

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 Oct. 17th
starting at 3 p.m.**

2005 UOA
National Conference
August 3-6
Anaheim, CA

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**A MESSAGE FROM THE PRESIDENT
& VISITATION COORDINATOR**

I would like to thank those who participated in the odor testing we had at our September meeting. It was a fun time.

Our speaker for October rescheduled for November. Paul from Hollister will return as our guest speaker. Within this newsletter our nominating committee has put together our proposed officers for 2005-2006. We will be voting on this during our October meeting. Patti will also show a new product from Convatec as well as a new ostomy evaluation method to make sure you are using the most appropriate product for your type of ostomy.

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.

For our December 19, 2004 meeting, we have decided to have our Christmas party at a local Jacksonville restaurant. Therefore, we will need to have an accurate count of who is going to attend. Patti is in charge of funding a place so that will be announced in the near future. 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.

Brenda

The nominations for the 2004-2005 Jacksonville Chapter #211 are as follows:

- President: Eugene Sommerville
 - Vice President: Brenda Holloway
 - Secretary: Ron Perry
 - Treasurer: Patti Langenbach
- Nominations from the floor will be accepted at the meeting on October 17th before elections.

News From UOA National

Nothing is more satisfying than announcing good news about our great volunteer leaders! At the **UOA National Conference** in Louisville, Ival Secrest, membership secretary for FOW-USA, received the annual FOW Service Award for his long-time volunteer activities in collecting and distributing ostomy supplies to third-world countries. Ival is a member of the Southeast Arizona UOA Chapter where he edits their newsletter.

Ken Aukett, UOA past president and current co-chair of the National Conference Planning Committee, received the Archie Vinitsky Award from the **International Ostomy Association (IOA)** last month in Portugal at the IOA World Congress. This award, IOA's most prestigious, represents outstanding voluntary service at the international and/or regional level in support of IOA activities. Ken served as IOA president in 1991, regional president of the North and Central America and Caribbean Ostomy Association from 1990-94, was a developer of the IOA Web site and the 20/40 Focus, editor of the IOA Handbook and is a frequent author and speaker in the international arena. Well deserved, Ken!

Also at the IOA World Congress, **Linda Aukett** was elected president of the North and Central America and Caribbean Ostomy Association, entitling her to a seat on the IOA Executive Committee. **Di Bracken** of Canada was elected as the new IOA president, **Dr. Vladimir Kleinwachter**, Czech Republic, is the new vice president and **Gene Zapf** from Canada is treasurer. The 2007 IOA World Congress will be held in San Juan, Puerto Rico, September 23–27.

UOA's 43rd National Conference will take place in Anaheim, CA **August 3–6, 2005**, at the Anaheim Marriott Hotel. Put "A Conference with a Sunny Attitude" on your calendar now! Chapters will receive the logo for this event in the October chapter mailing, and newsletter editors can find it online at: http://www.uoa.org/chapters_webhelp_logos.htm/ We look forward to hosting you in UOA's home state!

The **Young Adult Network (YAN)** has announced a new Phone Visiting Service to meet the needs of young adults across the country. Interested phone visitors will be trained and certified upon passing an exam and then matched with callers of similar diagnosis, gender, age and surgery. For details, contact YAN Visiting Chair Hope Brent at fashionhope@hotmail.com/

The **Teen Network** is happy to appoint Jamie Julius as its Poet in Residence. Jamie is a 14-year-old Youth Rally camper from North Carolina who has been sharing her poetry with other campers. You can read her outstanding work on the Teen Network Web pages at http://www.uoa.org/teen_TOCstories.htm and Youth Rally pages at http://www.uoa.org/events_youth.htm/

UOA is featured in July and August in the 2005 Calendar, a 12-month calendar of young female colorectal cancer survivors. The Colonder is the newest project of The Colon Club, a nonprofit dedicated to educating the public about colorectal cancer in innovative ways. You may recall another project by the founder of the Colon Club, Molly McMaster, the Colossal Colon, a 40-foot long, 4-foot tall crawl-through model of the human colon that has been traveling around the U.S. since 2002. The Colondar is available for \$15 at www.colondar.com.

UOA has received a \$2,500 grant from the St. Lukes Health Initiative in Phoenix, AZ, to expand the printing and distribution of UOA patient care guides in Spanish in the Phoenix area. We plan to work with local UOA chapters to identify the appropriate agencies that can assist with distribution.

HOSPITALIZATION

Advice for Getting the Best Hospital Care: Speak Up!

If you ever find yourself in the hospital, you'll likely have many health care workers taking care of you. While they take every precaution to make sure there are no errors made while treating you, sometimes errors can happen. By taking an active role in your care, you can make sure the care you receive is right for you.

