

UOA Jacksonville Chapter #211

The Mailbag



Meetings are held at the Baptist Medical Center
8th Floor - Meeting Room C - 3rd Sunday of each month 3PM

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Ronald Perry --
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**Please plan to join us
Sunday Nov. 21st
starting at 3 p.m.**

2005 UOA
National Conference
August 3-6
Anaheim, CA

Anaheim Marriott
\$99.00 plus tax
single or double

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THE PRESIDENT'S REPORT

I would like to thank those who attended the October meeting. Patti showed a video on a new pouch that Convatec has out and then we ate. Ms. Mamie Davis brought us some delicious eats. We would like to thank her for that.

This month, on Nov 21, 2004, we will be having Paul from Hollister as our guest speaker. So please plan on attending this meeting.

We would like to congratulate our new officers, Eugene Summerville, President, Brenda L. Holloway, Vice President, Ronald Perry, Secretary and Patti, Treasurer. I, Brenda L. Holloway will still be doing the newsletter along with Eugene Summerville.

We are still collecting donations and/or gift for the Ronald McDonald house. You may drop off your gift at Medical Care Products or bring them with you to one of our meetings. I will be taking the gifts to them after the December meeting. Our limit is \$5.00 per gift, wrapped and put either boy or girl and age.

**UOA CHAPTER 211 CHRISTMAS PARTY
WILL BE ON DECEMBER 19, 2004 AT
LONGHORNS
4401 ROOSEVELT BLVD
JACKSONVILLE, FL
(904) 388-5520**

Our December 19, 2004 meeting, we have decided to have our Christmas party at Longhorns Steakhouse in the Roosevelt Mall off 17. Therefore, we will need to have an accurate count of who is going to attend. What we need is for you to call Brenda at 282-8181 or cell at 422-8165 and let me **know how many will be attending in your party**. Everyone is invited. This will be everyone pays for their own meal. We will be exchanging gifts so everyone brings a gift wrapped under \$5.00. Please call me and I hope we have a great turn out.

I will also need a couple of people to split up the telephone list and we will call and see who will be attending if no one calls me. So please call me if you wish to help me with this task.

Thank you,

Brenda L. Holloway, Vice President
Eugene Summerville, President

Treasure report: Balance \$1,231.62

**United Ostomy Association's Website News -
Advocacy Edition**

Thank you for joining UOA's growing list of people eager to learn about UOA's information, support, education and advocacy for ostomates. This special issue of the "UOA Website News" comes to you from the Government Affairs Committee.

SURVEY of Medicare home health experience

In October 2000, changes were made to the way in which people with Medicare who are also receiving home health care services get their ostomy and other 'non-routine Medical Supplies'. At the same time, the way in which these products are paid for also changed. The United Ostomy Association is now very interested in finding out what effect these changes have had on people with an ostomy who have Medicare and who have received home health care.

If you (or the person for whom you receive this message, such as a spouse, partner, sibling, parent or child) have an ostomy and if Medicare pays in whole or in part for your/their ostomy supplies, would you please answer the following questions. Your answers will help us determine if any action is required by the United Ostomy Association's Government Affairs Committee.

If you/they are not a Medicare beneficiary, please ignore this request. Thank you.

OSTOMY MEDICARE HOME HEALTH SURVEY

INSTRUCTIONS: To respond to this survey, simply click on "reply" *. Then type an X anywhere on the line following any appropriate YES/NO reply, insert the information in question 4 if you wish, and click "send" - your answers will automatically be delivered to advocacy@uoa.org. Thank you for your help.

1. In the last 3 years, have you/they received home health care service for at least one period of time? 'Home health care' includes services provided to you at home such as nursing, physical therapy, intravenous antibiotics, wound dressing changes and many others.

YES
NO

2. If your answer to (1) was yes, did you/they experience any difficulty in obtaining or paying for ostomy supplies during any period of home health care? This includes obtaining the correct supplies or obtaining a sufficient number of them.

