

The MailBag

Jacksonville group meets the 3rd Sunday of each month 3 p.m. 4836 Victor Street.
 Ocala support group meets the 2nd Sunday of each month (except July & Aug) at 2 p.m. at the Sheriff's Station 3260 SE 80th Street (between Ocala and Belleview).

Please take the time and visit UOAA Website <http://www.ostomy.org>.



“GUTSY’S GAB:” “SPEAK OUT and BE HEARD!” (1 YEAR ANNIVERSARY(!) ISSUE) By Linda Blumberg AKA “Mrs. Lips”

August 2013: “Plans for Spans”...had been “Gutsy,” Linda’s ileostomy stoma’s nickname for recently decently held UOAA conference, “Bridge to Acceptance” August 7-10, 2013 in Jax, FL...

long awaited, anticipated...did it live up to its promises?...Gutsy says, “YES!”:... Gutsy, Pepe, and Lisa’s Conference Highlights: ostomy workshops galore with varied and sundry dynamic speakers like Brenda Elsagher and Dr. Beck, daily supportive stoma clinics, Exhibit Hall of ostomy manufacturers, First Night Festivities: Fabulous Fifties Sockhop and Ice Cream Social (YUM!!!), and “CoCo” the magnificent model of the Colossal Colon on display...educational, inspirational...informative, transformative, restorative...and, that was just the many stomas Gutsy met and their heartfelt stories! (hahaha), as travelers came from far and near, from all over the US, Canada, and even as far as Bermuda, Mexico, and South America, according to Pepe...and, happily shared with Gutsy!...

Gutsy fulfilled her Volunteer mission with precision, and no derision, gregariously greeting and warmly welcoming ostomates/spouses/medical professionals daily, via Hospitality/every hall/workshops/daily and nightly events/at “Comfortable Commodes,”/and, muchly, with CoCo, popular with ostomates, hotel guest passers by/families, and tiny tots alike!...She loved meeting ostomates of all ages, from all walks and talks of life...A unique, unforgettable, uplifting, enriching experience!...at the heart, of which, was a universal feeling of friendship/blendship, mutual admiration/dedication, and understanding...IN ESSENCE, WE CROSSED OVER A BRIDGE...FROM AWARENESS...TO ACCEPTANCE!!!

At our Jax ASG August 18 meeting, we reflected on the “augustness” of the conference...But, Gutsy wondered why only a small handful attended from Jax...and, learned that for many \$\$\$ cost was prohibitive...Our group suggested UOAA consider future senior discounts for 2015 UOAA conference

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The Jacksonville UOAA chapter meets the 3rd Sunday of each except when otherwise posted.

To help offset the mailing cost you may now receive the MailBag Newsletter via email.

Please contact:

Patti: patti@ostomymcp.com
 (Newsletter will be in PDF format)

Support group meets the 3rd Sunday of each month 3 p.m.
 4836 Victor Street
Next Meeting Sept. 15th

Ocala Contact Information

Lynn Parsons
 (352)245-3114

www.ostomyocala.com

Ocala support group meets the 2nd Sunday of each month (except July & Aug) at 2 p.m. at the Sheriff's Station 3260 SE 80th Street (between Ocala and Belleview).
Next Meeting Sept. 8th

in St. Louis, Missouri, offering day by day fees' option, with ability to attend favorite events, e.g., Exhibit Hall, perhaps extending it into Saturday...However, too much reflection almost overshadowed our group's hallowed real purpose: to welcome and comfort newbie, frightened freshman ostomates/spouses...and each other!...**AWARENESS and ACCEPTANCE!**

SPOTLIGHT ON: September 2013: 1 year anniversary of Gutsy's Gab(!); Labor Day (2nd); Jewish New Year (Rosh Hashanah (5th), Yom Kippur (14th)); Fall finally begins (22nd)...Memories of the conference...forever in our minds and hearts...September marks the 1 year anniversary of "Gutsy's Gab," which premiered in 2012(!)...this stoked stoma LOVES to write about monthly events and tie them into ostomy, e.g., Labor Day...a day off from work...a perk(!)...a DAY to "be-LABOR" the point of checking for blood in stools/urine...and, the Jewish New Year: Rosh Hashanah and Yom Kippur...days for self-reflection, introspection, dedication, throughout the nation(!)...and, atonement, without postponement, for past year's sins, and hope for a good new year...good time to atone by changing and rearranging your attitude/latitude of feigning, straining, draining, paining, bile denial...that colon cancer cannot happen to you...because, alas, there would be no pass for your poor ass, or of the matter, for your bladder...it is stealthy, whether you are wealthy or unhealthy...so, for the beginning of Fall season, will you have a reason to "FALL back" on old habits?...or will you be proactive, and know you will still be oh so attractive...and could be active...for, "You Don't Have to be Jewish..." to "do the right thing" for your health: i.e., have braving life-saving colonoscopy/consequent-subsequent "excision-incision" life-affirming determining ileostomy, colostomy, or urostomy surgery, if needed/heded...Gutsy says that it is known that YOU can atone by living, giving, forgiving with a good, healthier, happier, and productive, even seductive(!) life with an ostomy!...**AWARENESS and ACCEPTANCE!**

BOTTOMLINE/MARK YOUR CALENDAR: Our next Jax ASG meeting is Sunday, September 15, 2013...Did Gutsy get to meet YOUR stoma and YOU at the August conference?...caring and sharing...Gutsy was THRILLED to meet Ian Settlemire, publisher of the Phoenix magazine (that published her article, June 2011)...discussed creating a feature in the Phoenix about "THE LIGHTER SIDE OF OSTOMY:"NAMING YOUR STOMA!"...Gutsy welcomes all to share, like: "Pepe, BOB, Oscar the Pouch, HerbeHind, Shorty2, Squirty, *#!," and those from the conference: "Boo Boo, Stanley, Gurtie, Junior, Little Willie, Sir Toots A Lot, Butch, and Mr.Sputters"...email: Patti@ostomymcp.com or Linda: blumbergl@duvalschools.org... for inclusion in future "Gutsy's Gab" or Phoenix(!) column(s)...September is a time for change and renewal, as it "falls" upon us...Come renew friendships/blendships...a helluva coup(!), changing/rearranging attitudes/platitudes/latitudes, and just to CELEBRATE BEING ALIVE...TO SURVIVE...TO THRIVE!...Yes, it's all about **AWARENESS and ACCEPTANCE!!**...See YOU there!!

MY DOCTOR SAID I HAVE A HERNIA Dr. R.B. Kelleck, Great Britain, Via Snohomish Insights

The new ileostomate may find it difficult to believe that life without a colon can be completely healthy. To understand this, one needs to know what is the normal function of the colon or large bowel which has been removed. This organ is only found in land animals and its major function is to absorb water from the food residue. When animals first moved from the sea to the land they moved from a world where water was plentiful to one where it might be very scarce and they adapted to this by developing the colon as one means of avoiding dehydration. The only other substance that is absorbed from the colon is salt. All the other things we get from our food and which we need for energy and health are absorbed from the small intestine which is unaffected by the usual operations for ulcerative colitis. People with an ileostomy get just as much food - whether carbohydrates, fats or proteins - as anyone else. The other function of the colon is to act as a reservoir for the waste products of the body until there is a convenient moment for disposing of them. This function is simply taken over by the pouch whether external or internal.

Permanent/Temporary vs. Hope

A study from the University of Michigan, Ann Arbor

Holding on to hope may not make patients happier as they deal with chronic illness or diseases, according to a new study by University of Michigan Health System researchers. "Hope is an important part of happiness," said Peter Ubel, M.D., director of the U-M Center for Behavioral and Decision Sciences in Medicine and one of the authors of the happily hopeless study, "but there's a dark side of hope. Sometimes, if hope makes people put off getting on with their life, it can get in the way of happiness."

The results showed that people do not adapt well to situations if they are believed to be short-term. Ubel and his co-authors—both from U-M and from Carnegie Mellon University—studied patients who had new colostomies: their colons were removed and they had to have bowel movements in a pouch that lies outside their body.

At the time they received their colostomy, some patients were told that the colostomy was reversible—that they would undergo a second operation to reconnect their bowels after several months. Others were told that the colostomy was permanent and that they would never have normal bowel function again. The second group—the one without hope—reported being happier over the next six months than those with reversible colostomies.

"We think they were happier because they got on with their lives. They realized the cards they were dealt, and recognized that they had no choice but to play with those cards," says Ubel, who is also a professor in the Department of Internal Medicine. "The other group was waiting for their colostomy to be reversed," he added. "They contrasted their current life with the life they hoped to lead, and didn't make the best of their current situation."

The research was published in the November edition of Health Psychology.

George Loewenstein, professor in the Department of Social and Decision Sciences at Carnegie Mellon University said these results also might explain why people who lose a spouse to death often recover better emotionally over time than those who get divorced. "If your husband or wife dies, you have closure. There aren't any lingering possibilities for reconciliation," Loewenstein said.

Ubel said health professionals find it easier to deliver optimistic news to patients even when they believe the prognosis is unfavorable, justifying it by assuming that holding on to hope was better for the patient.

