

# 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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**OSTOMY SUPPORT GROUP**  
The following are the speakers I have line up for 2006  
**Sept 17 NO MEETING Oct 15 NO MEETING**  
**Nov 19 Hospice on the subject of "The Five Wishes"**  
**Dec 17 Christmas Party at a local restaurant**

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**Please plan  
to join us  
Sunday Nov  
19th  
starting at  
3 p.m.**

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### IOA President's Message October 1, 2006 (www.ostomyinternational.org)

International Ostomy Association opens new updated Website: [www.ostomyinternational.org](http://www.ostomyinternational.org). I am so happy to see this fresh design accomplished! We in IOA have wanted to update the Website for a number of years now but could never find a sponsor. Our Webmaster / Consultant, Stuart Schaefer, got tired of waiting and one day surprised me with this new design.

At our Executive / Strategic Planning meeting last month, Stuart unveiled his plans for the site to the full approval of the Executive Council. We like the clear, fresh simple lines of the site and the ease of navigation. Naturally, we are interested in what you have to say.

As you will appreciate, IOA is most appreciative of Stuart's efforts. He is a busy man with other computer business as well as continuing with his work as a professional photographer. He has very little spare time and the fact that he took his personal time to design the site, at no cost to IOA, is indicative of the generous person he is.

This is a very busy time in IOA as I mentioned in the last edition of [IOA TODAY](#). At our Executive meeting last month we worked out what we consider to be a sound Strategic Plan for IOA for the next 3 – 5 years. Country presidents interested in receiving a copy of the Strategic Plan, please let me know and I will send you a copy as soon as it is ready. Copies of the minutes will be sent electronically to all member countries by the secretary. If a member country has no computer access, the Regional President will mail a hard copy.

I hope that all your plans are set for [World Ostomy Day](#). I look forward to your communication through the e mail chain. I will be away from home for the event, attending the meeting 2006 Guangzhou International Symposium on Stoma Therapy & Rehabilitation but I will end a message from there.

**Please** read the next edition of **IOA TODAY** ( beginning of November ) for a report on the meeting. We should also have some great information on your [World Ostomy Day](#) activities. Speaking of IOA TODAY, if you are interested in knowing what is happening around the ostomy world, this is a great newsletter for you. The newsletter is sent out electronically four times a year. If you would like to receive a copy, please [sign up](#) via <http://www.ostomyinternational.org/Today.htm>.

I thank you for having an interest in ostomates around the world. If you have formation regarding ostomates in your country that you would like to share with others, please [contact](#) me president(at)ostomyinternational.org.

I look forward to seeing you at our **World Congress** in Puerto Rico next August. Stay tuned to our Website for updates on our Congress. Until then, please take good care. Stay safe and I hope that you will remain in good health.

With affection

Di Bracken, President International Ostomy Association

## Take Your Best Shots

Each year, up to 40,000 Americans die of diseases that could have been prevented by routine adult vaccines. That's about the same number of people who die annually from auto accidents. Don't assume your physician is keeping track. "Your auto mechanic probably does a better job of reminding you about preventative maintenance than your doctor does," says James Singleton of the National Immunization Program at the Centers for Disease Control. Depending on your own health history, there are a number of adult vaccines you should consider to protect yourself against potentially fatal diseases.

### The Vaccines and Who Needs Them:

**Influenza** (1 shot annually). This virus causes the flu and an average of 20,000 deaths year. The following is a list of those who should have an annual flu shot: Adults age 50 & up, people with asthma, diabetes, heart, lung, kidney disease, or with compromised immunity, nursing home residents, health care workers, and anyone anxious about flu.

**Pneumococcal** (1-time shot). These bacteria cause pneumonia and can lead to more serious problems, like meningitis. Adults age 65 & up, those with chronic heart, lung, kidney or liver disease, diabetes, sickle-cell disease, alcoholism or compromised immunity, or w/spleen dysfunction.

**Hepatitis B** (3 doses over 6 months). This is transmitted through blood and can cause liver disease. Those who are susceptible for hepatitis B are people who live with or have sex with carriers of hepatitis B, people who abuse injectible drugs, men who have sex with men, kidney dialysis patients, health care workers and travelers to endemic areas.

**Tetanus** (booster every 10 years) A bacterial infection, it can affect the nervous system.  
(Consumer Reports)



Please visit the International Ostomy Association Website for more information.

[www.ostomyinternational.org](http://www.ostomyinternational.org)

## ODOR MANAGEMENT

Isn't it interesting that people with normal intact bowel tracts and urinary systems manage odor problems in an acceptable manner in our society? But when disease or trauma strike, and the person is the owner of an ostomy, the one big concern is the fear of offending society with an odor.

Basically, and simply, an ostomy is a man-made exit site that changes the point of exit from the bottom of our body to the front. Our eyes and nose are obviously on the front of our body, which leads us to be more aware of our changed body image and our odor-producing products.

