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THE OSTOMY RUMBLE

PUBLICATION OF THE OSTOMY SUPPORT GROUP OF MIDDLE GEORGIA

Next Meeting

Our next support group meeting is **Sunday, January 23, 3:00 p.m.**, at the Coliseum Medical Center in Macon off of Coliseum Drive. The entrance is at 350 Hospital Drive which is up the hill from the entrance to the Macon Coliseum.

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THE OSTOMY RUMBLE

JANUARY 2011

“At Risk: How to Defend Yourself From Food-borne Illness” will be presented by Jan Baggerly, UGA Extension Service, Bibb County Coordinator, at our chapter meeting on Sunday, 23 January, 3:00 P.M. at the Coliseum Medical Center in Macon.

Start off the new year right, by attending our first meeting of 2011. Join the fellowship of our members and of course the snacks that we enjoy at each of our meetings. Bring a snack or dessert and we promise to serve it in style!

You are unique, so be sure to consult your doctor or WOC nurse before trying products or methods that are mentioned in this newsletter.

OUR MEETINGS

All meetings of the Ostomy Support Group are open to everyone with an interest in ostomy care: ostomates, their spouses, families, and friends. We meet regularly on the fourth Sunday of the month, except November and December. On the first Saturday in December we have a Christmas Party. The meetings start at 3:00 p.m., except for special occasions when the time will be announced.

MORAL SUPPORT
FREE PARKING

SHARING
FELLOWSHIP

INFORMATION
MUTUAL AID

OUR MISSION

We are a volunteer charitable group affiliated with the UNITED OSTOMY ASSOCIATIONS OF AMERICA (UOAA), which is a national organization composed of numerous support groups similar to ours. We maintain a visitor program in which we visit

with persons and their families, at their request, to discuss life with an ostomy and address the many concerns they may have. All of our visitors have ostomies and have been through this change in lifestyle quite successfully with pleasant,

happy, and thankful attitudes. An ostomy can be a very good substitute for natural human plumbing and is certainly preferable to continued catastrophic illness.

Visit our web site at
osgmg.org.

The Flu And What To Do

Ostomy News Review, Green Bay, WI; South Fraser Connection, BC; Metro Halifax News
UOAA UPDATE 2009

The flu brings with it headaches, upset stomach, diarrhea, muscle aches and pains!!!! The advice: drink plenty of fluids and rest in bed. This remains sound medical advice for your general attack of the virus. But if your case of the flu includes that “bug-a-boo” diarrhea, you may find the following hints helpful.

Colostomy: For those with a colostomy, it is usually wise not to irrigate during this time. Your intestine is really washing itself out. After diarrhea, you have a sluggish colon for a few days, so again, “leave it alone”. Start irrigation again after a few days when your colon has had a chance to return to normal.

Ileostomy: For the ileostomate, diarrhea is a greater hazard. Along with the excessive water discharge, there is a loss of electrolytes and vitamins that are necessary in maintaining good health. This loss is usually referred to as a loss of fluid which, in turn, brings a state of dehydration. Therefore, you must restore electrolyte balance. First, eliminate all solid food. Second, obtain potassium safely and effectively from tea, bullion, and ginger ale. Third, obtain sodium from saltine crackers or salted pretzels. Fourth, drink a lot of water. Cranberry juice and orange juice also contain potassium, while bullion and tomato juice are good sources of sodium.

Vomiting also brings the threat of dehydration. If it is severe and continuing, your doctor should be notified or go to the ER. You should know also that diarrhea may be symptomatic of a partial obstruction or an acute attack of gastroenteritis. Since the treatment of these two conditions is entirely different, a proper diagnosis should be made as rapidly as possible if obstruction is suspected because of localized cramping. A physician should be sought immediately. So you can see why it is so important to determine whether the diarrhea is caused (1) by obstruction or (2) by gastroenteritis. If you do not know, check it out with your doctor. Do not play games. Remember - always call your physician unless you are 100% certain of what you are doing.

Urostomy: Urostomates, be sure to keep electrolytes in balance by following the general instructions for colostomies and ileostomies. No ostomate should take medicine for pain or a laxative without the physician’s order. Do not use antibiotics for colds or flu unless the doctor orders it. In colostomy patients, drugs or certain foods can cause constipation. This can be prevented during a cold by drinking plenty of liquids. Increased water intake in the ileostomate results in increased urine output rather than increased water discharge through the appliance.

