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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, February 26, 3:00 P.M.** at the Coliseum Medical Center in Macon off of Coliseum Drive. The entrance is on Hospital Drive which is up the hill from the entrance to the Macon Coliseum.

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### **THE OSTOMY RUMBLE**

**FEBRUARY 2017**

**DUES TIME**—\$12.00 which works out as \$1.00 per month. If you have not sent yours, please do so and send the form on page 8. Additional contributions are welcome but not required. Our February meeting will include a continued discussion of ways to improve the operation of our group. Our January meeting was held in conjunction with a severe weather warning. We survived and had a nice time. Bring your ideas Sunday.

**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**

**SHARING**

**INFORMATION**

**FREE PARKING**

**FELLOWSHIP**

**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, hap-

py, 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](http://osgmg.org).



## OSTOMY SUPPORT GROUP OF MIDDLE GEORGIA

### Centering Your Pouch

A well-fitted skin barrier does not allow for a very big margin of error. Consider that the correct opening in the skin barrier is determined by measuring the stoma's diameter with a measuring card (the kind included in a box of skin barriers) and adding about 1/8<sup>th</sup> of an inch.

This means that the skin barrier must be centered just about perfectly. To perform this well, it is a good practice to have good lighting from above and from the side. Standing sideways to the light source is good for better visibility. A wall mirror is a great help to see that the skin barrier is applied straight.

A crooked skin barrier exerts pressure on the skin and stoma, which can only lead to problems. Do not rush with your ostomy care. Take the time to check the placement carefully before allowing the skin barrier to make contact with the abdomen.

No time is saved if one needs to do the whole operation over again because the skin barrier is crooked and uncomfortable. Whenever your skin barrier feels out of place and uncomfortable, take it off immediately. Do not wait for injury to occur. It is better to change it unnecessarily than to risk damaging the precious stoma. We will be living with our stoma for a long time. I always said my stoma keeps me alive.

Once you become accustomed to your stoma and changing your pouching system on some schedule, ostomy management will be much easier.

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### Emergency Room Information for Ostomates

*Via: Metro MD*

Ostomates have special information which is very important to their well-being. The following list of information may save your life if you are taken to a hospital emergency room. What kind of surgery did you have and how long ago? What is your doctor's name, phone number, and the name of the hospitals he/she works out of? What kind of medication and what dosage are you taking? Are you allergic to any medications? Is your skin sensitive to any of the preparations usually used by ostomates? What is your stoma size? Where can your next-of-kin be located? What type of medical insurance do you have? Tell someone that this information is available and where it can be found. Take a little time and write a brief medical history about your surgery and other important medical information about yourself. Make a few copies and be sure to take a copy along with you when you travel or have to go to the hospital. Since emergency rooms are not advised as well about ostomies as we would like them to be, this information could be very helpful and may even save your life.



## OSTOMY SUPPORT GROUP OF MIDDLE GEORGIA

### BOBBIE and JANE

In December I attended the group tribute meeting of the Greater Atlanta Ostomy Association honoring the long service of BOBBIE BREWER and JANE WALKER, two strong participants and innovators for many years in the formation and functioning of ostomy support groups throughout Georgia, including ours. Bobbie is a past National President of the United Ostomy Association. Jane was an integral part of the founding of the Enterostomal Therapist training course at Emory which was one of the first such programs in the country. These ladies have made life much better for thousands of patients. Thank you from all of us

Have you been to a meeting recently? We need to increase our attendance primarily to increase our base of support for each other and for new ostomates. Likewise, the more people we have at a meeting the easier it is to attract interesting speakers. If you are acquainted with other ostomates, bring them with you. We are a wonderful organization and provide unique services.

Visit our web site at  
[osgm.org](http://osgm.org).



## "I'm Alive . . . You're Alive We Both Have Ostomies"

*Ostomy Support group of Central Indiana*

They did not perform this surgery on us just for fun. They did not call it elective surgery. They hustled us off to the operating room to save our lives. They told our husbands, wives and other loved ones that it was necessary or we would die . . . maybe not today, but sometime very soon, too soon. So now, we have an ileostomy, a colostomy, an ileal conduit—or maybe two of these—and we are alive. We are alive because of this surgery and we can accept this or reject it. We can live a secret, sheltered life. We can be embarrassed and not talk about our affliction . . . or we can say "thank you for another chance to live this life in a helpful, hopeful way". We can tell people that an ostomy is not the end of a normal life. Sometimes they may have a loved one who must face this surgery. We can hope that because we were normal, happy, well-adjusted and alive, and told someone about our ostomy, his/her loved one would fare better, perhaps as well as we did. Try it. Would it not make you feel good to think someone could benefit from your experience?

Visit our web site at  
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Next Support Group meeting on 26  
February 3:00 P.M.





## 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.

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## OSTOMY PRAYER

Lord, only you know the deep places through which our lives must go. Help us when we enter them, that we might lift our hearts to you, that we might be patient when we need help, that we might be humble when we are in distress, and that the hope of our mercy will never fail us. Guide us as we give support to those persons having ostomy surgery, that we might share our knowledge, that we might give mutual aid, and that we may continue the aims and purposes of our ostomy chapter and the ostomy association. We, who are reborn from the ashes of disease, thank you, Lord, for the skills of the medical profession, that through our rebirth, we might live with one another more fully and completely.

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**PROGRAMS**—If you have heard an interesting and/or entertaining Speaker or seen a program at another group, club, church or elsewhere we would like to know about him/her.

## Naming Your Stoma

*By Debbie Florio Via: Hemet San-Jacinto*

Have you ever seen the movie *Castaways*, with Tom Hanks? He found a package, containing a volleyball, on the island upon which he was marooned. He named the ball "Wilson." He talked through all his problems, plans, and experiences with Wilson. Wilson really saved his sanity. Being able to talk to something, even if it doesn't talk back, can really be a release. Lots of people name their cars, and beg it to start on a cold day, or thank it for getting them home safely during a storm. I knew I was going to need a way to release my new feelings after my ostomy surgery. I spent my week before surgery trying to come up with a name for my future stoma. I thought a name would help me get more familiar with it. I knew I wanted a female name. I could not imagine my stoma being male. [Note-the author is female] My surgery was May 17, 2001. I kept myself busy coming up with the perfect name. It had to be no more than two syllables and had to flow with the word stoma. I was so caught up in my search that I forgot to worry about the surgery. Sally and I had a rough start but we make a good team. It helps me during unpleasant times to talk to Sally. I scold her when she makes a mess and I praise her when she holds a seal tight. Being able to speak to her during changes makes things easier. I thought sharing this with individuals with ostomies of all ages might help. If you can release your feelings, nothing stays pent up inside you. I even take it one-step further. At those embarrassing moments when your stoma needs to release gas, rather than getting flustered, I tell her to quiet down. The moment passes and it makes the people around me a little more comfortable.

*I can remember as if it were yesterday, some names I called my stoma which I can't share with you because the censors would get me. :-)*




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## WASH THOSE HANDS

*Via: M.A.O.G. Memphis, TN. & Hamilton/Fairfield, OH Chapter*

We were taught that infectious agents (bacteria, etc.) were primarily carried through the air. We know that direct contact with infected materials, particularly from our hands, is the number one transmitter. The hand that covers a sneeze, removes a soaked bandage or scrubs a bathroom, carries microorganisms on its surface and in skin crevices, including the fingernails. If this same hand, unwashed, goes on to handle food, dress a baby or bandage a cut, or change an ostomate's pouch, it can spread "bugs" most effectively. Frequently, hand washing is the most important activity we can perform to prevent infections to others and ourselves. But thorough washing requires effort beyond a mere quick rinse: at least 20 seconds of vigorous friction with soap is the minimum. As this relates to ostomy care, it means washing before and after emptying.

Visit our  
web site at  
[osgmg.org](http://osgmg.org)



## Caring for Your Ostomy

By Pat Murphy, RN, CETN, Alexian Brothers Hospital

Here are some simple pointers for ostomy care. They may not be new, but sometimes it is good to be reminded of them. Good ostomy care habits can catch and nip problems in the bud—the rosebud that is.

Inspect your stoma and skin each time you change your skin barrier. Your stoma should be bright red, smooth and shiny. Inspect the lower edge especially well. Use a mirror if necessary. Look for any signs of irritation or bleeding.

These signs may mean your skin barrier is rubbing there. Your skin should not be pink, purple or gray, even right next to the stoma. Although when you first remove your skin barrier you will notice some pink skin under pressure points, this is the same as when you take off your watch or a pair of stockings. This is normal.

Inspect your skin in a sitting position to see if creases or low areas form around the stoma. This will tell you where to take special steps to even out the area when you put on your skin barrier. Stretching the skin to make it smooth may be all you need to do, or you may need a dab of ostomy paste or a skin barrier seal.

Remember, a new stoma changes size for up to a year. Re-measure your stoma every time you change the skin barrier for the first six months after surgery and every month thereafter. Always re-measure if you are having a leak. Measure the stoma at the base from side to side and from top to bottom.

Many stomas are oval. If you are cutting a skin barrier or a one-piece pouching system, no skin should show when it is in place. However, make sure the barrier is never touching the stoma, unless it is an extended-wear barrier manufactured to be able to touch the stoma. This is a bit tricky to do; thus, manufacturers developed skin barrier seals and ostomy paste to fill in any openings when the skin barrier is cut.

If your stoma is not perfectly round, do not trace and cut a round circle. Instead, make the barrier fit exactly. Your ostomy nurse can show you how. It should just miss the stoma, sealing down on the skin right next to it. Your skin barrier should not go over any red, wet mucosal tissue, the kind that forms the stoma. If you wear a pouch with a karaya ring on it, the ring should gently touch the stoma all around.

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So many times, I feel blue though I should cheerful be. The reason is that I have had an overdose of me. Then when I see another's need and lend a "helping hand," I find in giving of myself I soon feel "simply grand."

H. M. Sees - Charlotte, NC - Via The Rambling Rosebud

## What you should know about generic drugs

By Sharon Williams, RNET, Via: *The Triangle, Abilene TX & GB News Review*

In recent years, generic drugs have become increasingly popular within the \$30 billion US prescription drug market. In fact, generic drugs now account for approximately one-third of prescriptions. So why are generic drugs becoming so popular? For one reason, in 1984, federal legislation made generic drug approval easier. Patents for many of the most frequently prescribed drugs have expired, allowing for generic competition. Perhaps the biggest reason for the generic drug boom is economic. According to the FDA, generic drugs generally cost 30 to 40 percent less, and often as much as 80 percent less, than their name-brand counterparts. Usually, generics are exactly the same as their brand-name equivalents. However, some name-brand manufacturers may correctly claim their products are better absorbed within the body than their generic competition thus leading to quicker relief. This is particularly true with antibiotics, antihistamines and analgesics. If you're thinking about changing from a brand-name to a generic product, don't do it on your own. Some substitutions can be inappropriate. Consult your doctor for a generic equivalent. Or, tell your pharmacist you want the generic version, and ask him or her to call your doctor for approval.



## Attitude in Recovery

Excerpted from an article by the *Ostomy Digest*, Omaha, NB

Do you feel as if the bottom has dropped out of your world? Has your doctor just shown you your ostomy for the first time? Are you surprised that your stoma is so red? You might not even be able to visualize how life is going to be with an ostomy. You wonder if you will ever become accustomed to a red strange thing sticking out of your tummy.

Be assured that you will . . . in time. An ostomy is the result of a surgery that saved your life. You choose to make it whatever you desire. You can hibernate, becoming a recluse and withdrawing into your own small world. Perhaps a better choice would be to take it in stride, learning the proper care of your ostomy and then forgetting about yourself. You want to enjoy the extra time God has allotted to you because of your surgery.

People find that as time goes on, the bewilderment will disappear and the challenges the person with a new ostomy encounters are slowly resolved. The issues that originally seemed so overwhelming become minimized. A person with a new ostomy becomes delighted to find out that he/she can still lead a perfectly normal life and live life to the fullest. A person with an ostomy can participate in activities of normal living just as everyone else can and just the way he/she did before having ostomy surgery. Without any trouble, we can participate and engage in activities like swimming, dancing, reading, running, working, playing, golfing, boxing, sky diving, bungee jumping, praying, visiting friends, having sex . . . whatever.

If ulcerative colitis was the reason for your surgery, then you will be able to do more than you did before surgery. Your life will be better. You will virtually never have to run to the toilet again.

Visit our web site  
at [osgm.org](http://osgm.org).

Next Support  
Group meeting on  
26 February , 3:00

**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**