You've heard the statement "You've come a long way, baby." Yes, ostomy management has come a long way—considering that as little as ten years ago we had very few 100 percent odor-free pouches. When ostomy surgery was first developed, ostomates wore anything to collect output. Tin cans, rubber gloves, cups of all sizes, bread wrappers, and plastic margarine cups, just to mention a few, were standard supplies for the ostomate. Not only the feasibility, but odor problems these type of supplies produced, was enough to give ostomy surgery and people with ostomies a deplorable place in our society. Presently, almost all ostomy supplies available to us today are made of odor-barrier materials. Therefore, if an ostomate does have a fecal or urinary odor about them, some detective work should be done: Check out the application of the pouch to the body—is it leaking?

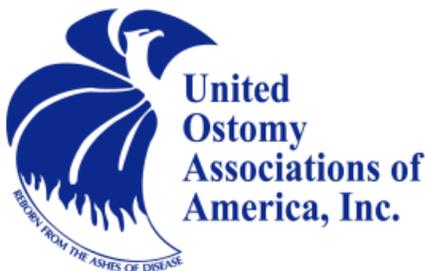
Check out the closure of the pouch—is it closed properly so that no fecal matter oozing out after the closure is applied? Do not put holes in the pouch as gas will seep out continuously.

A urostomate should rinse or wipe off the spout of the pouch with a bathroom tissue after emptying. Those few drops left in the spout after closing the pouch can cause a urine odor under clothing. It's interesting to note that most urostomy pouches on the market are odor-proof, but the connector tubing and bedside and leg bags are not. You must dispose of and replace these products when they take on odors, or else your entire living quarters will smell.

Emptying an ostomy pouch is comparable to a person with an intact bowel or urinary tract having a bowel movement or emptying their bladder. How does the nonostomate handle the odor produced by this normal function of their body? Room deodorizing sprays are popular; a quick flush of the toilet when defecation occurs, and striking a match or opening a window are some acceptable methods that have been used for odor management since the invention of indoor plumbing.

Why then are we ostomates so "up-tight" about the odor produced when our pouches are emptied? This complaint has encouraged ostomy supplies manufacturers to create products to meet this need of "odor control." The trouble is, the ostomy deodorants do not work for everyone, and they are expensive.

Can we then consider ourselves "as normal as blueberry pie" so far as waste odors are concerned? Just remember, there is not a man or woman on this earth whose wastes do not smell. If someone tells you their waste products are odorless, then a nose overhaul is in order. *By Rosemary Van Ingen*



### *UOAA Upcoming Conference*

**Aug 16-18, 2007 • UOAA National  
Conference • Chicago, IL**

**[www.uoaa.org](http://www.uoaa.org)**

## Doctors Do the Prescribing, but It's Up to You to Take Charge of the Details

**Be curious** – Know what your condition is and how the drug will help you.

**Don't play doctor** – Never tinker with the dosage on your own.

**Share your life story** – The doctor needs a complete picture of your health and habits.

**Make friends with your pharmacist** – You can never get too much information.

**Plan a review session every 6 months** – One in five Americans over 65 takes at least one inappropriate prescription drug.

**One size doesn't fit all** – The amount of medicine you may need may vary with age, weight, gender and ethnicity.

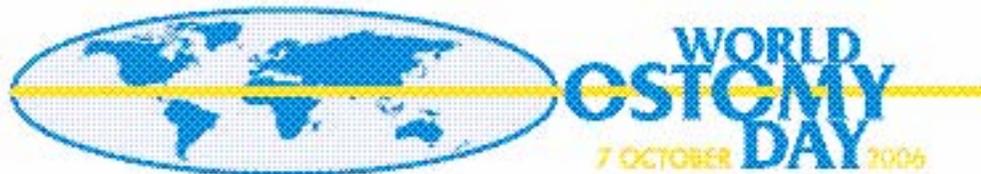
**Send old drugs packing** – Review your medicines at least once a year and get rid of oldies that are no longer goodies.

**Timing is everything** – Some side effects can be avoided by adjusting the timing—but ask your doctor before changing.



## Koolostomy Pouch Covers

A Koolostomy Pouch Cover is a product that will assist the ostomate with eliminating moisture and heat associated with wearing an ostomy appliance. The Koolostomy Pouch Cover slips over the existing collection bag (pouch). This product will "wick" moisture away from your skin, making the appliance comfortable to wear. Koolostomy Pouch Covers can be worn with most pouches, regardless of the manufacturer. All Koolostomy Pouch Covers are machine washable. The covers are available in Variety, Sport, Customs and Holiday themes. They come in children and adult sizes. Please visit [www.koolostomy.com](http://www.koolostomy.com) or stop by Medical Care Products.



**For more information please visit the  
International Ostomy Association Website**  
<http://www.ostomyinternational.org>

**Visit our chapter Website:**  
<http://www.ostomymcp.com/chapter/Jaxchapter1.htm>

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**PO Box 10239**  
**Jacksonville, FL 32247-0239**

TO:

**Join us**  
**Sunday Nov.**  
**19th starting at**  
**3 PM**  
**Baptist Medical Center**  
**8th Floor**  
**Meeting Room C**

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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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