

UOA Jacksonville Chapter #211

The Mailbag



Meetings are held at the Baptist Medical Center
8th Floor - Meeting Room C - 3rd Sunday of each month 3PM

Brenda Holloway—President
282-8181
Ronald Perry—Vice President
744-4082
Beth Carnes - Treasurer
786-2359
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Please plan to join us
Sunday Dec 15th
starting at 3 p.m.
For our annual
Christmas Party

The
United Ostomy Association
41st Annual UOA Conference
Las Vegas, NV
August 10-13, 2003
www.uoa.org

Medical Care Products, Inc
Toll Free 800 741-0110
WE ARE ON THE NET
www.ostomympc.com

A MESSAGE FROM THE PRESIDENT



I would like to thank everyone that attended last months' meeting and making it easy for me, as it was my first meeting as President. Ron was in the hospital, John had a conference in Orlando and it was Patti's month off to be with her family. I have to give a big thanks to John, as I did not have any tickets for the door prizes and/or the 50/50 so he graciously overnighted them to me so that I would have them on

Sunday. My husband, Tim attended and helped me set up and ran the door prizes, the 50/50 and made sure the gifts for the Ronald McDonald house got in the box with what was inside of them and that they said for a girl or a boy so he helped out greatly.

Our Ronald McDonald box is at Patti's office, Medical Care Products, at 4943 Beach Blvd., Jacksonville, FL 32207 or call for directions at (904) 396-7827 so that if you cannot make it to our meeting in December then you can just drop it off at her office. We will be collecting toys until our next meeting then I will take them to the Ronald McDonald house on December 16, 2002 that Monday. I would like to thank those who have already contributed and for those who have I still would like to thank you in advance. The Ronald McDonald house not only helps the children in their facility but also at the Wolfson Children's Hospital. So we need plenty of gifts.

Our Annual Christmas party will be at this months meeting on December 15, 2002 at 3:00 p.m. (see enclosed flyer). Also, we would like you to bring with you a gift to exchange with each other not to exceed \$10.00. We encourage all to attend at least this meeting so that we may socialize with each other and have good eats. The association is providing the meat, a turkey and a ham, (which my mother-in-law has volunteered to cook) and everyone is to bring a covered dish with them. We should have a great time. If you have any questions, please do not hesitate to contact me. I am available 24/7 for you in whatever your needs are.

SEE YOU ON DECEMBER 15, 2002 AT 3:00 P.M.

SINCERELY,
BRENDA L. HOLLOWAY
UOA PRESIDENT



We are looking forward to Louann King (Hollister Representative)
at our January 2003 meeting!! Don't Miss IT!!

VISITATION COORDINATOR'S REPORT (DECEMBER 2002)

Last month we did not have any new visitations but we are still keeping track of our 19 year old. He is doing fine and is working and hopefully he can get enough time at his jobs to get a medical card at Shands so he can have his ostomy reversed. I am going to urge him to attend our meeting in December 2002 for the Christmas party. We are ready to put together the packets for the Doctor's and the ET nurses so we will be getting together at Patti's office to assemble them. (date to be announced) Until next month, have a safe and Happy Holiday Season.

Sincerely,
Brenda L. Holloway
Visitation Coordinator

Cultural Differences

via The New Outlook and Green Bay (WI) News Review

Just a note about the differences with products made for the U.S. market and those made elsewhere. In the United States, ostomy supplies are paid for by private insurance, Medicare, Medicaid or personally. Most products are made with more aggressive adhesives for longer wearing times. In fact, ConvaTec and Hollister have developed extended wear products for ileostomates and urostomates so they don't have to change as often. Changing these products too often may tear skin because of the aggressiveness of the adhesive.

In Australia, supplies are provided at no charge to those who belong to the Ostomy Association; therefore, people change more often. Most products have weaker adhesives so as not to pull on the skin when removing. In Germany and France, where there is socialized medicine, people use disposable one piece closed pouches for colostomies and ileostomies, and do a complete change as often as they need emptying. The adhesives are designed for this type of use. Companies do not put recommendations on the product literature. They understand that there are so many different applications for ostomy products that detailed instructions do not always lend themselves to the actual utilization. You may personally contact a manufacturer or your ET to discuss if a certain product would benefit you for the application you have in mind.