YES
NO

3. If your answer to (1) was yes, did you/they experience any problems with the usual supplier, or a disruption to obtaining ostomy supplies, at the time any period of home health care started or finished?

YES
NO

4. Optional: If your answer to 2. or 3. was 'yes', please give us a phone number and/or an e-mail address at which we could contact you for details of any problems that may have been experienced:

Email address:

OR Telephone with area code:

Name: (so we know who to ask for when we call):

Please return this to advocacy@uoa.org, even if your answer to Question (1) was 'No'. We will report the general results of this survey in a future edition of Website News and will let you know what action, if any, we are taking as a result of it. Be assured that you will not be identified individually in any reports, and your identity and experience will be kept private by the UOA.

Thank you very much for your participation.

DEADLINE: Please reply by Monday, November 8, 2004. After that we will be calculating the responses, reviewing the results, and planning our next steps. We will not be able to add more replies after that time.

* In the event you click 'reply' and the survey questions do not appear in the outgoing message, your personal settings are set so that an incoming message is not repeated when answered or forwarded. To overcome this, you may prepare a simple message that includes the question numbers (1 through 4) and the appropriate answers.

The United Ostomy Association is a volunteer-based health organization dedicated to providing education, information, support and advocacy for people who have had or will have intestinal or urinary diversions.

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Why Doesn't My Tape Stay Stuck?

This question is often asked because non-sticking tape can lead to some rather embarrassing situations. Usually it is not the fault of the tape itself. Manufacturers generally produce a pretty reliable product that does its job...provided the "working conditions" are proper. And there is the "rub:" the working conditions!!!

Here are some no-nos:

Moisture on the shin: Tape will not stick properly if there is moisture on the skin. After washing, dry the skin with a hair dryer—towels may leave your skin damp.

Insufficient application pressure: In order to stick, pressure must be applied, particularly at the edges.

Water-soluble foreign matter on the skin: Such as residual soap, skin prep, dried perspiration or mucus. Perspiration and mucus should be washed off with water. If wiped off, a thin coating of dried matter is left on the skin. Stomal output or perspiration will dissolve this film and undermine the adhesive.

Touching the adhesive before application: Moisture, skin cells and other material transfer from your fingers and reduce adhesion.

Loose solid particles on the skin: Such as powder, flaky skin or an overabundance of dead skin cells. The best remedy is to stick down and peel off tape before applying a dressing, thus removing the loose material.

Subjecting the adhesive bond to stress immediately after a dressing is applied: It takes time for the adhesive to flow into the microscopic irregularities of the skin and develop 100 percent contact and maximum adhesion.

Stretching of the skin under the adhesive area: Adhesive will release when the surface to which they are attached is stretched. If your dressing always comes loose in the same place, the chances are that your normal body movements are stretching the skin at that point. You might try to stabilize the skin by applying a one-inch (or more) wide tape beyond the edge of the dressing.

Low surface energy level of the skin: Adhesives will only stick to surfaces that have a higher surface energy level than the adhesive. A very high level results in a permanent bond; nearly equal levels produce a very weak or no bond. Oils and waxy materials, including lotions, mineral oil and moisturizing soaps, such as Dove, are absorbed by the skin, making it nice and soft, but also reducing the surface energy of the skin to a point where little or no adhesion results.

Sometimes a more aggressive adhesive is required: The bandage or foam tapes should be used in such cases. **A majority of alleged tape adhesion problems are really due to physical skin injury:** The skin consists of two layers, the epidermis (outer layer) and the dermis (the inner layer). If the tape is placed on the outer layer with tension, the constant pull on the outer layer can cause a strain on the bond with the lower layer, inducing irritation or cause an actual separation, forming blisters. The same effect will also take place if swelling occurs after an adhesive backed pouch is in place. To prevent this type of injury, gently place the tape without tension and then press down with firm rubbing motion.

Skin damage may also be caused by rapid removal of adhesive tapes. If you pick up a corner of the tape and stretch the skin away from the adhesive, skin trauma is reduced substantially.

Redness of the skin may also be caused by chemical irritants that are trapped between the adhesive and the skin. Usually the irritant is residual soap (Ivory is a known offender), skin preps that are not completely dry, deodorants, antiseptics and other outer skin coatings such as lotions and sunscreens.

Chemical substances from within the body may also cause irritation. When these byproducts are trapped under nonporous tape, the increased concentration at the skin surface may cause a problem. Another cause of skin irritation are small quantities of pouch contents on the skin that are not removed. The enzymes present with an ileostomy do not know the difference between you and a piece of steak. With a Urostomy, alkaline high pH urine does the most damage. Certain foods, such as cranberry juice will lower the pH and minimize the problem. If skin prep is used for protection, be sure it is non-water soluble!

SEXUALITY/PREGNANCY

Let's Talk about Sex

Sexual Anxiety

Sex is a subject that is on everyone's mind. Do people with ostomies actually have sex? Of course, but as with everything with an ostomy there is some adjustment. Incorporating sexual health in ostomy care is no longer disputed as a legitimate role for ET nurses and other health care professionals today. So many patients receiving ostomy surgery have anxiety as a result of sexual alterations or even loss of sexual function.

Sexuality

Sexuality cannot be destroyed, even though sexual function may be affected. Sexuality is a physiological and psychological component of the person that is based on genes, hormones, and life experiences. Sexuality is not as simple as an act of intercourse. It can be expressed physically through touch and acts of sexual intercourse, or it can be shared verbally or emotionally through intimacy and closeness. Sexuality is present throughout all our lives and is constantly undergoing alteration. A person with an ostomy is vulnerable to three categories of threats to sexual health: physical, psychological, and social.

Physical Aspects

Physical is the ostomy itself. Many surgical procedures may result in disruption to nerve and vascular supplies, which in turn may lead to loss of sexual function. Medications, radiation therapy, and chemotherapy can also decrease sexual desire. Removal of testicles in men or ovaries in women can decrease sexual desire. Good sexual education either before or during treatment can forewarn patients and spouses that the effect of these treatments could cause less desire, but that it is the treatment not the lack of love that is the cause of *not tonight, dear*.

Psychological Aspects

The psychological effect of having an ostomy may have an effect on self-image and self-esteem. Sexuality is influenced by feelings of attractiveness and one's desirability as a lovable person. Anxiety about the disease or treatment and their effect on sexual function will often keep one focused on the problems at hand rather than the immediate pleasure of the act. Anger directed toward the disease, fate or one's sexual partner could interfere with function. Sometimes the "safest" person to direct anger toward may be the one you love. Then the partner turns away and a vicious circle begins. Frustration, resentment, aggression, and tension render lovemaking difficult.

Social Aspects

The social impact of having an ostomy intermingles with the physical, psychological and sexual aspects.

Concerns of patients include being able to resume sexual activity, feeling alone, fear of rejection from their sexual partner, or if there is no partner, fear of never finding any one that will desire him or her as a sexual partner. How do you sleep with a pouch? Concerns of odor, how the ostomy will effect daily activities, making changes in clothing styles, cleanliness and deciding whom to tell, are some of the many worries that face those with ostomies.

How to Be Sexual with an Ostomy

Here are some answers and suggestions on how to be sexual with an ostomy.

When do you resume sex after surgery? Mainly it is when the person who had the surgery feels he or she is ready. It is necessary to consider any treatments, medication, or lack of physical strength that may limit desire. It should be noted that if the initial try fails, the person should not condemn her/himself, it is most likely just the fact of not being quite ready yet. Sometimes the spirit is willing, but the flesh is weak!

