

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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The **October 16th** meeting will be postponed until the **23rd**. In lieu of the regular meeting, a group is going to caravan to Savannah that Sunday for an Ostomy Health Fair put on the the Savannah Ostomy Group. It is free to attend and if anyone is interested in going please contact **Kimberly** at MCP (733-8500).



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>.

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.

Frequently Asked Questions

By Secure Start, Hollister Incorporated

Q How do I know if my stoma is healthy?

A Each person's stoma is unique. The stoma is always red and moist, much like the mucus membrane in your mouth. A stoma is not painful, as there are no nerve endings in it. Minor, temporary bleeding of the stoma is normal if it is rubbed or hit.

Q How often should I change my pouching system?

A You should expect predictable, sustained wear time from your pouching system. This is related to the type of skin barrier used, the shape of the barrier—convex or flat—and a number of other factors; i.e., climate and your activity level.

Some people prefer to change their pouches daily, while others wear their pouching systems for up to the recommended limit of four days. If you have trouble getting your skin barrier to stay in place, you may need to get help with fitting and product selection. The best source of help is a certified wound ostomy continence nurse—a WOC nurse.

Q What is the skin barrier?

A The skin barrier is the waxy part of your pouching system that sticks to your skin. The skin barrier is primarily responsible for holding your pouch to your body. Tape may be used as an additional support, but if the skin barrier does not stick firmly, the tape alone will not be enough.

Q What is the main purpose of the skin barrier?

A It is to protect your skin, while holding your pouch. Without the skin barrier your skin would be exposed to the harmful effects of the urine or stool.

Q What size should my skin barrier be?

A The opening in the skin barrier should be the same size as your stoma. This is not something about which you want to guess. Sizing guides are available free from Hollister Incorporated. If you are not sure that you have the right size opening or you want to try a skin barrier that is already pre-cut, you need to measure. Size does matter!

An additional note: Some skin barrier work best if they are cut 1/8th to 1/16th of an inch larger than the

stoma with the gap filled-in with paste or a barrier seal. Extended wear barriers—like the FlexTend—may be sized to actually touch the stoma. These barriers are especially designed for individuals with more liquid stool—like people with ileostomies, transverse colostomies and urostomies. Do not use paste with a urostomy. A convex barrier is a common option.

Sexual Functioning with an Ostomy

By Ellen A. Shipes, RN, MN, CWOCN, and Sally T. Lehr, RN, Sexual Counseling for people with Ostomies

Fear and misunderstanding often result in the assignment of unnatural or supernatural qualities to that which is unknown. This article will present factual information about ileostomies and urostomies that will dismiss the fear and dispel the misunderstanding.

Ileostomies do not possess the extensive attributes of colostomies. They are more uniform in size and shape. Like the individuals they are a part of, however, no two are exactly the same. Ileostomies are usually temporary. They are most often performed to remove disease such as Crohn's Disease, ulcerative colitis and occasionally cancer.

Since ileostomies are made in the small bowel, they are usually smaller than colostomies but have the same red color. Urostomies are the most varied of all the stomas in name, location, size and color. Urostomies are done because of trauma, congenital defects or disease, but the ultimate reason is to protect the kidneys by removing or bypassing the damaged or diseased portion of the urinary tract.

The urine is diverted to the abdominal wall by various methods. Location of the urostomy in the urinary tract determines the name. Stomas formed from part of the urinary tract will be pink, not red, due to a difference in tissue structure between the intestinal and urinary tracts. Bowel conduits will be red because they are constructed from a portion of the intestine.

Verbal and mental exclamations of "Gross!", "Ugly!", "Monstrous!", "I can't stand it!", "It's a sore!" and the like may be expressed by people with ostomies and their partners following surgery. Indeed, only members of the medical profession can truly gaze upon a stoma and its

accompanying incision and state, "How nice! It looks great!"

Although the person with an ostomy and his/her partner might react poorly to the initial results of surgical intervention, the stoma itself should produce no physical change in sexual functioning once the individual has recovered from the surgical procedure. Since the stoma is often bright red and appears sore, it is commonly thought that sexual activity will cause stomal damage and pain.

Because the bowel and stoma have no nerve endings as such, even vigorous sexual activity should not result in pain. Slight stomal bleeding may be noted following an especially energetic lovemaking session because of the fragile nature of the stomal blood vessels. There is no cause for alarm as long as the bleeding remains minimal and does not persist for several hours.