When returning to a normal diet, use fiber-free foods at first, then gradually increase to regular, normal diet. Prompt attention to the symptoms of distress of colds and flu should bring to each of you a happier and, hopefully, healthier winter.

(Editor’s Note: Repeated article. As we go into the “flu” season, it’s before time to review)

OSTOMY SUPPORT GROUP OF MIDDLE GEORGIA

Baby Boomers with Ostomies

As the millions of baby boomers in the United States age, there are a greater number of illnesses just waiting for them. Years of fast food and stress make a breeding ground for intestinal problems. When they can no longer deny that their fast-paced lifestyle, poor eating habits and lack of exercise have caught up to them, they seek medical help.

When medical tests confirm intestinal problems that require surgery, their whole world seems to explode around them. As a baby boomer, I must take issue with the statement by saying that anybody in any generation, whether in the baby boom generation or not, could feel this way! Their doctor has just told his/her patient that he/she needs an ostomy. If the patient is fortunate enough to have a doctor who is aware of the local ostomy support group, he/she will advise the patient to visit them. In addition, the doctor will ask the WOC nurse managing the pre-surgery examination to make an appointment to see the patient.

Experience has shown us that it is only when a person with an ostomy talks to another person with an ostomy that the problems that initially seemed insurmountable are gradually chipped away. This is what the UOAA and the local ostomy support groups embrace as their primary mission—people with ostomies helping other people with ostomies. We want everyone to know that one of the best places to find this type of information and assistance is with your local ostomy support group. Bring someone with an ostomy to a meeting.

Cholesterol

--*Metro Halifax News*, Nova Scotia

People with ileostomies often have lower cholesterol than people in the general population. That's because the last part of the small intestine, the terminal ileum, is where the bile acids are absorbed.

Bile acids are made in the liver and help in the digestion of fatty foods. After the terminal ileum is removed during surgery, the body is unable to absorb the bile acids. Consequently, fatty foods, rich in cholesterol, are not broken down and used by the body, resulting in lower levels of cholesterol.



Visit our web site at
osgmg.org.

Next Support Group meeting on 23
January 3:00 P.M.

Descending or Sigmoid Colostomy

By JoAnn Mok, LPN, ET

What is the difference between a descending colostomy and a sigmoid colostomy?

These ostomies are named for the area of the large intestine where they have been created. Our large intestine consists of four parts: The ascending, moving up on the right side of the abdomen; transverse, running along the waistline; and descending, heading downward on the left side. At a point about three-quarters of the way down is the sigmoid which connects to the rectum (or the last ten inches of the large intestine). Colostomies may have permanent or temporary stomas. The opening may also be a double barrel, which is two separate openings or may be a loop. In loop ostomies, a loop of the intestine is brought out of the abdomen and is held in place with a rod. The most common type is the end stoma, which has a single opening.

The consistency and form of the feces depends on how much intestine is left in the body. Since the purpose of the large intestine is to remove liquid from the fecal material, the further along the intestinal tract the stoma occurs, the more formed the material. Feces from an ascending or transverse colostomy will be loose and watery, without form. Feces from a descending stoma will be soft-formed to formed. The sigmoid stoma located lower in the bowel will generally result in a more solid, formed type of bowel movement. Previous bowel habits play a major role in bowel function after surgery. If you have loose stool prior to surgery, chances are good that you will have loose stool after surgery regardless of stoma location

Colostomy Bowel Control...

Patients with a *right-sided colostomy* do not have as much remaining colon as those with a left-sided colostomy. Because of this, there is usually too little colon left to absorb enough water to make a solid stool. This type cannot be controlled by irrigation, but instead behaves very much like an ileostomy with a fairly continuous discharge. The left-sided colostomy is often described as a “dry colostomy” because it discharges formed stool. One has the choice of attempting to manage this type either by trained control or irrigation control.