Proper hygiene is, of course, essential in successful sexual relationships. Making sure the pouch is empty and securely in place, vaginal lubrication, if appropriate, using an attractive pouch cover, a cummerbund or pretty crotchless panties are good suggestions for successful sexual activity. One of the best ideas is to use your sense of humor. So what if something goes wrong. Remember practice makes perfect, and it's all worthwhile in the end. Sexual activity will not harm the stoma. The side-to-side position may be more comfortable if the stoma and abdominal incision are only a few weeks old.

You may need specific suggestions about communicating with each other. For example, miscommunication may lead a man to move to another bedroom to sleep alone when he is no longer able to have an erection, whereas the woman may be missing the hugging, kissing and snuggling aspects of their shared bed. An open mind, being able to talk with each other, expressing each other's needs and concern, all go a long way towards a happy recovery.

If there are severe problems with sexuality, it may be necessary to consult a sex therapist for help. This may involve brief counseling to help the person to cope with the distraction of the ostomy, or intensive sex therapy, which involves communications training, behavioral treatment or other intensive therapy. Consultation with your physician would be helpful in this case.

For men who have erectile dysfunction, there are devices and treatments to assist in rehabilitation in this area. A consult with a urologist would be most valuable if this is a problem for you.

Gays and lesbians will find help from the UOA (United Ostomy Association). The Gay and Lesbian Ostomate Committee (now called GLO) was established in 1982. This committee works to assist gay men and lesbians live more positively with an ostomy. Resources include newsletter, a network of gay and lesbian ostomates and supportive others who offer mutual aid and support through telephone or personal contact (U.S. and Canada). It also offers informal discussion and social groups for gay and lesbian ostomates and their friends in some cities. There are informational programs and social events for gay and lesbian ostomates at UOA regional and national conferences. For further information contact: Chairman, GLO C/O UOA, 19722 MacArthur Blvd., Suite 200, Irvine, CA 92612-2405. Telephone (949) 660-8624 or (800) 826-0826.

Females in the childbearing years have successfully borne children. Pouch modification during the pregnancy is usually necessary. We are all sexual, and we all may have sexual problems, whether or not we've had any surgery. Keeping lines of communication open, seeking help when needed, expressing our concerns to each other and loving hearts, all help to insure a secure and loving life with our partners.
(Dorothy Vailancourt, RN, CETN)

Ostomy Chat Room Weekly Meetings

Yahoo Peoples with Ostomy2* - Mondays, 8:00 pm US Central time
<http://clubs.yahoo.com/clubs/peopleswithostomy2>

StuartOnline Ostomy Chat* - Tuesdays, 8:00 pm US Central time
<http://www.stuartonline.com/id10.html>

Community Zero (Ostomy) Support* - Wednesdays, 9:00 pm US Eastern time
<http://groups.yahoo.com/group/ostomatessupport/>

Shaz & Jason's Chat* - Saturdays, 8:00 pm UK time / 3:00pm US Eastern Time
<http://www.ostomy.fsnet.co.uk/chat.html>

Yahoo UK Ostomy Support* - 1st & 3rd Sundays, 8:00 pm UK time / 3:00 pm US Eastern Time
<http://clubs.yahoo.com/clubs/ukostomysupport>

Use this form to join our chapter! Annual dues are **US\$25.00**. If you cannot afford to pay dues at this time, you may still be accepted as a "local-only" member.* **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 __

Please bill me for annual chapter dues of US\$25.00

Dues payment enclosed - make check payable to **U.O.A. Jax Chapter #211**

Master Card, Visa or Discover # _____ expiration _____

I cannot pay dues now and wish to be a local member only*

You may use my name in chapter Newsletter & Directory: Yes __ No __

Mail to: Patti Langenbach, Treasurer, UOA Jacksonville Chapter ,
 PO Box 10239 Jacksonville, FL 32247-0239



United Ostomy Association , Inc

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MEETINGS ARE HELD AT THE
BAPTIST MEDICAL CENTER
8TH FLOOR MEETING ROOM C
3RD SUNDAY OF EACH MONTH
3 PM

**UOA Jacksonville Chapter
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T O :

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