- Do your homework. Make sure that the hospital you're being treated at has experience in treating your condition. If you need help getting this information, ask your doctor.
- See that health care workers wash their hands before caring for you. This is one way to prevent the spread of germs at home and infections in a hospital. Ask about services or tests. Make sure to ask what service or x-ray is being done to make sure you are getting the right test. In the example of a knee surgery, be sure that the correct knee is prepped for surgery. A tip from the American Academy of Orthopedic Surgeons urges their physicians to sign their initials on the site to be operated on before surgery.
- Ask about what to do when you get home. Before leaving the hospital, be sure the doctor talks to you about any medicines you need to take. Make sure you know how often, what dose to take, and any side effects to expect from the medicine.
- Speak up. If you have questions or concerns, be sure to ask.
- Make sure your primary care provider/doctor is in charge. Having one person understanding your health condition and history allows you to get the right care, in the right place and at the right time.
- Tell health care workers about yourself and your condition. You might think everyone that provides care or service to you in a doctor's office or hospital knows all about you. but they may not. Be sure to tell them.
- Take family or a friend to doctor or hospital visits. Taking another person along provides another set of ears to listen when things are explained. It also gives you someone to help you or speak up for you if you can't.
- More is not always better. Find out why a test or service is needed and how it will help you. It is possible you may not need it. Be sure to consult with your doctor. If you're still unsure, get a second opinion.
- Be sure to always get test results. If you have a test taken, don't assume that no news is good news. Ask your doctor or nurse to explain the results of the tests.

Emergency Room Information for Ostomates

Ostomates have special information, which is very important to their well-being. The following information may save your life if you are taken to a hospital emergency room. What kind of surgery did you have and how long ago? What is your doctor's name, phone number, and the name of the hospitals he/she works out of? What kind of medication and what dosage are you taking? Are you allergic to any medications? Is your skin sensitive to any of the preparations usually used by ostomates? What is your stoma size? Where can your next-of-kin be located? What type of medical insurance do you have? Tell someone that this information is available and where it can be found. Take a little time and write a brief medical history about your surgery and other important medical information about yourself. Make a few copies and be sure to take a copy along with you when you travel or have to go to the hospital. Since emergency rooms are not advised as well about ostomies as we would like them to be, this information could be very helpful and even save your life.

Treasury Report: \$1,179.12

Secretary Report: There were 5 members and one guest at the Sept. meeting. Patti did an ostomy deodorant test. Once again the products that removed the odor most successfully were, STOP, M9, Adapt Lubricating and aspirin. Aspirin took the most time. The meeting was adjourned at 4:10 for refreshments.

A Guide for Hospitalization for the Ostomate

It is important that you as an ostomate know you should be handled differently as a hospitalized patient than nonostomates. IT'S UP TO YOU—AND 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. 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 to the personnel, especially your physician.*

Rule 2: Supplies

Take your own supplies to the hospital. Never assume the hospital will have the exact pouches or irrigation systems you use.

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 practices vary among types.)

A transverse colostomy cannot be managed by daily irrigations. The only colostomy that can be managed by irrigations is the descending or sigmoid colostomy. But, sigmoid or low colostomies do not have to be irrigated in order for them to function; many sigmoid colostomates 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 perform the irrigation.

Take 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 colostomates. For ileostomates, they can be disastrous; ileostomates should always refuse them. An ileostomate will have diarrhea, may become dehydrated and go into electrolyte imbalance. They only prep an ileostomate needs 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 ostomates, again, differently managed according to ostomy type.

Colostomates: 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 bag on before going to x-ray. Have the technician or yourself place the rubber or plastic catheter into your stoma through the clear plastic bag. 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 bag closed. The bag 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.

An ileostomate may drink barium for an x-ray procedure, but never allow anyone to put barium into your ostomy.

A urostomy patient 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 Koch 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 50M injected rapidly will create a great deal of pressure in the ureters and kidneys if done rapidly. Remember to request that the injection be done slowly.

Any ostomate who wears a two-piece appliance: you can remove the pouch just prior to the insertion of the catheter and replace the pouch after the procedure is completed. If you wear a one-piece appliance, take another with you to the x-ray department to replace the one removed for the procedure. In the event you are incapacitated from using both your hands to replace the appliance, have the ostomy nurse paged—or a nurse from your floor—to assist in replacing the appliance before you leave the x-ray department.

Rule 5: Instructions

*Take to the hospital two copies of instructions for changing and irrigating your appliance. Give one to your nurse for your chart and keep one with your supplies at bedside. If you take supplies that are not disposable, mark them **DO NOT DISPOSE**; otherwise you may lose them.*

Rule 6: Communicate!!!

Again, let me stress that you communicate with the hospital personnel who take care of you. You will have a better hospitalization and they will have an easier time treating you.

(Dr. Lindsay Bard)

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

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