Only one-third of the people who attempt to train themselves to control the colostomy without irrigation are successful in doing so. This type of training relies very heavily on diet and medication to achieve regularity. Many physicians in this country feel that control is more easily and satisfactorily achieved by irrigation. However, there are some patients who can't achieve irrigation because they have an “irritable bowel.” This problem has nothing to do with the colostomy. It is just part of some people's makeup. Some people, even before they have their colostomy, may have very irregular bowel habits. They retain these habits after the colostomy is performed, so that regular irrigation does not assure them of regularity.

When this condition exists, the physician will sometimes suggest that the patient dispense with irrigation since it will not produce the desired regular pattern, and the person may become frustrated trying to achieve this. In this case, once again the colostomy is treated much like an ileostomy with the wearing of a pouching system all of the time.

OSTOMY SUPPORT GROUPS

HOW CAN I HELP?

By Bobbie Brewer, Atlanta, GA

Mission/Purpose: Support Groups are non-profit lay organizations offering mutual aid, moral support and education for people who have, or will have, an intestinal or urinary diversion.

Visitor: Visits can be in a hospital setting or home setting; and at each support group meeting. Many visits are made by phone. Each time, when there is an opportunity to offer understanding, information and support, ...*you become an ostomy visitor.*

And each time, there is a responsibility for you to represent ostomates in a positive manner.

Policies/Guidelines: Basic policies will help guide you on how to strengthen your visitor role.

1. Understand general anatomy and be knowledgeable about different types of ostomy surgery.
2. No medical advice is given, only medical information facts, found in approved literature.
3. Providing actual stoma care is not acceptable.
4. Confidentiality is essential.

Best Personal Practices:

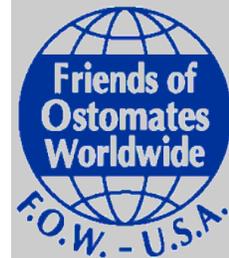
1. Never expose your pouching system. Personal preferences and differences in ostomy surgery may dictate the type of pouching system that has been chosen.
2. Practice active listening. That is the greatest gift that can be offered to the ostomate.
3. Answer questions that are asked. Give general or broad statements, unless you are asked about your personal management techniques. If so, you may want to begin your answer with, "In my case, this works best for me." Or ask, "What did your ostomy nurse recommend?"
4. Remember, there are others that can help you with difficult questions. Don't guess.
5. Discuss the normal life you lead with your ostomy. Guard against sharing the details of your ostomy surgery, because surgical outcomes may be different with the individual.
6. You only have one opportunity to make a good impression.

Pre-Op Visits: Special attention should be given to individuals that attend group meetings prior to their surgery. They may have little information, or maybe some misinformation. Many come to get their questions and concerns addressed, and some need to "see" another person who has successfully had ostomy surgery and returned to a full active life. Be a positive role model.

Psycho-Social: The reaction to ostomy surgery varies from one individual to the other. No matter what the reaction, most individuals need support from time of diagnosis, throughout the rehabilitation process. Be prepared to address the following issues:

1. Inner-Directed Concerns: Feelings of loss and changes in body image; gaining skills in self-care.
2. Outward-Directed Concerns: Relationship with others, sexuality, returning to work and telling others about surgery.

HOW CAN I HELP? *There are many opportunities for you to make a difference in the lives of individuals who have or will have ostomy or related surgery. Stay involved.*



Visit our
web site at
osgm.org

Management of a Flush or Retracted Stoma

By Gloria Johnson, RN, BSN, CWOCN

The ideal stoma is one that protrudes above the skin, but this not always possible and a flush (or skin level) or retracted (below the skin level stoma) may result. The surgeon may be unable to mobilize the bowel and mesentery adequately or be able to strip the mesentery enough without causing necrosis or death to the stoma. (Note: mesentery is a membrane in the cavity of the abdomen to retain the intestines and their appendages in a proper position.)

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 the 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 more common indication for a product with convexity. *Shallow Convexity* may be indicated for minor skin irritations and occasional leakage; *Medium Convexity* may be indicated for a stoma in a deep fold, with severe undermining and frequent leakage; *Deep Convexity* is used when medium convexity is not sufficient, stoma retracted and in deep folds or leakage is frequent and the skin is denuded.