Most importantly, we all have different body types. Our body is constantly transforming. You may require a different technique, product or service to obtain optimal results for ostomy management. Also, change your appliance as often as needed. Don't be a hero. Don't try to get that one extra day wear time. When your body tells you to change, listen to it. After wearing an ostomy system, we all find out what that means, pretty much. Some people are comfortable changing every two weeks, and some have reasons where they change every four hours. You should ask your ET to show you how to physically inspect a used barrier to measure the degree of wear you received from it. Your exact body chemistry, your activities, the season etc. determine reliable, safe and comfortable wear times. Do what is best for you.

2003 UOA YOUNG ADULT CONFERENCE

July 17-19 2003
Holiday Inn East
St. Paul, MN
<http://www.uoa.org/yan/yacflyer.pdf> (Adobe PDF, 95kB)
<http://www.uoa.org/yan/>
Contact: info@uoa.org

11th IOA World Congress

Bangkok, Thailand
October 26-30, 2003
The Amari Watgate Hotel <http://www.amari.com/watgate/index.htm>
More Information: <http://www.ostomyinternational.org/congress2003.htm>
Contact Di Bracken IOA Vice President:
ioavicepresident@ostomyinternational.org

Helpful Hints from Here and There

via Tulsa (OK) *NEWSLETTER*

Emotional pressures and overfatigue can cause bowel upsets, especially when traveling. Do not allow yourself to become overtired.

If you like mushrooms, remember they do not digest properly, so chew them well, especially the cooked ones. Asparagus generates a strong odor in the urine. Yogurt, cranberry juice and buttermilk help to combat urinary odor. Parsley is excellent in combating fecal odor, besides being a good source of potassium. Keep grape juice in the refrigerator. If you eat something that causes a blockage, try drinking a glassful. It really works.

Never wait until you've used your last appliance before ordering new ones. Keep a list of your equipment, complete with order numbers, sizes and manufacturers. Let a member of your family know where you keep the list so that they can get the necessary supplies in the event of an emergency.

Do not spread paste on the entire back of a barrier--it will produce less than satisfactory results. Use paste only sparingly to fill uneven areas and around the stoma. Paste is a great filler if used correctly.

Use a round clothespin to roll up your tube of paste. (Works for toothpaste tubes too.)

If you still have your rectum and have pain or a full feeling, you may have a collection of mucus which should be washed out. Check with your doctor regarding this.

Buttermilk will soothe an irritated digestive tract and will not cause diarrhea or constipation.

Colostomates should not use water that is too cold or too hot for irrigation as it may cause cramps, pain or nausea. Do allow 45 minutes to one hour for a complete return of water. Arrange to sit for comfort and relaxation. Do not hurry through irrigation. Anxiety, frustration and spillage may result. Getting uptight can cause little or no return. Rounding off the square edges of a firm wafer or skin barrier can decrease the chance of a belt catching on the corners.

For urostomates, if your drainage tube is clogged, try soaking it in a solution of Tide for about two hours. Then rub the tube between your fingers, insert a baby bottle brush as far as possible, pull out and rinse.

Urostomates: Blue Discoloration

from ConvaTec; via *Rambling Rosebud*; and Southern Wayne County (MI) *Ostomy Survivor*

Why do urostomates occasionally notice blue discoloration in the urostomy pouch or overnight drainage bag? Be assured there is nothing wrong with the appliance. In recent laboratory tests conducted by ConvaTec, the blue color was found to be the result of normal bacterial decomposition of an essential amino acid called *tryptophan*.

There is no clinical evidence, according to an article in the *American Journal of Nursing*, to indicate that the production of indigo blue is harmful or that the dietary tryptophan should be limited. If you are concerned, please talk with your doctor. Tryptophan is part of the regular intake of dietary protein. As it passes through your system, it undergoes a series of chemical changes that ultimately result in a blue color when it finally oxidizes in the urostomy pouch.

