

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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Jacksonville Chapter is now a member of the United Ostomy Association of America. Please take the time and visit their Website <http://www.ostomy.org>.

**Next meeting
Sunday October 17, 2010.
3pm, 4836 Victor Street.
Speaker to be announced.**

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.

Goofy Answers You Will Never Hear About Living with an Ostomy

Forwarded by that loony Portland Maine Ostomy Group (revised)

If you have an ostomy, you probably read many of those question-and-answer articles in which people ask a WOC nurse or doctor about life with an ostomy. I pretty much can bet that none of them gave these answers. Please consult with your medical professional and a local comedian before taking any of these seriously.

Q. How will medication affect my ostomy?

A. The general answer is . . . adversely, although the opposite may also be true. Especially important, your stoma should not be allowed to operate heavy equipment with some painkillers, and alcoholic beverages should only be introduced to the stoma through ones mouth. Do not feed booze, or anything else, directly into a stoma.

Q. May I still do everything I did before surgery?

A. It depends what you did before your ostomy surgery. If you robbed banks, then no you may not do everything you did before surgery. Send me a list of what you did before, and I will let you know which of them you can do.

Q. What about alcohol?

A. I thought I just answered that question. Nevertheless, if you are asking it again, maybe you should consider abstinence. Alcohol has the greatest influence on the brain, not the stoma. However, if you were told for years that you have your head up your ass, I guess I can understand the question.

Q. Should I exercise after ostomy surgery?

A. The stoma does not need any exercise, but the rest of your body does, especially the abdomen. A firm tummy reduces the probability of hernias. Plus, exercise tones the body, makes the blood flow, releases endorphins and makes one happy.

Q. What foods can I eat after surgery?

A. Most can usually eat virtually all the same foods after surgery as before surgery. Just remember that people with ileostomies have slower transit times, which means more can be absorbed thereby making it is easier for them to get fat. People with urostomies are thin and trim, so they do not need to be concerned.

Q. Why did this have to happen to me?

A. Having ostomy surgery means you are one of the lucky ones. Complaining just makes the situation worse. If you exercised more, you would be happier; just think of it as the ultimate body piercing.

Q. Will spicy food cause any damage to my stoma?

A. That depends. If you eat spicy foods . . . probably not. But if you smack the stoma with a jar of hot peppers, then yes. I would advise against striking the stoma with any hard object, spicy or not.

Q. In the past, certain foods gave me digestive trouble. Will they affect me the same way after surgery?

A. You seem to be a little obsessed with food, aren't you? You should be more concerned about how fat you'll become from eating all that food. To answer your question . . . my crystal ball is being repaired right now so I do not know the future. Just eat the darn stuff—one thing at a time—and see for yourself.

Q. What about sex?

A. The answer is yes, if you can find anyone who will have sex with you. The answer is no, if you think your going to have any sort of stoma sex. Now you are pushing the envelope, and someone from Chicago would never have asked a question like this.

CAPSULE ENDOSCOPY UPDATE

by Bob Baumel, based on presentation given April 18, 2005 by Terrie Wright, Stillwater Medical Center Endoscopy Nurse to Stillwater-Ponca City (OK) UOA Chapter

Slightly over a year ago, [Dr. Swafford spoke at our Feb 2004 meeting](#) to describe Capsule Endoscopy, the technique where a patient swallows a capsule containing a miniaturized camera (with its own light source, radio transmitter and battery) which has proven to be a major advance in diagnosing problems in the small intestine. Now at our April 2005 meeting, Terrie Wright, the endoscopy nurse at Stillwater Medical Center, updated us on more recent experience and presented a computerized slide show provided by Given Imaging, the company that makes the capsule.

We learned that Given's capsule, which they originally sold with the name M2A™ ("mouth to anus"), has been renamed the PillCam™ SB (for "small bowel"), as they now also have a version called the PillCam™ ESO for imaging the esophagus. The original SB capsule has a camera at one end and takes 2 pictures per second which are recorded for a total of 8 hours. The ESO capsule has cameras at both ends and takes 14 pictures per second which are recorded for only about 5 minutes. Of course, the esophagus can also be imaged by more conventional endoscopy, but patients may prefer the capsule method, as it avoids discomfort and doesn't require sedation.

We also learned that capsule endoscopy has been approved for pediatric use (in children aged 10 or over). Given now sells a pediatric accessory kit for this purpose with a recorder belt and sensor array more appropriately sized for children. (The capsule itself is the same type used by adults.)

Given has also made improvements in their data recorder and the software used by the physician for interpreting/reviewing the recorded images. These include better ability to determine the locations where images are recorded and automatic highlighting by the software of possible pathologies in the images.

Terrie told us that, so far, the capsule technique has been used more in Europe than in the United States, but it is gradually becoming available at more U.S. locations.