Pouches designed with convexity are available in both one and two-piece systems. These can be shallow, medium, or deep and can be purchased as either pre-cut or cut-to-fit. Addition of skin barrier gaskets (seals) around the stoma can be cut or purchased pre-cut. You can use one layer or several layers. Products like the Eakin Wafer or Coloplast Strip Paste can be pressed into shape around the stoma to protect and seal.

Urostomy Facts

- Mucous in the urine is normal. The ideal conduit is made of mucous-secreting intestinal tissue. It doesn't stop doing its job even though it is transporting urine.
- If it is necessary to have a urinalysis, remind the nurse to take the specimen directly from the stoma, not from the pouch.
- Deodorants are not used because they may mask the odor which could signify the present of an infection. Asparagus and onions may cause an odor.
- Carbonated beverages make urine alkaline, so stick with cranberry juice and water. is useful to reduce the likelihood of a kidney or bladder infection. Orange juice is not used by the body as an acid, but as an alkaline.
- Change your pouching system first thing in the morning before eating or drinking.
- Rinse off or wipe off the spout of the pouch after emptying to prevent urine odor on underclothes.
- Wearing clean pouches and frequent emptying are vital. Adequate fluid intake, particularly fluids that acidify the urine, decrease problem odor.

Just a Few of Us - Ostomy Myth

Many ostomates think they are all alone. This myth is fueled by comments like "I've never met an ostomate." Intellectually we know we aren't alone, but somehow we think there aren't very many of us. According to the WOCN (ET nurse professional association) web site, "There are an estimated 500,000 persons with ostomies in North America, and more than 50,000 new ostomy surgeries are performed annually in the United States and Canada."

Of that number, less than 25,000 are members of the UOAA (United Ostomy Associations of America - a support group in the US.) Mind you, our numbers in North America are declining because of improved surgical procedures like j-pouches and cancer resections, but there are far more ostomates than most people realize. According to the International Ostomy Association, (IOA) "They don't even count people with stomas in the US, let alone Burma, BUT an estimate developed from among the 70 member countries of the IOA totals about 2.5 million." *You are not alone...*

MYTH - People with Ostomies Smell Bad

Modern ostomy appliances are made of light-weight odor-proof materials. No one has ever walked up to me, sniffed and said, "Boy, you smell terrible. You must have an ostomy." I spent the first year of living with an ostomy thinking everyone could smell me. Every time we drove past one of the many Minnesota cow pastures, I was sure it was me--it wasn't.

Some ostomates worry about the smell when they empty. Our stool isn't any more toxic than other people's--we just empty up front--where are noses are. A touch of the flush handle and away goes the smell. The roots of this smelly myth probably stem from old-time appliances. Early ostomy supplies were made from non-odor proof materials. Many ostomates had trouble controlling the odor from these old time appliances. Thank goodness for modern technology!

2011 Dues

Have you mailed your annual dues yet for 2011? Please mail to OSGMG, P.O. Box 945, Macon, GA 31202 including the enclosed form. If you received this newsletter by e-mail click on <http://osgmg.org/OSGMGduesrenewalform.pdf> for the renewal form. Please fill it out and mail it to us. We need your financial support.



Visit our web site
at osgmg.org.

Next Support
Group meeting on
23 January , 3:00
P.M.

Membership Application
Ostomy Support Group of Middle Georgia (OSGMG)

OSGMG Contact 478-477-8337

Membership in the Ostomy Support Group of Middle Georgia includes receiving the monthly newsletter, visitor training, regular chapter meetings on the fourth Sunday of each month excluding November and December, and other activities of the group. Dues and donations are tax deductible. (Please print legibly)

Name _____

Address _____

City _____ State _____ Zip Code _____

Phone Number _____ E-Mail Address _____

____ Permanent Colostomy ____ Temporary Colostomy ____ Ileostomy ____ Urostomy

____ Continent Pouch or J Pouch ____ Medical ____ Spouse ____ Other

____ I would like to be a member and enclose \$12.00 dues.

____ I would like to receive the newsletter but cannot afford dues at this time.

____ I do ____ do not give permission to use my name in the newsletter.

____ I am enclosing a donation for the chapter in the amount of \$ _____ .

Make checks payable to OSGMG and mail to OSGMG PO Box 945 Macon, GA 31202

OSTOMY SUPPORT GROUP OF MIDDLE GEORGIA

c/o Norman Deputy

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