

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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**Please plan
to join us
Sunday Oct.
16th
starting at
3 p.m.**

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OSTOMY SUPPORT GROUP

I would like to thank Patti for handling the last couple of meetings. I have had to do some training and take over being ombudsman for my husband's ship. I would like to also thank those of you who have attended the meetings in last couple of months. Its great to see that we can still have a "support group".

Patti and I have talked about a day to put together the packets. This day will be November 5, 2005 from 10:00a to 1:00p at Medical Care Products, 4909 Victor Street Jacksonville, FL 32207. **See map on page 4.** If you need direction please call them at 733-8300.

Also, we will be having a meeting on October 16, 2005 and November 20, 2005 at 3:00 p.m. at Baptist Medical Center, 8th Floor, Function Room C.

We are starting our Ronald McDonald House annual Christmas present donation, which begins in October 16, 2005 (this meeting). Please bring a wrapped gift with a minimum amount of \$5.00 spent on the gift. Label it if it is a girl or a boy and what age. Then bring it to our meetings or drop it off at Medical Care Products. In the years past, we have gotten a lot of present. So lets see how many we can get.

We are still collecting the pop tabs for the Ronald McDonald House. We are going to see if we can fill a gallon jug by the end of the year. We will collect these at every meeting or you can drop them off at Medical Care Products. So please get your whole family involved and even your fellow employer by putting a can next to either the garbage cans or the soda machine. This is to help a very important cause.

Also, please remember if you have any extra supplies that can be donated to our closet for those less fortunate and or to help individuals during the hard time or in between insurance companies. Either bring to a meeting or take them to Medical Care Products or call Brenda Holloway and she will arrange to pick them up at your home, her number is 422-8165. We appreciate all you do for our closet.

Thank you for your time,

Brenda L. Holloway, Support Group Contact

INFLAMMATORY BOWEL DISEASES/ CROHN'S & COLITIS

Catheters Ease Complications of Crohn's Disease

Tubes drain abscesses that plague sufferers, and stave off surgery.

Threading a catheter through the skin to drain pelvic or abdominal abscesses in people with Crohn's disease is highly effective, and can delay or avoid surgery.

So says a new study from Massachusetts General Hospital and Harvard Medical School.

This method, called percutaneous abscess drainage (PAD), had a 96 percent success rate and postponed or eliminated the need for surgery in many of the people in the study, which appears in the March issue of the journal *Radiology*.

Seven out of 100,000 people have Crohn's disease, a chronic inflammatory disorder of the lower bowel and colon. It can cause abdominal pain, diarrhea, weight loss, fever, fatigue and rectal bleeding. Its cause is unknown. Between 10 percent and 30 percent of Crohn's sufferers develop one or more abdominal or pelvic abscesses, which are pus-filled pockets.

"Patients develop inflammatory changes in their intestines, which causes little perforations and abscesses to form. They commonly develop this problem," explains Dr. Melvin Rosenblatt, director of interventional radiology, Memorial Sloan-Kettering Cancer Center.

If an abscess isn't treated, it may grow and result in a dangerous spread of infection.

"The traditional way has been surgical, where you remove it, and you remove a piece of intestine. And this is an ongoing process that plagues these patients time and time again," Rosenblatt says.

While using a catheter to drain these abscesses isn't a new technique, the new study is the largest one to look at the procedure's effectiveness. In this study, the authors researched the medical records of 32 people with Crohn's disease who had the procedure at Massachusetts General Hospital between July 1985 and July 1999.

The researchers checked the medical records of the people for at least 22 months—the average was seven years—after they had the procedure.

All but 53 abscesses in the 32 people were drained adequately through the catheter, with up to 2 liters of

abscess fluid drained. Half of the patients did not require surgery within two months of the procedure. Drainage continued for just over two weeks, on average.

Long-term follow-up found that seven of 31 of the patients didn't need surgery. One patient died of causes unrelated to the study. Seven of the people had a recurrent abscess—the same number that would be expected after surgery, the researchers say.

The single complication: one person developed a fistula—an abnormal passage between the abscess and the skin—after the abscess healed. It was surgically repaired.