Following last year's presentation by Dr. Swafford, I was somewhat concerned whether ileostomates could easily excrete the capsule following examination, or if it might get stuck behind the stoma in the same way that ileostomates may get food blockages. In practice, this doesn't seem to have been much of a problem. Any

possible stricture or narrowing in the intestine does need to be considered, as the capsule could possibly get lodged and need to be removed surgically. But the risks must always be weighed against expected benefits of the procedure.

Our own member, Ruby, who underwent this procedure, is an ileostomate. Ruby was suffering from severe blockage due to stenosis (narrowing) of part of her intestine. She clearly needed surgery to remove the stenotic region. It was judged that the extra diagnostic information provided by capsule endoscopy could be very helpful, while the risk of the capsule getting stuck was unimportant, considering that she was going to have surgery in any case. As it happened, the capsule didn't get stuck. It took about a day **and a half to** get past the narrowed region of intestine, but then had no difficulty passing out through her stoma.

Note: Ruby has now had the surgery to remove the stenotic portion of intestine and is doing fine.

According to Given's literature, the capsule procedure is contraindicated under the following conditions:

- In patients with known or suspected gastrointestinal obstruction, strictures, or fistulas based on the clinical picture or pre-procedure testing and profile.
- In patients with cardiac pacemakers or other implanted electromedical devices.
- In patients with swallowing disorders.

While the capsule is inside the patient's body, it is important to avoid exposure to strong electromagnetic fields such as created by MRI devices. The capsule includes magnetic materials and, if exposed to strong fields, may undergo violent motion, possibly causing serious damage to the intestinal tract or abdominal cavity.

For more information, see Given's website at: <http://www.givenimaging.com>

THIRTY MINUTES A DAY MAY KEEP CANCER AWAY

A.C.S., Medical Affairs, via Metro Maryland, via Greater Cincinnati Ostomy Association

A brisk walk of just 30 to 60 minutes a day is sufficient to achieve a level of physical fitness that will reduce mortality from cancer as well as from cardiovascular disease, say Steven Blair and colleagues. In an eight-year study of 10,224 men and 3,120 women, these researchers found an impressive decline in death rates from all causes, even if only a moderate degree of fitness was achieved, and despite the influences of age, smoking habits, cholesterol levels, blood pressure or blood sugar problems, family

history of coronary heart disease, and length of time from last physical examination. Comparing findings in the least-fit versus the most-fit persons, the cancer death rates in men were 20.3 versus 4.7 and in women were 16.3 versus 1.0, respectively.

In a related study, the Missouri Health Department found that male employees who sit around on the job have a 110 percent higher rate of upper colon malignancies than do men with active jobs.

VITAMIN B-12 FOR ILEOSTOMATES

Re-Route, Ostomy Assn. of SW Indiana via Ostomy News, Ostomy Assoc. of Sonoma County, Santa Rosa, CA

If a large section of the last part of the small intestine (terminal ileum) has been removed, you will require Vitamin B-12. The vitamin deficiency may not show up for several years, so if you have had several feet of the terminal ileum removed and have not had Vitamin B-12 injections, it may be a good idea to check with your physician. Your body can store B-12 for about 3 years; they you start to become deficient. The symptoms tend to come very slowly and may not always be easily associated with Vitamin B-12 deficiency, particularly in older persons. They include anemia and neurological symptoms, such as numbness in the feet and difficulty walking. If the

COLOSTOMY BLOCKAGE AND ITS CAUSES

By: Dr. J. Hopkins, Asst. Prof. Surgery, Lakenau Hospital, N. Alabama, via: South Brevard Ostomy Newsletter

Dr. Hopkins states that poor habits probably begin in childhood with people being "bowel conscious". They erroneously think that a daily bowel movement is necessary for body & bowel functions. He states that four requirements for normal passage are:

- 1) A balanced diet including some roughage. By trial & error, one can eliminate those foods which may cause diarrhea & constipation.

deficiency continues too long, some of the symptoms cannot be reversed, leaving the patient severely impaired. The treatment consists of B-12 injections (relatively inexpensive). See your physician! Because the section of the intestine which absorbs B-12 is no longer available, taking Vitamin B-12 tablets won't work.

- 2) Exercise to maintain a good body tone.
- 3) Effects of emotion. This may be difficult.
- 4) Adequate fluid intake.

Colostomy blockage may be due to mechanical defects or failures; a most common cause of this type of stricture is a narrowing of the opening of the stoma; or a herniation around the stoma; or strangulation, or a sharp bend in the colon – all of which can be surgically corrected. Other causes are improper diet, medication, and your emotions on your digestive system.

Exercising of abdominal muscles are not harmful to the colostomy and would promote good muscle tone in this area.



Check Us Out On The Web

www.ostomymcp.cpom

IOA Today 3rdQuarter 2010 Newsletter

IOA TODAY brings to you up to date **Ostomy related reports** from around the world.

<http://www.ostomyinternational.org/IOAToday/IOATodayThirdQuarter2010.pdf>

Other Websites Of Interest:
 United Ostomy Association of America: www.uoaa.org
 Your Ostomy Community Connection Center: www.c3life.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/>

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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