Said Loewenstein: "It may be easier for a doctor to deliver a hopeful message to a patient, even when there isn't much objective reason for hope, but it may not be best for the patient."

"Hopeful messages may not be in the best interests of the patient and may interfere with the patient's emotional adaptation," Ubel says. "I don't think we should take hope away. But I think we have to be careful about building up people's hope so much that they put off living their lives."

The research was funded by the National Institute on Child Health and Human Development. Smith was supported by a career development award from the Department of Veterans Affairs.

People were selected that had surgery in the past six months. In total 41 people were told their colostomy was reversible and they could undergo a second operation to reconnect their bowels after several months. Another 30 individuals were told that the colostomy was permanent.

We have known for quite a long time that those with a temporary ostomy often have a harder time dealing with it than those who know from the outset that it is permanent. This study provides some evidence that this might be true. Publishing this article is not an indictment of readers who have a temporary ostomy.

Of course, the researchers meant for physicians and others to apply these findings to the larger body of patients with all kinds of medical and physiological situations that could be affected by being hopeful—not only ostomy patients.

A golfer teed up his ball on the first tee, took a mighty swing and hit his ball into a clump of trees. He found his ball and saw an opening between two trees he thought he could hit through. Taking out his 3-wood, he took a mighty swing. The ball hit a tree, bounced back, hit him in the forehead and killed him. As he approached the gates of Heaven, St. Peter asked, "Are you a good golfer?" The man replied, "Got here in two, didn't I?"

Hints for New Urostomy Patients

Forward by The Ostomy Association of Long Island

Train yourself to shut the pouch valve as soon as you have emptied the pouch! If you forget, the resulting disaster within the next 10 minutes could ruin your day.

Be sure to take the plastic washbasin and clean measuring container home from the hospital. They are very helpful as you establish a daily routine of washing your nighttime equipment.

Gallon bottles of white vinegar and cheap liquid detergent make the daily washing-up an inexpensive chore. Irrigate the pouch daily with a solution of 4/5 water and 1/5 vinegar. The hospital plastic washbasin is an ideal container for supplies when traveling. In addition, it can be used to hold the night drainage bag. In the morning, it is handy for washing-up wherever you are. It fits nicely into most carry-on bags and is not heavy.

If you change the pouch first thing in the morning, there is less chance of the stoma misbehaving as you do the change.

In most cases, urostomy patients enjoy a completely normal diet. Cranberry juice, yogurt or buttermilk will help combat urinary odors. Asparagus produces a strong odor in urine, but many of us eat it anyway because it tastes good and is healthy.

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Moderation

--Hamilton, Michigan Ostomy Association

It is several months since you had your ostomy surgery due to ulcerative colitis, and you have adapted just fine to your new plumbing. You have a beautiful stoma. Changing your pouching system is almost a routine task. Your skin has now adapted to the patch you apply, and you may wear your pouching system for three or four days before changing it.

Boy, this is living again . . . No more pain! You can go out without worrying about bathroom locations and even your arthritis seems to bother you less—prednisone can do wonders. You accept an invitation to a party for the first time in two years and really rejoice in being out with your friends again.

You drink with freedom and down quite a few handfuls of peanuts. You wander to the table with raw vegetables and sample them repeatedly joining in with your friends. The dinner is delicious—including the corn on the cob. This has been a truly great night—just like old times.

Now, it is two o'clock in the morning and you have not slept a wink. There is a persistent pain around your stoma. It will not let you sleep . . . and now it is getting worse. You recall that you have not had much effluent in your pouch. What you did have is mostly water.

By three o'clock, it is much worse and by four, you are considering going to the emergency room. You remember reading about blockages, and try to remember remedies that were mentioned. You drink some warm tea, pull your knees to your chest and rock back and forth. You eat some crackers, drink some grape juice and knead the area around the stoma. You drink some more, have a little mineral oil, get in the shower and let warm water roll down your back to relax.

About the time you decide to go to the hospital, you feel a bit better. You notice that your pouch is no longer empty. When you empty your pouch, it is like pouring out a bag of peanuts in the toilet.

You have learned a great lesson. Sure, you can eat nuts, popcorn, raw vegetables or corn on the cob—but common sense will now tell you in the future not to eat huge quantities of them all at the same time. Eat them in moderation, drink and chew your food better. Let me repeat: Chew your food better. Eat in moderation. Drink plenty of fluids.

Upcoming Events

Saturday, October 5, 2013

Ostomy Awareness Day

May 2-4, 2014

UOAA Mid-Atlantic Regional Conference

Sept 1-6, 2015

5th UOAA National Conference, St Louis MO

CHECK UOAA WEBSITE FOR MORE INFORMATION

<http://www.ostomy.org>

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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