



OSTOMY AWARENESS DAY SATURDAY, OCTOBER 7, 2023

<https://www.ostomy.org/ostomy-awareness-day/>



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Find all the past issues of the MailBag at <http://ostomymcp.com/id6.html>

Jacksonville Contact Information:

Patti Langenbach

(800) 741-0110

(904) 733-8500

patti@ostomymcp.com

Support group meets the 3rd Sunday of each month 3 p.m.

4836 Victor Street

Next Meeting: **September 17th**

Also join us by Zoom

[https://us06web.zoom.us/j/](https://us06web.zoom.us/j/94640600811)

[94640600811](https://us06web.zoom.us/j/94640600811)

Meeting ID: 946 4060 0811

or call +1 301 715 8592 US

Gainesville Support Group

Contact info:

JoAnne Bell at 352-284-4214

Meets the 1st Sunday of each month (except Holidays)

at Hope Lodge 2121 SW 16th St

Gainesville, FL

Next meeting: **TBA**

Ocala Support Contact info:

Karen Franco 352-304-1309

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: **TBA**

Citrus County Support Group

Has Disbanded

To find a support group

in your area visit:

<https://www.ostomy.org/support-group-finder/>

Amelia Island Area Ostomy Support Group

(904) 310-9054

Meets second Monday of each month at 6:30pm

Next Meeting: **TBA**

The Villages Ostomy Support

We meet on the 2nd Tuesday evening of each month at 6:00 PM at (except

July & August

Linda Manson

tvostomy@gmail.com

865-335-6330

Next meeting **Sept 12th @ 6 pm**

Saddlebrook Rec Center (near Polo Field)

Masks Required

Contact Linda tvostomy@gmail.com

PYODERMA GANGRENOSUM FROM MAYOCLINIC.ORG

Overview Pyoderma gangrenosum (pie-o-DUR-muh gang-ruh-NO-sum) is a rare condition that causes large, painful sores (ulcers) to develop on your skin, most often on your legs.

The exact causes of pyoderma gangrenosum are unknown, but it appears to be a disorder of the immune system. People who have certain underlying conditions, such as inflammatory bowel disease or arthritis, are at higher risk of pyoderma gangrenosum.

Pyoderma gangrenosum ulcers can develop quickly. They usually clear up with treatment, but scarring and recurrences are common.

Symptoms Pyoderma gangrenosum usually starts with a small, red bump on your skin, which may resemble a spider bite. Within days, this bump can develop into a large, painful open sore.

The ulcer usually appears on your legs, but may develop anywhere on your body. Sometimes it appears around surgical sites. If you have several ulcers, they may grow and merge into one larger ulcer.

When to see a doctor Talk to your doctor if you develop a painful, rapidly growing skin wound.

Causes The exact cause of pyoderma gangrenosum is unknown. The condition is not infectious or contagious. It's often associated with autoimmune diseases such as ulcerative colitis, Crohn's disease and arthritis. And it may have a genetic component.

If you have pyoderma gangrenosum, new skin trauma, such as a cut or puncture wound, may trigger new ulcers.

Risk factors Certain factors may increase your risk of pyoderma gangrenosum, including:

- **Your age and sex.** The condition can affect anyone at any age, though it's more common between 20 and 50 years of age.
- **Having inflammatory bowel disease.** People with a digestive tract disease such as ulcerative colitis or Crohn's disease are at increased risk of pyoderma gangrenosum.
- **Having arthritis.** People with rheumatoid arthritis are at increased risk of pyoderma gangrenosum.
- **Having a blood disorder.** People with acute myelogenous leukemia, myelodysplasia or a myeloproliferative disorder are at increased risk of pyoderma gangrenosum.

Complications Possible complications of pyoderma gangrenosum include infection, scarring, uncontrolled pain, depression and loss of mobility.

Prevention You can't totally prevent pyoderma gangrenosum. If you have the condition, try to avoid injuring your skin. Injury or trauma to your skin, including from surgery, can provoke new ulcers to form. It may also help to control any underlying condition that may be causing the ulcers.

[By Mayo Clinic Staff](#)



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ADHESIONS via The Pouch, Ostomy Support Group of Northern VA

Definition -An adhesion is scar tissue that binds together two anatomic surfaces, which are normally separated from each other.

Description — Adhesions are most commonly found in the abdomen, where they form after abdominal surgery, inflammation or injury. Lysis (destruction or dissolution) of adhesions is a surgery performed to free adhesions from tissues.

Although sometimes present from birth, adhesions are usually scar tissue formed after inflammation. The most common site of adhesions is the abdomen, where they often form after peritonitis (inflammation of the abdominal lining) or following surgery, as part of the body's healing process. Abdominal adhesions infrequently bind together loops of intestine resulting in intestinal obstruction. The condition is characterized by abdominal pain, nausea and vomiting, distention and an increase in pulse rate without a rise in temperature. Nasogastric intubations and suction may relieve the blockage. If there is no relief, an operation is usually required to cut the fibrous tissue and free the intestinal loops.

Although scar tissues within the abdomen can occur after any abdominal operation, they are more common after a ruptured appendix. Most adhesions cause no problems, but they can obstruct the intestine in about two percent of all patients. These obstructions can occur several years later. The adhesions can also block the ends of the fallopian tubes, possibly causing infertility.