The maintenance of sexual functioning varies widely following surgery. In men, the scope of physical change depends solely on the degree of damage to the nerves controlling erection and ejaculation. Radical resection required for removal of malignancies of the bladder and rectum imparts a high degree of erection difficulty (impotence). In regard to surgery performed for colon cancer, studies cite the frequency of impotence as ranging from 24 percent to 75 percent.

Since a major part of sexual functioning depends on the desire, expectation, and motivation of the individual and partner, it is unwise to assume that erection failure is a foregone conclusion.

For women, the physical damage is not so extensive. Removal of the vagina or persistent coital pain are the only physical conditions that should preclude normal lovemaking. Every person with an ostomy must be considered individually and people with ostomies and their partners might want to have sexual counseling incorporated into their pre-and postoperative teaching. This will aid in reducing both fear and the psychological difficulties which frequently accompany ostomy surgery.

Peristomal Hernia

Dr. Leroy Levin

When one has surgery that results in an ostomy, a space is made in the muscles of the abdominal wall,

and a piece of intestine is brought through the opening. Many people are fine from that point on. But as we grow older, there is a tendency for muscles to lose strength. In areas where a weakness already exists, such as the site of an old hernia or that of a colostomy, the muscle tone tends to decrease and the muscles spread. The opening where the intestine comes through will also spread, allowing the intestine passing through to curl and fold in the extra space, rendering irrigation difficult.

If the hole grows larger or if a section of the regular intestine becomes caught in the opening, an obstruction may occur, which may require surgery. Normally, however people who have a peristomal hernia do not have to do anything, unless it enlarges and causes pain. When in doubt, see your physician or WOC nurse.

(Editor's note: Isometric exercises tighten up muscle strands. If your health permits, walking, swimming, stretching and bending are excellent, low impact methods of strengthening abdominal muscles for people with ostomies. Exercises like sit-ups are muscle building but also create separations in muscle strands. These exercises should not be utilized solely. If you use them, make sure they are supplemented with a vigorous isometric routine.)

Stoma Bumps

What Are They? - What To Do?

By Liz O'Connor, CWOCN

WOC nurses are often asked about small bumps or ulcers which appear on a formerly smooth stoma. They may be on the surface or around the edge where the stoma meets the skin. They may occur in a single area or around the whole circumference.

Most of the time, these are granulomas, which are of a benign nature. Granulation tissue is a normal defense reaction of the body to injury. Those at the edge may be due to a reaction to the suture being sewn through the stoma to the skin. It may also be caused by a too rigid or too tight a skin barrier rubbing against the stoma. A skin barrier with a hard barrier must never touch the stoma.

Those on the top or side of the stoma may be caused by an allergic reaction to the plastic or other material manufacturing the barrier. This may be true even after using the same equipment for a long time. They may also be caused from stomal drainage constantly pointing to one area of the stoma. This may occur when the stoma opening points down.

What should you do? Most of the time, these things are nothing to worry about. Do not second-guess or self-diagnose yourself. See your WOC nurse, and if necessary, your doctor. Occasionally, these bumps may be a manifestation of another condition, like the recurrence of Crohn's disease. Often, they can be treated with silver nitrate sticks, which are available by prescription. Occasionally, the bumps need to be biopsied, to eliminate the possibility of other conditions. Quite often, a change in the manner of applying the skin barrier will resolve the issue.

Safe Travel Tips

by Joseph Rundle, Aurora (IL) Ostomy Group; via Metro Maryland

With the terrorist alert on high and many concerned about safe travel at this difficult time, I thought I would offer you some useful tips:

- Do not ride in an automobile. Autos cause 20% of all fatal accidents.
- Do not stay at home. That is where 17% of all accidents occur.
- Do not walk across the street. Pedestrians are victims of over 14% of all accidents.
- Do not travel by air, rail or water. People have 16% of all accidental deaths because of these activities.

However, only 0.0001% of all fatal accidents occur at our local ostomy support association's meetings. Moreover, virtually none of these happen during the business meetings. Obviously, the safest place to be is at your local ostomy association meeting. You'd better go to the next one, just to play it safe.

View the 2011 Conference Slideshow:
<http://vimeo.com/27670162>

2012 UOAC Conference in Toronto

"Caring in a Changing World"

August 15 – 18, 2012

Delta Chelsea Hotel

Downtown Toronto

http://www.ostomycanada.ca/events/biennial_conference_of_uoac

UOAA Conference Coming To Jacksonville In 2013

Check Us Out On The Web

www.ostomymcp.com

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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