

The Mailbag

The Ostomy Support Newsletter Of Jacksonville, Florida

Support group meets the 3rd Sunday of each month 3 p.m. 4836 Victor Street

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**Mark your calendar and plan to join us
for our next chapter meeting.**

November 15th

3PM

4836 Victor Street

Please Note: There will be no meeting in October.



**For more information please visit the
International Ostomy Association Website:**

<http://www.ostomyinternational.org>

WORLD OSTOMY DAY

BLOG: www.wod2009.org

**See What Others Have Done Across The World
During World Ostomy Day**

World Ostomy Day (USA) October 17, 2009

I am pleased to announce that arrangements for celebrating WOD2009 are well underway in many countries throughout the world. The day is being recognized throughout the World on the 3rd October but the UOAA (**United Ostomy Association of America**) are celebrating **WOD2009 on the 17th of October**. Whilst it would be better if all countries celebrated it on the same day, if that is not possible it is important that World Ostomy Day is celebrated which ever date is selected, it is an excellent opportunity to get our message out to the general community on the needs and aspirations of Ostomates wherever they may be.

Peter McQueen, WOD 2009 Coordinator (For more information please visit: <http://www.ostomyinternational.org>)

World Ostomy Day

October 17, 2009

Do Not Call Me a “Bag Lady”!

By Ann Favreau, former President of UOA

“Do not call me a bag lady” . . . I probably should rephrase that and say, “Do not call me a lady with a bag.”

Colorectal cancer surgery in 1988 resulted in the removal of my rectum and part of my colon, thus the creation of a colostomy. For 20 cancer-free years, I have lived with comfortable prosthetic pouches attached to my abdomen that allow me to function normally.

It drives me crazy when this well-engineered pouching system is referred to in dreaded whispers as “wearing the bag.” If one says the phrase “colostomy bag” people shrink away with thoughts of unclean, unclean. It is a leprosy mentality, and some people would rather be dead than have an ostomy. Unfortunately, many people do die rather than have a colonoscopy to detect colon cancer; or they suffer years of pain, diarrhea and the affects of steroids to avoid surgery for ulcerative colitis that may result in an ostomy and wearing “the bag.”

The idea of having an ostomy and wearing a little plastic pouching system that collects one’s waste may not be the most pleasant thought, but it has provided millions like me a life-saving alternative to disease and death.

I have sat next to you on planes while traveling the world; taught your children; worshiped beside you; and swum in your pool. Interestingly, unless I told you that I have a colostomy, you would never know that I have an altered plumbing system.

Ostomy pouching systems have come a long way since your great grandma’s time. Technology has led the way to amazing improvements. The prosthetic devices are now designed to be very secure and discreet; i.e., they rarely ever leak and they lay flat against your belly under regular clothing. Most importantly, these new systems are secure, I say this twice for emphasis, and odor-proof, which is more than one can say for other incontinence products. The manufacturers of these ostomy supplies invest millions and millions of research dollars improving the versatility and dependability of their products in order to meet the demands of us active individuals who are living normal productive lives.

I always use the words “pouching system” to assist new patients understand that although these products are disposable, they are prosthetics that replace an amputated body part. (Jan Coldwell, CWOCN, in her textbook for ostomy nursing, uses the term pouching system to describe more accurately this prosthesis to ostomy nursing students.) They are designed to maintain the integrity of one’s skin by protecting it from the irritation of bodily wastes and therefore should be covered for reimbursement my most insurance companies. I believe the word “bag” is an inferior term to signify a product that successfully enhances the quality of my life.

Why do the half-million of us in the U.S. need to be branded with “the bag” stigma? When will the public open its eyes to discover that it is okay to have an ostomy? Why should the creation of a stoma on the abdomen to divert urine or stool from a diseased or damaged bladder or colon be perceived in such a negative manner?

A stoma is merely a piece of intestine brought through the wall of one’s tummy and then turned back on itself like a cuff. It serves as a virtual spillway. Every day, people live with pacemakers, artificial hips, breast prosthesis, false teeth and wigs. Some of these may be viewed as badges of honor and provide bragging rights. Not so the “the bag” . . . not yet anyway, but soon, if I have anything to say about it.

Ostomy surgery may be a cure for colorectal and bladder cancer, as well as many other diseases and conditions, and provide those suffering from debilitating bowel disorders a better quality-of-life. Unfortunately, the fear that one may end up “wearing the bag” is keeping countless individuals from seeking screening to aid in early detection of the silent killer, colorectal cancer. I will carry my groceries and other purchases in a bag; store my leftovers in a plastic bag; carry a handbag; but think twice about calling me a person who is “wearing a bag.” I am a survivor with the minor inconvenience of a modern pouching system that allows me to live my life to the fullest! What about you?

Why Do People Get Cancer?

By Reuben Chow

Why do people contract cancer? Perhaps more significantly, why have cancer rates soared so drastically over the past century? Is it because of genes? Is it because of what we are eating today? On the other hand, are stressful lifestyles to blame?

Others put forth that factors such as environmental toxins and electromagnetic radiation are the main culprits. The fact is cancer is a multi-causal disease and probably a result of a combination of the abovementioned factors. Recent statistics released by the World Cancer Research Fund (WCRF) has estimated the role of diet and lifestyle, suggesting that about one-third of the 12 most common types of cancer in richer countries could be prevented merely through a healthy diet, physical activity and the maintenance of healthy weight.