PAD is used extensively to treat abscesses in the abdomen, pelvis and chest. It has a high success rate, can be done in a medical center's radiology suite, and is less costly than surgical drainage, the study authors say.

The PAD procedure takes 30 to 60 minutes. The patient is sedated, an ultrasound or CT image is taken of the affected area, and the entry point on the skin is injected with a local anesthetic.

A small incision is made, and the catheter is threaded through the incision. After the catheter is in place, a drainage bag is attached to the outer end. A syringe is used to remove as much material as possible from the abscess.

The tube is left in place, and the person can continue doing the tube drainage at home or it can be done by a visiting nurse.

"This study shows PAD can stave off or eliminate the need for surgery to treat abscesses in people with Crohn's disease," Rosenblatt says.

That's important because these abscesses can occur many times.

"If you can save them from having a big operation, you're doing a real good deed," Rosenblatt says.

What to Do

You can find more information about Crohn's disease at the National Institutes of Health or the Crohn's and Colitis Foundation of America.

(Interviews with Melvin Rosenblatt, J.D., director, interventional radiology, Memorial Sloan-Kettering Cancer Center, New York City, March 2002 *Radiology*)

This article can be accessed directly at:

<http://www.healthscout.com/template.asp?page=newsDetail&ap=1&id=506149>

Eye Inflammation and Bowel Disease

A specific type of eye inflammation can sometimes be associated with Crohn's disease and, to a lesser extent, ulcerative colitis. The connection between collagen diseases and eye inflammation is well known, particularly with rheumatoid arthritis. This would suggest a relationship between eye inflammation, arthritis and inflammatory bowel disease (IBD).

EPISCLERITIS – With this condition, there is a localized, red raised area in the conjunctiva. The deeper vessels are engorged in the episclera, which is the layer above the white sclera. Pain is often severe and aching in nature. This disease can be recurrent but is easily treated and is not threatening to sight.

SCLERITIS – This is a deeper localized inflammation. Pathologically it consists of a central mass of necrotic collagen with elongated cells. This picture is identical to rheumatoid arthritis. This more severe condition can be threatening to sight. Episcleritis is often treated with topical steroids and can be easily controlled. Scleritis usually requires systemic steroids and recently the use of nonsteroidal and anti-inflammatory drugs (NSAIDs) has been found helpful. Side effects of steroids are well known. In the eye they can cause cataracts and raised intraocular pressure, so NSAID use is increasing. Salicylates (aspirin) have been around for a long time, but new uses have been found for their anti-inflammatory properties. Other groups in this category are phenylalkanoic acids such as Naprosyn, acetic acids such as Indocid or Voltaren. Other groups used are fenamic acids and enolic acids such as Butazolidin and Feldene.

PUNCTUAL OCCLUSION – Patients using corticosteroid drugs can prevent a lot of systemic absorption and limit side effects by pressing on the lacrimal sac, between the inner corner of the eye and the bridge of the nose after instilling the drops. This prevents the drop passing down the tear duct where it is readily absorbed. This trick is also very useful in patients using glaucoma drops such as beta blockers.

IRITIS – This is an eye inflammation that can be acute or sub-acute. It involves the iris, which is the pigmented tract. One variety, HKAB27, can be present in arthritis and gastrointestinal disease. In some patients with ulcerative colitis, an ostomy resolves the ocular disease, however, it may not prevent recurrences of ocular inflammation.

(Dr. Gordon Hamilton, Consultant Ophthalmologist)

Gene May Be Tied to Crohn's Disease

U.S. and European scientists have found a gene that

may be implicated in Crohn's disease. The debilitating inflammatory bowel disease affects one in 1,000 people in Western countries. The findings were reported at a scientific congress in Atlanta. The disease affects mostly young adults, said Dr. Gabriel Nunez of the University of Michigan Medical School in Ann Arbor, Mich. It has become more common in the last 50 years, probably reflecting changes in environment and lifestyles, said the authors of the study in the British journal Nature. Possibly as a result of faulty responses to gut-inhabiting microbes, the immune system is triggered to attack the gut lining, causing it to ulcerate and break up. Crohn's has complex genetic causes. There is no single gene for Crohn's, and not every person with mutations in the gene reported in the study will be affected. Nevertheless, the gene called Nod2 seems to protect against the disease, and mutations in the gene increase susceptibility to the disease. Restoration of proper Nod2 function in such individuals could serve a therapeutic purpose, said study author Dr. Gilles Thomas of the Foundation Jean Dausset in CEPH in Paris.

