

PRESIDENT - Sam Wilson
478-477-8337
PROGRAMS - Mary Leonard
478-745-3866

Next Meeting

Our next support group meeting is **Sunday, April 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.

INSIDE

Diet and Nutrition	2
Cranberries	3
Antacid Users Beware	3
Diabetes Education	4
Baby Boomers	4
60 Second Bone Builder	5
Urostomy Care	5
Calcium and Exercise	6
Chewing Gum	7
Get the Phoenix	7

THE OSTOMY RUMBLE

PUBLICATION OF THE OSTOMY SUPPORT GROUP OF MIDDLE GEORGIA

THE OSTOMY RUMBLE

APRIL 2017

DON'T MISS THIS !!!!!

THE CROHNS AND COLITIS FOUNDATION

is coming to Macon this Sunday and will participate in our 3:00 Meeting. Their Representative is Mary Esna-Ashari who works in Atlanta as the Director of Education, Support, and Advocacy. She had been with us years ago when we knew her as Mary Ball. Mary is an entertaining and very knowledgeable Speaker in the activities of the Foundation and the ongoing quest for a cure for these devastating diseases. If you know someone interested in Crohns and/or Colitis, bring them.

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.

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

O

S

G

M

G

.

O

R

G

Diet and Nutrition Guidelines Ileostomy & Colostomy (Bowel Surgery)

(taken in part from UOAA Diet & Nutrition Booklet)

1. Individuals who have had ostomy surgery will want to eat a regular balanced diet that includes the necessary vitamins, minerals and calories needed for good health.
2. You may need to take a multi-vitamin supplement, vitamins could vary from a one-a-day type to a higher dosage type (stress tab) to replenish the nutrients that were lost or needed to rebuild your nutritional state.
3. Eat a variety of foods based on the food groups. Each food group provides a combination of key nutrients for optimum bodily function. Follow individual preferences considering food requirements, tolerances and any restrictions.

Add new foods gradually to your diet to determine its effect on your ostomy management. Add a new food every three days to have a more accurate check on tolerance points.
4. Eat at regular intervals. Skipping meals increases the incidence of watery stools and flatus (gas). Avoid fasting and skipping meals. A few people benefit from eating four to six smaller meals a day . (The total feedings should equal three regular meals.)
5. Balance dietary fiber. Fiber (roughage) includes all food substances that digestive enzymes cannot break down (indigestible food residue). Fiber adds bulk to the stool. Its purpose is aiding the transportation of stool along the intestinal tract for elimination.
6. Lactose intolerance is common. If you notice gas, abdominal bloating, increase in liquid output or diarrhea, eliminate it for several days. Then add back the milk, one ounce at a time, to determine your tolerance point.
7. Include all the fats. Our bodies do need different types of fats (fatty acids). If you have a fat intolerance, you may need to take some supplements, such as omega 3 fatty acid. Try to eat a variety of fats, monounsaturated (olive oil, canola oil, peanut oil) polyunsaturated and saturated.

**UOAA NATIONAL CONFERENCE
TUES.-SAT, AUGUST 22-26, 2017
HOTEL IRVINE, IRVINE, CALIFORNIA**

**DETAILS AND REGISTRATION FORMS ARE ON
THE NATIONAL WEBSITE—OSTOMY.ORG**
(Note-If you go by plane, you land at the John Wayne Airport !)

Did You Ever Wonder?

- *Can you cry under water?*
- *If money doesn't grow on trees then why do banks have branches?*
- *Since bread is square, then why is sandwich meat round?*
- *What disease did cured ham actually have?*
- *Why is it that people say they "slept like a baby" when babies wake up like every two hours?*
- *Why are Actors IN a movie, but ON television?*
- *Why do people pay to go to the top of tall buildings and then put money in binoculars to look down at things on the ground?*
- *How come we choose from just two people for President but from fifty or more for Miss America?*
- *Why do doctors leave the room while you change? They're going to see you naked anyway.*

Cranberries

(adapted in part from aarp.org/bulletin)

If you are prone to bladder infections, drinking cranberry juice daily won't cure them, but it can help prevent them, say the urologic disease experts at NIH.

Just be careful if you are taking blood thinning medication like warfarin (Coumadin), Plavix or aspirin. Possible interactions between cranberry juice and warfarin may lead to bleeding.

Taking a 500 mg cranberry extract pill twice a day is also effective in preventing urinary tract infections. (always check with your physician before starting)

A Dutch study published this year compared women who took a daily low dose of an antibiotic to prevent infections and women who took the cranberry pills. The antibiotic was somewhat more effective, but it also caused more antibiotic resistance in the bloodstream.