In poorer, developing nations, the proportion of cancers preventable through these steps was estimated to be about one-in-four.

Details and Findings of Study

The cancers in question included those of the bowel, breast, gallbladder, kidney, liver, lung, mouth / pharynx / larynx, esophagus, pancreas, prostate, stomach and womb. For these cancers, it was estimated that 34% of cases in the US and 39% of UK cases were preventable through the said steps. This implied that there was more room for improvement in these countries.

Zooming in . . . it was also estimated that more than 40% of breast and bowel cancer cases in developed nations could have been prevented in the same way.

The abovementioned figures had not even taken into account the detrimental effects of smoking, which on its own is believed to be the main cause of about one-third of all cancers.

The report had been put together by a panel of 23 experts. Their study had been based on 10 recommendations released by the WCRF in 2007 on preventing cancer; those included daily exercise, avoiding processed meats, eating less salt and keeping a healthy weight. To arrive at the estimates, the team had looked at the biggest and most reliable research studies available which covered the 10 factors.

"This report shows that by making relatively straightforward changes, we could significantly reduce the number of cancer cases around the world," said Michael Marmot, the chair of the panel.

Importance of Dietary and Lifestyle Factors in Cancer Prevention

The possible causes of cancer were discussed earlier. What is clear about cancer is that it is certainly not an alien-like ailment, which descended from the sky and invaded our bodies, against which we can do nothing for protection or recovery. "People think that somehow cancer comes from heaven, or Darwin, or from their parent's genes, but that's not always the case. A third is caused by smoking, and approximately a third is related to diet and physical activity," Marmot also said.

In addition, scientific backing seems to be increasing. "The evidence linking diet, physical activity, obesity and cancer has become stronger over the last decade and this report can play a part in people adopting healthier lifestyles. After not smoking, it is clear that diet, physical activity and weight are the most important things people can do to reduce their cancer risk," said Mike Richards, the National Clinical Director for Cancer.

Holistic Action is Needed

The experts have called for urgent action, especially in view of the escalating sedentary and obesity epidemics, graying populations as well as worsening food choices. "We are expecting a substantial increase in cancer rates with the aging population, obesity rates soaring, and with people becoming less active and increasingly consuming highly processed and energy dense foods and drinks. The good news is that this is not inevitable," said Martin Wiseman, the project director.

Nevertheless, it is also quite clear that a holistic solution involving many parties will be needed if society is to stem the cancer epidemic. "There is no magic bullet, no one single fix to the problem. If we are to tackle the situation we need

individuals, business and government to work together to encourage healthy lifestyles by promoting things like cycle lanes and food labeling," said Richard Davidson from Cancer Research UK.

The panel's report had put forth some 48 suggestions for improvement. Some include:

- Eating more fruits in place of unhealthy fatty foods
- Checking labels by consumers to ensure foods being bought are healthy
- Lowering costs of healthy foods
- Persuading schools and workplaces to stop providing unhealthy foods and have them encourage daily exercise
- Cycling to work
- Walking and cycling routes to be put in place by governmental units to facilitate physical activity
- Improving access to sporting facilities

Beyond Merely Prevention—Cancer Recovery

How about those who have already been diagnosed with cancer? Are such lifestyle and dietary changes too little, too late for them? Not according to a recent study conducted by researchers at Addenbrooke's hospital in Cambridgeshire, which found that about 36% of men with aggressive prostate cancer could give planned surgery or radiotherapy a miss after making some basic dietary and lifestyle changes.

The changes, which included lowering salt intake, reducing alcohol consumption, eating larger amounts of oily fish, losing weight and undertaking moderate exercise, were able to inhibit or even totally stop their cancers' progression. As we search for complicated answers to the cancer riddle, we should not underestimate the powerful role of factors, which have been with us throughout human history—dietary and lifestyle habits.

Ostomy Visitor Training Seminar

The Visitor's Program is a vital part of the ostomy support system. Our trained members visit ostomy patients in person or by phone to discuss non-medical questions and offer encouragement. There will be an Ostomy Visitor Training Seminar on Saturday, Sept. 12, 2009 at 8:30 AM until 12:00 noon in the auditorium of Northwest Community Hospital, 800 W. Central Rd., Arlington Heights (www.nch.org). If you want to attend our free seminar please RSVP by August 31 to uoachicago@live.com, or phone the NCH ostomy nurses at 847-618-3215. Please leave your name and number saying you would like to participate.

Public TV Documentary Movie

UOAA entered into a contract for the publication of a five-minute ostomy public awareness movie that will appear on public TV; the National Medical Report as shown on cable; network and international TV as part of Voice of America. This excellently produced project—coordinated by UOAA President Elect Kristin Knipp—can now be viewed on the UOAA Internet site at www.uoaa.org/uoaa_psa.shtml. One may also view the movie at <http://uoaa.wordpress.com/>. We encourage you to send one of these links to anyone with an interest in ostomy surgery; i.e., our members, local medical professionals, family and even friends who you might want to have better understanding about our organization.

Aug 7-11, 2011 • Third National UOAA Conference • John Ascuaga's Hotel, Reno, NV

Other Websites Of Interest:

United Ostomy Association of America: www.uoaa.org

Your Ostomy Community Connection Center: www.c3life.com

Check Us Out On The Web

www.ostomymcp.com

Ostomy Chat Room Weekly Meetings

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

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>

UOAA Chat Sundays 9pm ET / 6pm PT
<http://www.yodaa.org/chat.php>

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 __

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