

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.**

September 20th

3PM

4836 Victor Street

Kimberly from Medical Care Products, Inc will be hosting.

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

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>)

Vitamin B-12 Sublingual Tablets / Skin Patches

By Bob Baumel, Ostomy Assn. of No. Cen. Oklahoma

This is a “debunking” article. Some ostomy group newsletters have recently carried an updated version of an old article titled Vitamin B-12, Folic Acid and Potassium. The original version of that article, which ran previously in numerous support group newsletters (including our newsletter in our March 2003 issue), asserted that if a person cannot absorb vitamin B-12 the normal way, via terminal ileum, they need B-12 shots.

The updated version adds the sentence: “Now vitamin B-12 is available in a sublingual tablet, which goes under the tongue or through a patch.” Here, I examine both of these delivery methods critically. I will start with some conclusions.

Sublingual B-12 tablets have been around since the 1980s. They work in the sense of delivering useful amounts of vitamin B-12, but they probably do not deliver it sublingually through membranes under the tongue and they are a waste of money because you can obtain the same benefits at lower cost by taking regular non-sublingual B-12 tablets.

The B-12 Skin Patch is a much newer product, introduced around 2006, and marketed by one company, Vita Sciences of Airmont, NY. Nothing has been published so far about this technique in the scientific literature. It may deliver a useful amount of vitamin B-12, but does not do so predictably, as the amount actually delivered varies greatly from one person to the next. Before discussing these methods in detail, I will refer to an article I wrote in the September 2008 issue titled, Vitamin B-12 Replacement Therapy, which you can see at www.ostomyok.org/newsletter/news0809a.shtml.

That article described three scientifically accepted methods of vitamin B-12 supplementation for people who cannot absorb it the usual way via the terminal ileum.

- 1) By injection, the traditional method for people with impaired B-12 absorption.
- 2) Nasally, there is a nasal spray, brand name Nascobal®, which has been shown to work and is approved by the FDA. However, it is sold by only one company and is relatively expensive.
- 3) Orally, until recently, most doctors believed that oral B-12 was useless for people who cannot absorb the vitamin by terminal ileum.

However, a growing body of scientific research has found that even in such people, a small fraction of B-12 taken orally, typically around 1%, becomes absorbed by passive diffusion through the gut. Consequently, if one takes a large enough quantity, probably around 1000 micrograms or more per day, one will absorb enough to be useful. This may not be effective in people with short bowel syndrome.

Regarding the two methods in the title of this article, it is important to understand that delivering vitamin B-12 by the sublingual route, through membranes under the tongue, or transdermally, through skin on the surface of the body is very difficult. Vitamin B-12 is a very large, complex molecule, with molecular weight of about 1357. Many medications are delivered successfully using either the sublingual or the transdermal method, but they tend to be much smaller molecules. For example, nitroglycerin is often administered sublingually, but its molecular weight is only 227.

Nicotine is often applied with a skin patch, but its molecular weight is only 162. The large size of the vitamin B-12 molecule makes it very difficult to pass through these body tissues.

Sublingual B-12 was mentioned in my Vitamin B-12 Replacement Therapy article, where I described it as just a gimmick to sell B-12 at a higher price. Nobody has ever shown that such a product is actually absorbed sublingually. Clinical trials comparing sublingual B-12 with regular non-sublingual oral B-12 have been published in the scientific literature. Both were found to be equally effective if used in the same dosage.

The instructions for the sublingual products tell the patient to hold them under his/her tongue before swallowing. In all likelihood, they just dissolve but do not become absorbed to any significant extent while holding them under the tongue. Then when swallowed, they are absorbed in the same manner as any other oral B-12 preparation.

The most telling evidence is that these sublingual B-12 products are sold in the same high dosages usually 1000 micrograms or more that are known to be necessary for any oral B-12 preparations to be effective in people with impaired B-12 absorption. If they were actually absorbed sublingually, they could be sold in smaller dosages. Oral B-12 works, if taken in adequate dosages, but people are wasting money buying the more expensive sublingual versions.

The B-12 patch is a new product, available since 2006, promoted through the website www.b12patch.com and sold by the company Vita Sciences of Airmont, NY. I have performed several Medline searches, but could not discover anything in the scientific literature about this kind of product. A search of the US Patent and Trademark website www.uspto.gov did reveal two recent patent applications not actual granted patents for the B-12 patch, namely, US Patent Applications 20080160070 and 20080233180. These patent applications include various possible product formulations and explain how the product is supposed to work.

Transdermal skin patches include chemicals referred to as permeation enhancers or penetration enhancers. These are

intended to increase the permeability of skin to allow a desired substance to pass through. As indicated earlier, the large size of the vitamin B-12 molecule makes it very difficult to deliver transdermally. Companies that make transdermal patches have been working to develop improved penetration enhancers to enable delivery of larger molecules. Even so, vitamin B-12 is at just about the upper limit of the molecules deliverable with current transdermal technology.

One of the patent applications cited above described a tiny clinical trial of the B12 patch on only four people, two of whom did repeated tests so they could obtain six data sets. This is probably the only clinical test of the B-12 patch that has ever been published. This is based on a page of the website that is marketing the product at www.b12patch.com/research.html that seems to refer to that same tiny clinical trial.

In that experiment, average B-12 blood levels roughly doubled during an eight-hour period. However, the patent application also stated, "The rate of vitamin B-12 delivery

varied between subjects by as much as five-fold." The inventor attributed this variation as "likely due to differences in the skin of test subjects." In any case, given this huge person-to-person variability, the B-12 patch can hardly be said to deliver the vitamin predictably or reliably.

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 where 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 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 you're 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.

You Have Adjusted to Your Ostomy When . . .

Forwarded By Fred Shulak

- ® You stop spending all of your spare time in the bathroom waiting for your stoma to work so that you can empty the pouch right away.
- ® You can move about freely without holding onto your pouching system as though it might fall off at any minute.
- ® You make that first trip to the mailbox without taking along all your spare ostomy supplies.
- ® You stop grabbing your abdomen when the grocery clerk asks if you need help to the car with your bag.
- ® You go out for the evening and realize too late that you left your emergency kit at home.
- ® You think how lucky you are to be alive instead of how unlucky you are to have an ostomy.
- ® You attend the monthly support group meetings with an expectation of learning more about your ostomy along with helping others rather than staying at home worrying about it all.



**Aug 7-11, 2011 • Third National
UOAA Conference • John Ascuaga's
Nuggett 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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