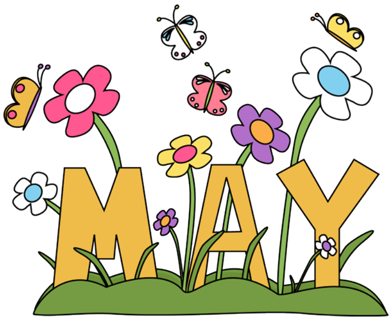
The MailBag

May 2021

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



Trio Silken®

Trio Silken® is a silicone gel available for ostomy, and is used to fill skin folds, creases and uneven areas around the peristomal skin so output cannot channel under your flange.

It will not absorb body waste or breakdown into a messy goo. Trio Silken® cures into a single piece of silicone that is soft, flexible that removes in one piece. Trio Silken® does not contain alcohol and so does not sting on application. It is an advanced skin protection gel that prevents output leakage and skin excoriation while providing a supremely comfortable experience.

Why use Trio Silken® gel instead of a stoma paste?
- - There is no alcohol and so NO STING!
-- It is painless, simple and quick to remove in 1 piece with NO RESIDUE!
- - No need to wait until it hardens. Attach pouch immediately
- - Will not erode or dissolve, so extends wear time.
- - Is significantly more hygienic because it does not absorb stoma output

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

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.
Next Meeting: **via Zoom**

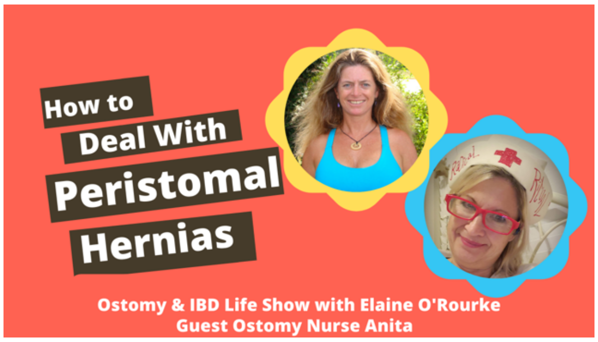
Gainesville Support Group
Contact info:
JoAnne Bell at 352-284-4214
Meets the 1st Sunday of each month (except Holidays)
at Hope Lodge2121 SW 16th St
Gainesville, FL
Next meeting: **TBA**

Ocala Support Contact info:
Karen Franco 352-304-1309
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: **TBA**

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: **TBA**

Amelia Island Area
Ostomy Support Group
(904) 310-9054
Meets second Monday of each month at 6:30pm
Next Meeting: **TBA**

The Villages Ostomy Support
We meet on the 2nd Tuesday evening of each month at 6:00 PM at (except July & August
Linda Manson
tvostomy@gmail.com
865-335-6330
Next Meeting: **via Zoom**
Contact Linda tvostomy@gmail.com



By Elaine O’Rourke, Ostomy/IBD Health Mentor

Peristomal hernias are something that every ostomate should be aware of. Although a hernia can occur for a wide variety of reasons, there are some common factors to take into consideration, such as weight, age, level of fitness and other health issues.

Nurse Anita Prinz, CWOCN, is my guest in this must-watch video and we discuss hernias in detail. She shares a very informative slide show as well as showing different types of hernia belts and ostomy products that are useful if you have a hernia.

Watch the video on youtube:

https://www.youtube.com/watch?v=uaR89SYrpAo&t=1s

You will see and learn what hernias look like, how they form and preventive tips.

There are a great variety of hernia support belts on the market which can make a big difference. But you should be fitted/sized for your hernia belt as every body and stoma is different.

It is so important in the weeks following surgery not to lift or do anything strenuous. Even coughing can cause a hernia. Always proceed with caution especially when you are starting to exercise. If you are trying to get in shape and have not been active before surgery then you are advised to wear a hernia belt.

You might benefit from one-on-one instruction from someone such as myself who is trained and knows how to exercise safely and strengthen and engage the core with an ostomy. Hernias do not go away so you should consult your medical professionals to get more advice. Surgery can be done but be aware that hernias can reoccur. Ask questions and be well informed.

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

Nurse Anita is available for a private consultation. www.AnitaNurse.com

About Elaine

Elaine O’Rourke is an Ostomy/IBD Health Mentor and 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.

YouTube: Elaine O’Rourke Yoga, Ostomy, IBD
Facebook: https://www.facebook.com/ostomyibdlife/
Instagram: https://www.instagram.com/ostomyibdlife/
Web: ElaineOrourke.com

Above article printed from the United Ostomy Association of America ostomy.org website.

4 Common Convex Skin Barrier Myths
Via: Ostomy Support Group North San Diego County, 2/2021
And Rancho Mirage, CA April, 2021

A convex ostomy skin barrier can help prevent output leakage and skin issues. Unfortunately, some misconceptions about convexity may keep people with ostomies from using it.

A convex pouching system refers to the shape of the back of the ostomy skin barrier – the side that goes against your skin. A convex skin barrier is not flat, rather it is curved or dome shaped. Using an integrated convex skin barrier is often referred to as "adding convexity" to a pouching system. This convexity provides a gentle push on the belly, allowing the stoma to protrude up and outward. This can help output go directly into the pouch and not under the skin barrier (which can cause a leak).