Questions to ask your doctor —

- How do you know the problem is the adhesions and not some other growth or condition?
- Is surgery recommended to remove the adhesions?
- What is the procedure?
- Will the adhesions redevelop? ■

FOUR STEPS FOR DEALING WITH A FLUSH STOMA

By Wendy Lueder, Broward County (FL), "Broward Beacon

One of the more difficult challenges an ostomate may face is dealing with a stoma that either protrudes just a little bit or not at all. Some are even what I like to call "below the water line" or lie below skin level. After some unsuccessful surgery I have been dealing with this condition for a few years. When your stoma is flush the output has difficulty being directed into your pouch, thus, leaks occur and pouch changes are more frequent and annoying. For ileostomates or colostomates with a liquid output, changing your skin barrier wafer immediately when experiencing leakage is not an option to be delayed, as the output contains digestive enzymes and bile salts which damage and irritate your skin. If you have a flush stoma, here are four suggestions that might help make your life easier.

First try using a skin barrier wafer that has built-in convexity. This means that the wafer doesn't lay flat on your skin but has a gentle curve toward your body that pushes the skin around your stoma down and away. But for some, this solution is insufficient to take care of the problem, and greater convexity is needed.

Secondly, you might try the ostomy products on the market that are in the shape of flexible washers called Barrier Rings. You may know of them as Eakin Cohesive Seals (distributed in North America by Conva-Tec), or Adapt Barrier Rings by Hollister. There are also other generics on the market Be careful. Quality does differ among these rings. If placed around the skin of your stoma underneath the barrier wafer, the rings add an extra depth of convexity thus helping to push the skin down around your stoma even farther. Remember, no other skin creams, preparations of any kind or stoma pastes should be used along with the barrier rings, as this will adversely affect the adhesion of the seal. Also make sure your skin is clean and dry before applying and use a soap with no oils or creams. I use a hair dryer set on very low to make sure my skin is dry in humid South Florida.

Third hint is that you actually might need to use an ostomy appliance belt (not a hernia belt). Conva Tec makes a white one and Hollister a fleshtone one. Both can be used interchangeably and snaps onto the sides of your pouch. I put very little pressure on with the belt, forcing my skin barrier closer to my body and thus pushing my stoma up. DO NOT use a belt without first consulting your ostomy nurse or doctor as some conditions such as a hernia make wearing one a prohibited option.

As all three of these options used together still don't completely solve my problem I've had to go to **DEF- CON level 4**. I have to lose weight. Some extra pounds I really don't need have given my tummy a little pooch which makes my convexity options less effective. As I've been losing weight, tummy's gotten flatter and the convexity options one through three are more effective. When out to dinner with my husband, I hate this option as desserts are always calling to me off the menu. But a functional ostomy pouching system just happens to be more important. *Reprinted from Hamilton (ON) & District Ostomy Association*

POOR OSTOMY MANAGEMENT IDEAS

The following are poor procedures we found some people implement to manage their ostomy system. They are not recommended because they will yield less than optimal results. Sometimes we all do things that seem logical at the time but inadvertently lessen our quality of life.

Using alcohol regularly to clean the peristomal skin: This may result in itching, skin irritation and damage to sensitive tissue.

Wrapping the drainable pouch tail around the clamp before closing it: For those using drainable pouches with a separate tail closure...this will not make the clamp work better. All it will do is spring the clamp out of shape. Replace your old clamp with a new one every month.

Wearing a pouching system for as long as you can until it leaks . . . the actual goal is to change the skin barrier before it leaks. Two or three times a week is about average.

Using the same pouching system too long: Seven days is the maximum recommended. Pouches can become saturated with odor, which cannot be removed. Ignoring skin problems: Always treat any skin irritations when you change your ostomy .system. Barriers covering damaged areas are made actually to help heal them if used properly.

Let the pouch get full before emptying it: Excess weight will separate a two-piece

How to Help Prevent Medical Errors via Stoma-Life Newsletter Hemet-San Jacinto, CA

Get involved with your medical care and you will get better results

Be certain your doctor knows all about the medications you are taking, including over-the-counter medicines, supplements, and herbs

Inform your doctor of all allergies and adverse reactions to medications

Make sure you can read a prescription

Ask for an explanation of your medications in terms you can understand

Make sure the pharmacy gives you the medicine that was prescribed

Ask questions about directions, e.g., does “Four doses mean just in daytime or around the clock?”

Ask the pharmacist for the best device to measure liquid medication

Ask for written information about side effects if not provided

Do not hesitate to ask hospital workers to wash their hands

If you have a choice, choose a hospital and a surgeon that does a lot of the surgery you need

On discharge from the hospital, be sure you understand your home treatment plan

Be sure that you know and agree about what exactly will be done in your surgery

Speak up if you have concerns

Make sure that someone, such as your personal doctor, is in charge of your care if you have multiple health concerns

Don't assume health professionals know everything you do about your care

Ask a family member to speak for you when you cannot

Find out if you would be better off without certain treatments or tests

Don't assume that no news about a test is good news.

Visit the Peristomal Skin Assessment Guide for Consumers
<http://psag-consumer.wocn.org/#home>

UOAA COVID-19 UPDATES

UOAA will update this blog post with any information that may affect our community.

<https://www.ostomy.org/coronavirus-effects-on-the-ostomy-community/>



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