate due to illness or stepping out of remission of some disease process.

The reason I am writing this graphic and perhaps uncomfortable blog for many to read is that an ostomy can happen to anyone for a variety of reasons. UOAA estimates there are 725,000 to one million of us in the United States who have ostomy or continent diversion surgery. I want to educate all ostomates that making peace with their new anatomy may be safer and provide a more predictable future than hopes for a reversal. I believe and have heard from others who give ostomy support that those who know they will be an ostomate for the rest of their life tend to be more open to embracing their new body, physically and emotionally. Those who have been given (false, in some cases) hope for a reversal are frequently disappointed and angry, feel betrayed and lose faith they will ever be "normal" again.

[Support Groups](#) are a wonderful way to begin to think of the new normal. It is so beneficial to meet like people, learn about appliances, clothing, foods, sleep, intimacy, maintaining health and to simply [share experiences](#). If you cannot find one in your area, contact the [United Ostomy Association of America](#) or your local hospital. Take a family member, caregiver or friend if it gives you comfort. I guarantee you will feel [empowered](#) by taking this step, whether you are having a reversal in your future, or are embracing your ostomy for life.

Ellyn Mantell is a UOAA advocate and Affiliated Support Group leader from New Jersey. You can follow her personal blog at [morethanmyostomy](#)

UOAA's 8th National Conference

AUGUST 5, 2021 - AUGUST 7, 2021

HOUSTON, TEXAS

<https://www.ostomy.org/event/uoa-8th-national-conference/>

SIMPLE WAYS TO REDUCE ANXIETY AND HELP YOUR IMMUNE SYSTEM



By Elaine O'Rourke

With the increased and heightened attention on the coronavirus, it is naturally creating a lot of fear and anxiety. This fear not only affects the mind but also the body. Right now, you want to keep your immune system strong and focus on calming your mind and nervous system and of course use necessary precautions.

Proper Breathing, as well as other techniques, will help reduce cortisol levels (one of the stress hormones that can wreak havoc in your body) and helps promote the relaxation response in the body.

Deep focused breathing has so many benefits and there is a lot more science behind what the ancient yogi's already knew. As a long time yoga teacher, I know firsthand how amazing proper breathing is. I credit it for helping me recover from surgeries much faster and for regaining strength. [Wim Hof](#) (the Iceman) has been instrumental in recent years for promoting the benefits through his method. Many [scientific studies](#) have been done on him proving that you can control the autonomic nervous system and immune response.

Make sure to grab your FREE GUIDE: '3 simple ways to eliminate fears about your ostomy' by visiting Elaine's website www.ElaineOrourke.com

Elaine O'Rourke is the creator of the program "Surviving To Thriving: Overcoming Ostomy Challenges So You Can Live a Fulfilling Life". She is a certified Yoga Therapist & Teacher since 2003, Sound Healer, EFT & Reiki Practitioner, Recording Artist and International Retreat Leader. Her lighthearted and fun personality shines through her teachings/programs as she loves to inspire others. She is a contributing writer to the national Phoenix Magazine and UOAA, presenter at the UOAA National Conference and speaker at Girls with Guts retreat.

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Instagram: <https://www.instagram.com/elaineorourkeyoga/>

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Short-term Ostomate: A Point of View

by Katy Duggan; via Pomona Valley (Upland, CA) *News and Views*; and Chippewa Valley (WI) *Rosebud Review*

One day I was on vacation in New York and simply feeling constipated. The next day I was in a Seattle emergency room signing a consent form for a resection (surgical removal of part of my bowel) and a possible ostomy. As an RN, I took care of many a child with a colostomy and could only remember the awful skin breakdowns that many of the kids had on their abdomens. I remembered the struggles to keep the old style appliances on their fragile bodies. I was feeling scared, confused and incompetent to take care of one on my own body. My surgery resulted in no ostomy, and I was relieved. I had only a colon cancer diagnosis to deal with post-operatively.

Five days later, I found myself again faced with a consent form for emergency surgery for complications. This time there was no doubt that I would have an ostomy — an ileostomy. The surgeon assured me that it would be only for eight to ten weeks, and then it would be closed. The assurance vanished with the first visit of the oncologist. He did not want me to have a third surgery, recover from that operation, and **then** start chemotherapy.

Now my challenge was to face nine to ten months of taking care of the ostomy on my body. Even as professionally trained as I was, I had all the same fears as those who must face living a lifetime with an ostomy. I kept telling my family I just wanted to pay a nurse to come in each week to deal with the bag change and any problems. I wanted someone else to deal with “it.” I had to have help for several weeks but gradually became less “scared,” not as “confused,” more “competent” as each week passed. Although, as I write this, I am closer to the surgery date to reconnect my bowel, I have walked the road each ostomate walks. Between chemotherapy side-effects and learning new skills for managing an ileostomy, I am a stronger, more competent individual.

Visit the Peristomal Skin Assessment Guide for Consumers
<http://psag-consumer.wocn.org/#home>



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