Ostomy Discussion Forums

Ostomy Related Discussion Forums where one may post and or find answers to questions about living with an Ostomy:

International Ostomy Association: <http://www.ostomyinternational.org/cgi-bin/dcf/forum/dcboard.cgi>

United Ostomy Association: <http://www.uoa.org/discussion/>



Visit StuartOnline Ostomy Chat Room Tuesday evening 8PM CST: www.stuartonline.com

Perineal Wound

by Nursing Clinics of North America; via Los Ileos

One of the neglected areas in the care and management of patients with permanent end colostomies and proctocolectomy with ileostomy is the perineal wound. Prior to and following surgery most of the concern of persons caring for the ostomy patient is related to the stoma.

Many ostomates have stated that the perineal wound was not anticipated by them. Doctors and nurses explained the ostomy and the need to remove the rectum but did not mention the abdominoperineal approach.

Automatically, the wound is bounded by the pelvic bones. The space left by organ removal does not collapse but has to be filled with granulation tissue which takes a varying length of time. The wound heals from the inside outward, contrary to other wounds that are cut and simply grow together. Many peculiar symptoms occur in the perineal wound area because the properties of scar tissue differ from those of the tissue it replaces.

A frequent concern of ostomates is the time factor in perineal wound healing. Determinants include the size of the wound, local problems, the shape of the pelvis, the extent of the operation, the presence of pre-existing scar tissue, and the physical condition of the patient. Many physicians feel the patients who have been on long-term cortisone therapy may experience delayed perineal wound healing.

Many ostomates have phantom rectal sensations. They experience the feeling of the need to evacuate the rectum although it has been removed. Some ostomates have phantom rectal sensations at the time of irrigation. Explanation of phantom rectal sensation helps the ostomate to understand that it is a normal mechanism related to the spinal nerve control.

Simply stated, the nerves that innervated the rectum and were responsible for rectal continence continue to function even though the rectum has been removed.

There are a variety of methods of dealing with the feeling of pressure. Sometimes knowledge of the nature of the situation alleviates the ostomate's concern. Changing the position and even sitting on the toilet for a short period may relieve the symptom temporarily.

Pain in the perineal wound area during the first year after surgery may be significant. It could indicate an infection of the wound. There may be healing at the skin level with underlying abscess formation. As a rule of thumb, ostomates who have persistent perineal pain or sensations should consult their physicians to rule out any medical problem.

Sensations are common in any wound. Old wounds have a tendency to itch and may cause sharp pains in the surrounding skin. All sorts of sensations occur in the perineal wound for many months following surgery. They are especially noticeable after prolonged sitting or standing. Many are apparently a part of the normal healing process.



UOA Jacksonville Chapter is now on the Web
<http://www.ostomymcp.com/chapter/Jaxchapter1.htm>

Ostomy Chat Room Weekly Meetings

Yahoo Peoples with Ostomy2* - Mondays, 8:00 pm US Central time
<http://clubs.yahoo.com/clubs/peopleswithostomy2>

StuartOnline Ostomy Chat* - Tuesdays, 8:00 pm US Central time
<http://www.stuartonline.com/chatroom.htm>

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>

Use this form to join our chapter! Annual dues are **US\$25.00**. If you cannot afford to pay dues at this time, you may still be accepted as a "local-only" member.* **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 __

Please bill me for annual chapter dues of US\$25.00

Dues payment enclosed - make check payable to **U.O.A. Jax Chapter #211**

Master Card, Visa or Discover # _____ expiration _____

I cannot pay dues now and wish to be a local member only*

You may use my name in chapter Newsletter & Directory: Yes __ No __

Mail to: Patti Langenbach, Treasurer, UOA Jacksonville Chapter ,
 PO Box 10239 Jacksonville, FL 32247-0239



United Ostomy Association , Inc

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MEETINGS ARE HELD AT THE
BAPTIST MEDICAL CENTER
8TH FLOOR - MEETING ROOM C
3RD SUNDAY OF EACH MONTH
3 P M

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T O :

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