Unlike antibiotics, which kill bacteria, cranberries keep bacteria from attaching to the bladder walls.

NOTE: Provided for information only. Check with your physician before trying any hints/tips found in this newsletter.

Antacid Users Beware

Almost everyone has indigestion and heartburn occasionally, and it is probably alright to take an antacid pill now and then; but many health authorities warn that taking antacids regularly for more than two weeks may not be wise, especially for ostomates. Here's why:

Magnesium hydroxide may cause diarrhea and reduced absorption of vitamins and minerals.

Aluminum hydroxide may cause constipation, reduced phosphate levels leading to fatigue, poor appetite and bone loss.

Calcium carbonate may cause acid rebound where, when the antacid wears off, stomach acid suddenly shoots up. It may also cause constipation, a potential disturbance in the body's calcium and phosphate levels called milk-alkali syndrome, which in turn may lead to nausea, headache, weakness and kidney problems.

All antacids may reduce absorption of certain medications such as iron, **digitalis and tetracycline. Many antacids contain lots of salt, which can elevate blood pressure.**



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



2017 Meeting Dates

APR 23,

MAY 28,

JUN 25,

JUL 23,

AUG 27,

SEP 24,

OCT 22,



DID YOU KNOW...

Strange spaghetti: The graphite found in a pencil is first finely ground and mixed with water and clay powder. Then, it is formed into what looks like grey spaghetti strings, before being inserted into pencils.

Growing trophy: The Stanley Cup is awarded to the National Hockey League champions every year. Each year's winning team gets the names of players, coaches and management engraved on the side of the trophy. When there is no more room for engravings, a new metal band is added.

Natural goggles: Sharks have a layer over their eyes that give them enhanced underwater sight. Their cat-like eyes can see well – whether the water is crystal clear or murky – so they are able to hunt in any aquatic condition.

Heavy feathers: Although feathers are considered to be light, they can be a heavy part of some creatures. In fact, if a great horned owl was shaved of all its feather, the feather would outweigh the bird.

OUR MARCH MEETING- YOU MAY HAVE MISSED A GOOD ONE- IF SO, WE MISSED YOU

We do not routinely recap prior Meetings. We much prefer in-person interaction and discussion. Our March program was presented by Carole Radney who is a Registered Nurse and a Certified Diabetes Educator at Coliseum Medical Centers. She gave us some very interesting facts on Diabetes, causes, treatments, prevention and

maintenance, with an emphasis on food differences and selection. Ms. Radney generously left us with a 12 page compilation of information on her topics. We will have some of these for distribution at our upcoming meeting this Sunday.

Nurse Radney also gave our group some information on the on the Coliseum Diabetes Management Center where she teaches . 478-765-4338

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. 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.

THE 60-SECOND BONE BUILDER

You've probably been told that if you want strong bones, you need to do weight-bearing exercise. That's because weight lifting, running, and other high-impact exercises put strain on your bones, stimulating new bone growth. In contrast, low-impact activities like walking and stationary cycling have very little effect.



But here's good news. You don't have to abandon your daily stroll for a strenuous jog. According to a study by a doctor at Hebrew University, a single 60-second run in the middle of your walk is enough to signal your bones to add mass!

"You need to subject your bones to more impact than what they're used to," agrees an MD at Stanford University. So if you're already walking, add a simple 60-second jog.



Hate running? Then try the "zigzag walking" technique. This consists of side to side strides, or forward and suddenly backward steps.

The surprise change in direction may also help build stronger bones.

Here's the skinny on the little boy who lives inside me, I can usually shut him up with a cookie.

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

Urostomy Care

The urinary ostomy requires three kinds of preventive attention: care of the stoma; care of the skin around it; and care of the kidneys. Your routine care of kidney function includes:

1. Drinking at the very least – one quart of liquids daily.
2. Having your urine tested every six months.
3. Having an x-ray taken (IVP-intravenous pyelogram) of the kidneys once every two years.

And observations: a) stoma for changes in size; b) check skin for signs of irritation, and

c) kidneys – check the nature of urine (if dark - drink more liquids; unpleasant odor may be sign of infection – check it out with physician)

HOSPITAL CHART BLOOPERS

- While in ER, she was examined, X rated and sent home.
- Rectal examination "reveled" a normal size thyroid.
- I saw your patient today who is under our car for physical therapy.
- Patient has 2 teenage children, but no other abnormalities.



Visit our
web site at
osgmg.org

Visit our web
site at
osgmg.org

WHY CALCIUM AND WEIGHT-BEARING EX- ERCISE ARE NOT ENOUGH FOR HEALTHY BONES. HERE'S WHAT ELSE YOU NEED TO DO TO PROTECT YOURSELF.

Alice was astonished to find that her own mother had osteoporosis.

"I'm a doctor and I found it hard to believe that my mom would have brittle bones. She is fit, exercises, and hasn't lost any height," says Alice.



She also eats a wholesome diet, takes calcium, and had been on hormone therapy for 9 years. In short, she had been "doing everything right" to prevent osteoporosis.

So when the results of her mother's bone density tests came back, Alice was shocked. "When I looked at her score and realized her bone loss was significant, I understood why osteoporosis is called a silent disease."

The family learned the hard way that a dairy-packed diet, weight-bearing exercise, and calcium can't guarantee you'll escape brittle-bone disease. Indeed, statistics show that more than **half** of women over 50 have low bone mass.

Women are also more likely to suffer a fracture as a result of the disease. "One in 2 women and 1 in 4 men over age 50 will suffer an osteoporosis-related fracture," says the execu-

tive director of the National Osteoporosis Foundation.

From there it only gets worse. At least 24% of hip fracture patients die within a year from complications...and 1 in 5 who were active before their hip fractures require long-term care afterward!

The real tragedy is that none of this suffering is necessary. Why? Because doctors and scientists have discovered powerful new breakthroughs—breakthroughs you can use to have strong bones for life. SEE YOUR DOC.

HUH??!??

- In the 1400's a law was set forth that a man was not allowed to beat his wife with a stick no thicker than his thumb. Hence we have "the rule of thumb"
- It is impossible to lick your elbow.
- The first novel ever written on a typewriter: Tom Sawyer.
- Each king in a deck of playing cards represents a great king from history: Spades - King David; Hearts - Charlemagne; Clubs - Alexander, the Great; Diamonds - Julius Caesar
- Celery has negative calories. It takes more calories to eat a piece of celery than the celery has in it to begin with.
- Charlie Chaplin once won third prize in a Charlie Chaplin look-alike contest.
- The glue on Israeli postage is certified kosher.
- Bats always turn left when exiting a cave!

CHEWING GUM AFTER BOWEL SURGERY

From *The New Outlook*, Greater Chicago



A study published in the *Archives of Surgery* found that chewing gum after intestinal surgery

can help reactivate paralyzed bowels.

Most of us that have had ostomy surgery know that after abdominal surgery the bowels often become slow or even shut down. Doctors sometimes call this phenomenon ileus. When the bowels shut down, pain, vomiting, and abdominal swelling result. The patient may not even be able to eat or drink. We are required to remain to stay in the hospital until our bowels start working again.

The study was conducted using 34 patients undergoing bowel resections on the sigmoid colon for diverticulitis or cancer. It divided the groups in 2, the half who chewed gum and the half that did not chew gum after their surgery. The gum-chewing patients had sugarless gum 3 times daily for one hour at a time right after surgery until they were released.

All of the patients who chewed gum passed gas several hours sooner than the half who did not chew gum, and they had their first bowel movements an average of 63 hours after surgery compared with 89 hours for those who did not chew gum.

Somehow, chewing stimulates nerves that promote the release of hormones responsible

for activating the gastrointestinal systems in our bodies. The



gum chewers were released from their surgery after an average of 4.3 days versus an average of 6.8 days for non-chewers. Gum chewers also had fewer complications from surgery.

The conclusion of the study was that gum chewing is a helpful procedure after bowel surgery to help the patient restart his/her bowels and get well faster.

The Phoenix Magazine

If you are not presently a subscriber, do yourself, your stoma, your family and your medical personnel a favor and subscribe to the Phoenix Magazine. It is by far the finest source of current, accurate, readable beneficial information on all things related to Ostomy. It is a truly unique publication. It publishes four issues a year (plus some extra stuff) for \$49.95 for a two year subscription.

Go to Ostomy.org or call (818) 286-3178



2017 Meeting Dates

JAN	22, 2017
FEB	26, 2017
MAR	26, 2017
APR	23, 2017
MAY	28, 2017
JUN	25, 2017
JUL	23, 2017
AUG	27, 2017
SEP	24, 2017
OCT	22, 2017



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
PO Box 945
Macon, GA 31202