Head Off Headache Pain

The next time you have a splitting headache, try a natural remedy. Medications may require taking greater amounts to remain effective, but natural methods can work as long as you use them and can offer positive side effects as well. To treat and prevent headaches:

Cool off. Cold restricts swollen blood vessels and dulls sensitive nerve endings. If you feel a headache coming on, try drinking three glasses of cold water, apply a cold compress to your head and lie down in a dark room.

Heat things up. Heat can reduce tension for some people in the head and neck muscles by increasing blood flow. Put a heating pad in your neck, or try taking a hot shower or bath.

Get a massage. Have a professional, spouse, or friend give you a massage to relieve tension and improve circulation, or learn techniques for giving yourself one.

Soothe your scalp. Rub your scalp in circles with your fingertips, or brush your hair starting from your temple backward in slow circles.

Get enough sleep. Many tension headaches that emerge later in the day are the result of stress and poor sleeping habits. Get plenty of rest.

Eat regular meals. Skipping meals leads to low blood sugar, which can trigger headaches. Ask your doctor for a glucose-tolerance test if you think you may have hypoglycemia.

(Via FirstCare Connection, Summer 2002)

Flu Season and You Tips from Here and There

Once again winter is upon us, and you know that means a risk of the flu. It's best to be prepared and know what to do.

For new ostomates, this could be a time of real concern and a new experience in coping, for flu not only brings on headaches, muscle aches and pains and upset stomach. That "bogeyman" for the ostomate, diarrhea, often occurs. Whether induced by flu or other causes, diarrhea can present a serious challenge to ostomates. Vomiting must also be taken seriously because of the risk of dehydration.

The first advice for any person—ostomate or not—suffering flu is: always drink plenty of liquids and get proper rest! By all means, call your doctor if either vomiting or diarrhea symptoms are severe and continuing.

Ostomates must take special care not to take medicine for pain or a laxative without a doctor's order. That goes for antibiotics, too! Antibiotics have no effect on a virus but do kill bacteria, both friendly and unfriendly, and can change the proper balance of normal bacteria in the colon, if you still have one. Disturbing this balance can actually bring on or exacerbate diarrhea.

Your diet will change during flu, but during recovery, adopt a fiber-free diet at first gradually moving to a regular, normal diet. Prompt attention to symptoms of colds and flu should bring to each of us a happy and hopefully healthy winter season. Now to the specific tips for each category of ostomate:

The colostomate with diarrhea would be wise not to irrigate, for nature is actually doing the job. After the diarrhea stops, the colon will be sluggish for a few days, so leave it alone a little longer. Give the colon a chance to return to normal before resuming irrigation.

Carry an extra supply of "security" pouches. (Ed. note: I customarily wear a closed appliance, but when diarrhea strikes, I wear a drainable bag until the siege is over. My diet during stomach flu is hot tea, ginger ale and pretzels.)

Drugs or certain foods can cause constipation in colostomates recovering from flu, or at any other time, but drinking plenty of fluids can prevent this. Diarrhea can present an even greater problem to the ileostomate. Besides an excess of discharge, the ileostomate will suffer loss of electrolytes and vitamins necessary to maintaining good health.

You may experience thirst, slowly rising fever, weakness, mental fuzziness and reduced urine output. Drinking plenty of fluids will increase urine output and will not cause increased water discharge through the appliance during colds or flu. More serious results could be muscle contractions, abdominal distention, lack of alertness, and in extreme cases, convulsions.

The ileostomate must restore electrolyte balance as soon as possible. Regain lost potassium by drinking tea, Gatorade, bouillon, ginger ale, and plenty of water. Regain lost sodium by eating saltine crackers or salted pretzels.

The urostomate should take special care to keep electrolytes in balance and follow the same general instructions as for persons without ostomies.

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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! **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

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