Common reasons for using convexity are to prevent leakage and related skin issues, and to avoid having to change the pouching system more frequently. If your pouching routine or body weight has changed, chances are it's time to consider using a convex skin barrier.

Below are a few myths or misconceptions about using convexity:

A. All convexity is the same
Convexity should be chosen and customized based on your specific stoma and body shape.
There are two main types of convexity: soft and firm. Soft convexity is flexible and conforms to your body as you move. Firm convexity is rigid and provides firm support around your stoma to help it stick out. In most cases, soft convex skin barriers are used on firmer abdomens, and firm convex skin barriers work best on softer abdomens. Someone may have a bad experience with convexity, only to learn that it was the wrong type for their stoma, body shape, or output. It's important to know that the convex skin barrier opening needs to be close to the stoma in order to help the stoma protrude. This will also help reduce the possibility of leakage.

B. A convex skin barrier is uncomfortable or even painful
If your convex skin barrier is causing pain or discomfort, you are not wearing the right type of convexity. Based on your needs, and with guidance from a healthcare professional, consider trying some of the many convex barrier options available and see if they make a difference. The importance of addressing leakage should outweigh the fear of trying something different. Use the health of the skin around your stoma as a barometer. If your skin looks good, and you are not leaking, you'll know you're using the right type of ostomy skin barrier for a good fit.

C. I have to wait to use convexity
You don't need to wait a certain amount of time before using a convex skin barrier. Each person is different. Some may need to add convexity immediately after surgery, while others may not need to add it at all. There is no concrete rule, and it depends on the type of stoma you have and how well it protrudes. If your belly is soft enough, you can start right away. Again, it's important to prevent leakage while keeping the skin around your stoma healthy, and trying convexity could help accomplish both goals.

D. If my stoma is level with my skin, I need a convex skin barrier
In most cases this is true, but choosing a type of convexity can depend on your stoma output. There are always exceptions and everyone has different experiences. For example, someone who has a colostomy with formed stool and regular bowel habits may not need to use convexity, even if their stoma is flush to the skin. That's because formed stool is unlikely to leak underneath the skin barrier. On the other hand, more liquid output can increase the chances of leakage.

Consider trying a convex ostomy skin barrier to see if it will help prevent leakage and skin issues, and increase your pouching system wear time (i.e., how long you can wear your skin barrier before it fails). Convex skin barriers come in both pre-cut and cut-to-fit options and are covered by most insurance plans. An ostomy nurse can help determine which type of convexity is right for you and when you should use it.

Thoughts about Ostomy Surgery: To Tell or to Remain Silent

By Ellen Poulson via: Fargoostomy.org, 11/2019

And Rancho Mirage, CA April, 2021

According to some recent statistics from UOAA, there are 750,000 to one million people in the United States who have had ostomy surgery.

No one wanted it, and no one asked to become very ill. But this is life on Earth as human beings. Illness comes, bodies become sick and weakened with various problems from cancer to ulcerative colitis. Fortunately, there are some well-trained medical folks who can operate, remove the source of trouble and create a new way to live. Nurses and WOC nurses are there to help on as we find our way back to health. All of these patients now have a new plumbing system in place, requiring an ileostomy, a colostomy, urostomy or other types of ostomy surgery. How wonderful that they survived!

The problem is that no one wants to talk about it– a miracle that kept them alive! No, it gets laughed at. Jokes are made about little old ladies who “wear a bag”. Good heavens, this wonderful surgery is done for little babies, too. They are still cute whether they are wearing a surgical appliance or not. It seems that people smirk and feel embarrassed about anything mentioned in the digestive tract that is located beyond the stomach. New ostomates share those feelings in private until they can meet with a group chapter of the UOAA in cities and towns all across America.

If there was more acceptance about this surgery and the words used– such as ostomy, colon, colostomy, surgical appliance or pouch rather than just the term “bag”, then acceptance could begin. Many can remember Betty Ford, the presidents’ wife, who came out in the media and said she had surgery for breast cancer. At that time many people were not openly saying either the word “breast” or “cancer”. Now it is openly discussed and all the better for more people whose lives are saved through having open discussions.

Personally, I hope for the day when I no longer remain silent about my ileostomy which saved my life forty years ago. Since then I recovered good health, have lead organizations, watched my children become mothers, enjoyed playing tennis, swimming and other sports- and most people know nothing about my miracle. Early on I mentioned it to a few folks who seemed so uncomfortable or reviled by the thought that I decided not to bother to tell. One person argued that there is no way a person could live without a colon- and treated me as a misinformed ninny. It became easier to remain silent.

But now, it is time for the world to know how the medical profession is saving lives through great surgery and there are personnel to help with recovery and groups to meet with to learn how to live again, happy and free from illness and pain.

Editor’s note: After writing this as “anonymous” the author chose to use her name! Visit www.ostomy.org to get involved with UOAA advocacy and ostomy awareness activities.

UOAA’s 8th National Conference-Canceled

AUGUST 5 - AUGUST 7

Due to the continued uncertainty with COVID-19, UOAA has made the decision to cancel our 2021 National Conference. We will revisit the situation next year to determine if one can be held in 2022. Thank you.

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

UOAA COVID-19 UPDATES
UOAA will update this blog post with any information that may affect our community.
https://www.ostomy.org/coronavirus-effects-on-the-ostomy-community/

UOAA Discussion Board
https://www.uoaa.org/forum/index.php

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To: