

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).
 Amelia Island Area Ostomy Support Group meets last Monday of each month at 6:30pm - Bapt Medical Center Nassau board room.
 Gainesville Support Group meets the 1st Sunday of each month (except Holidays) Hope Lodge 2121 SW 16th St Gainesville

**Patti Langenbach, will be conducting
 Amelia Island Sept 28th meeting.**



World Ostomy Day
 Saturday October the 3rd 2015.
 The theme for WOD 2015 will be
"Many stories, one voice."

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Jacksonville Contact Information:
 Patti Langenbach
 (800) 741-0110
 (904) 733-8500
patti@ostomymcp.com

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 20th

Gainesville Support Group meets the 1st Sunday of each month (except Holidays)
 Next meeting: **Sept. 13th at 2pm** at Hope Lodge 2121 SW 16th St Gainesville, FL 32608
Contact info:
 Brinda Watson (352) 373-1266
 Nelson Griffiths (352) 376-8703

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 13th
Contact info:
 Lynn Parsons (352) 245-3114
www.ostomyocala.com

Amelia Island Area Ostomy Support Group meets last Monday of each month at 6:30pm (except May, June, July & Aug) Bapt Medical Center Nassau board room.
 Free parking (904) 310-9054
Next Meeting Sept. 28th



“Gutsy’s Gab:” “Speak Out and Be Heard!”

By Linda Blumberg AKA “Mrs. Lips”

August 2015: ostomy education/end summer vacation...at our August 16 Jax ASG meeting, ostomates/family gathered...caring/sharing ostomy concerns/experiences...munched on Kimberly’s Konfections...”Gutsy,” Linda’s 8 ¾ year old ileostomy stoma, encouraged everyone to check out the “augustness” of ConvaTec’s 24/7 inspirational/informational social media Inspire.com...for issues/answers: for prebies poised to have ostomy surgery, recovering newbies’ needs, or well-wishers vested in virtual hugs/humor...it’s almost September...time to enter a “Gateway” to living well with an ostomy...or are you still on the “fence,” “falling” back into old habits?...

SPOTLIGHT ON: September 2015: 3 year anniversary of Gutsy’s Gab column (!!!); UOAA 5th National Conference “Gateway to a New Life”-St. Louis, MO (1st-6th); Labor Day (7th); Rosh Hashanah (14th), Yom Kippur (22nd): (Jewish New Year/Day of Atonement); fall begins (23rd)...

Gutsy’s Gab premiered 3 years ago, September 2012(!!!)...Gutsy still LOVES to tie ostomy to monthly events! AAA (Awareness/Acceptance/Advocacy)...

Awareness involves: “be-laboring” the importance of: 1) checking for blood in stools/urine; 2) choosing to have life-saving colonoscopy, with follow up life-affirming ileostomy, colostomy, or urostomy surgery, if needed...don’t “fall” back into old habits of denial and risk cancer...or premature death from ignorance/blatant disregard!...get off the “fence” and find your “gateway” to ostomy acceptance!...

Postsurgical Ostomy Acceptance occurs when we realize that even with a stoma; WE are still normal, beautiful, loveable people who can feel EMPOWERED to live well with an ostomy! STOMA ARRIVAL= YOUR SURVIVAL to CELEBRATE BEING ALIVE...2013 “Bridge to Acceptance” leads us into 2015 “Gateway to a New Life” with ostomy!... Accept YOUR stoma, and nonostomates likely will, too! True ostomy acceptance is non-judgmental! (See Linda’s 1st Phoenix article/photo, June 2011, p.30)...

You have gotten off the *fence* by entering the Gateway of ostomy Awareness and Acceptance...now, “fall” into good habit of Advocating for Ostomy(!): Gutsy saved Linda’s life; but, humor and a (com)passion for writing/others continue as her salvation!... 1) Share YOUR ostomy journey: a) at support group meetings, b) on Inspire.com, c) by submitting your unique experiences/perceptive perspectives/humor, in writing, to this (or YOUR local) newsletter, or publications, e.g., Phoenix Ostomy mag, and d) by educating general public to dispel their negative preconceived notions; 2) drive loved ones to/from colonoscopy, remaining loving/loyal if he/she has ostomy surgery; 3) Advocate for YOUR stoma: a) “Fall” for a beautiful pouch cover from Koolostomy.com, b) Make your stoma a STAR!...email his/her name: Patti@ostomymcp.com or Linda: blumbergl@duvalschools.org for inclusion in future Gutsy’s Gab column...in September, Gutsy proudly opens the “gate” for: “Lotus Bud” and “Patience” (Inspire.com)...cathartic and fun! (See Linda’s 2nd Phoenix article/photo, December 2013, p. 78)...

BOTTOMLINE/MARK YOUR CALENDAR:...September is a time to get off the *fence* about ostomy awareness, acceptance, advocacy and enter a *Gateway to a New Life* with ostomy...UOAA conference theme (Missouri)/great “state” of mind (alleviate/eliminate YOUR “misery”)...our next Jax ASG meeting is Sunday, September 20, 2015...join us to CELEBRATE BEING ALIVE!... (Musically) See YOU in September!!!...

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.



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STOMA MANAGEMENT

Management of a Flush or Retracted Stoma: The ideal stoma is one that protrudes above the skin, but this is not always possible and a flush (skin level) or retracted (below skin level) stoma may result. The surgeon may be unable to mobilize the bowel and mesentery (membrane that attaches organs to abdominal wall) adequately or to strip the mesentery enough without causing necrosis or death to the stoma. Some causes of stoma retraction after surgery may be weight gain, infection, malnutrition, steroids or scar tissue formation.

Stomas that are flush or retracted can lead to undermining of the pouch by effluent (drainage). This continued exposure can lead to irritated and denuded skin, as well as frequent pouch changes. These problems can be very stressful and expensive.

The inability to maintain a pouch seal for an acceptable length of time is the most common indication for a product with convexity.

Convexity Requirements:

- Shallow - for minor skin irritations and occasional leakage
- Medium - stoma in deep folds; severe undermining and frequent leakage
- Deep - used when medium convexity is not sufficient, stoma is retracted or in deep folds, or leakage is very frequent and skin denuded.

Ways to Achieve Convexity:

- Convex Inserts: Can be applied to a two-piece system by snapping an insert into the ring of the flange. Outer diameter must match the flange size. This can be cost effective as this insert can be cleaned and reused.
- Pouches Designed with Convexity: These are available in both one and two-piece systems. They can be shallow, medium, or deep. They come as either precut, cut or cut to fit.
- Addition of Skin Barrier Gaskets: These are used around the stoma and can be cut or purchased precut. You can use one layer or several layers.
- Barrier Ring/Strip Paste: These are products that can be pressed into shape around the stoma to protect the seal.

Other Ways to Increase Wear Time and Prevent Leakage:

- Ostomy Belt: Many ostomates find this product to be helpful. The opening should clear your stoma by one-eighth inch only to give the skin maximum protection.
- Ostomy Paste: Use this for "caulking" around the stoma. Always read and follow manufacturer's direction for product use.

URINE SALT CRYSTAL DEPOSITS

By Linda Sanders, CWOCN

Urine salt crystal buildup around urinary stomas is one of the most difficult skin care problems for people with urostomies. Urine secretes a certain amount of salt, but whether the urine is acid or alkaline determines the amount secreted. An alkaline-based urine secretes more salt than an acid-based urine; thus, more salt-crystal build-up with alkaline urine.

How can you tell if you have urine crystals? First, they can be seen as a growth, white or light brown in color, around the base of the stoma. The stoma and the area, which the growth involves, are very likely to be tender and sore. Sometimes the stoma will be completely covered by the crystals and can no longer be seen.

What are some of the underlying factors which cause urine crystals, other than alkaline urine? In many cases, two factors are usually dominant. The stoma opening in the skin barrier in all cases was too large, and these patients were wearing a pouching system designed primarily for a fecal ostomy. These two aspects may not always stand true, but in those cases I have seen, these two factors were present. Other aspects include those patients who do not use a night drainage system, thus allowing urine to remain in the pouch while they slept. This practice continually bathes the stoma with urine at night. Moreover, personal hygiene - not only on the skin area around the stoma but the cleaning and proper care of the pouching system - was performed poorly.

What to do in case of a urine-crystal buildup problem:

- Determine the circumference of your stoma and cut your skin barrier to the correct size; i.e., not so big as to allow your Peristomal skin to show, and not so small as to more than just "brush" the stoma.
- Change your pouching system at least twice a week. It is surprising how many people only change their skin barrier when it starts to leak. The goal is to change it before it leaks.
- Every time you change your skin barrier, bathe your stoma with a vinegar and water solution. Use one-part vinegar to three-parts water. Bathe the stoma for several minutes with a cloth. This solution may be used between changes by inserting some of this vinegar solution in the bottom of your pouch - a syringe may be used for this - and let the solution bathe the stoma.
- To keep control of the situation, change the alkaline urine to acid urine. The easiest and most successful way is by taking Vitamin C orally. The dosage will depend on your age, but the normal adult dosage is 250 mg four times a day. Be sure to consult your physician before taking oral medications.

If you follow these procedures, you should have no further concerns regarding a urine-crystal buildup. However, if you do begin to see them again, take action immediately before trouble starts.

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To: