ANNUAL INDOOR PICNIC will be held in Coliseum Medical Center cafeteria on 23 July at 2:00 p.m., rather than the usual 3:00. Don’t be late! Fried chicken and rotisserie chicken will be furnished by the chapter. You are asked to bring a side dish or two and/or a dessert to share. Bring whatever you like and enjoy an excellent meal in the air conditioning with no ants, just food and fellowship. 2:00 NOT 3:00.

Next month, August 28, we have the Crohns and Colitis Foundation. 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.
Urinary Tract Infections (UTI) – What are the causes of UTI?

Normally, urine is sterile. It is usually free of bacteria, viruses, and fungi but does contain fluids, salts, and waste products. An infection occurs when tiny organisms, usually bacteria from the digestive tract, cling to the opening of the urethra and begin to multiply. The urethra is the tube that carries urine from the bladder to outside the body. Most infections arise from one type of bacteria, *Escherichia coli* (*E. coli*), which normally lives in the colon.

Infections can also be caused by urine being forced back to the kidney through the conduit. This can happen when rolling over on a full pouch of urine and causing urine to be forced back into the stoma through the urinary tract with tremendous pressure. Invariably the urine in the pouch will be contaminated.

### Treatment and Prevention include

1) Adequate hydration. You need a good flow of urine that dilutes the bacteria or germs in the urine, and helps wash them out….2 and ½ quarts of liquid daily is required for the average adult.

2) Antibiotic Therapy. Antibiotics are used to fight infection, and should be prescribed by the doctor. (usually prescribed for short term).

3) Unless otherwise indicated, the urine should be maintained in an acid state. To maintain an acid urine state, increase your daily fluid intake to eight or ten (8 oz) glasses of water. Drink cranberry juice in place of orange juice or other citrus juices which tend to make the urine more alkaline, take vitamin C daily (with permission from physician).

### Urine Sample Collection

This is best done by a medical professional to ensure a “clean” urine sample. Take a clean urinary pouch with you to the office visit. (Physician or WOC Nurse)

- Wearing time should be limited (3 to 5 days)
- Correct stoma opening size (fit snug with only ¼” clearance)
- Sealants (select one that will maintain protection and keep urine crystals off the stomal area)

### Urinary Crystals

- Urinary Crystals on the stoma or skin are associated with alkaline urine. The crystals appear as white, gritty particles and may lead to stomal irritation and/or bleeding of the stoma.
- Proper cleaning, maintaining acidic urine, and careful fitting of the stomal opening in the pouch will help prevent urinary crystals.
- You may rinse out the pouch after emptying, with a solution of equal parts of water and white vinegar. Also a mix of water and vinegar compresses may be applied to the stoma when the pouch is changed.
OSTOMY SUPPORT GROUP OF MIDDLE GEORGIA

NATIONAL CONFERENCE

UOAA NATIONAL CONFERENCE WILL BE AUGUST 22-26 AT THE HOTEL IRVINE IRVINE, CALIFORNIA INFORMATION AND FORMS ARE AVAILABLE AT WWW.OSTOMY.ORG

B.J. THE E.T. AND CAL THE PATIENT

We recently received a generous donation from B.J. Woodward in memory of Cal Logan who passed away in Warner Robins in June at age 92. Cal was a long time member in the early days of our group. B.J. is still a member. She supports us financially and with her expert and welcomed advice and encouragement. She was one of the first ostomy nurses in Macon and worked at the Medical Center from which retired. She was instrumental in the functioning of our Support Group and seldom missed a meeting. Cal was one of the first patients in her outstanding career in Ostomy Care. She had hundreds, maybe thousands, more.

Visit our web site at osgmg.org.

Next Support Group meeting on 23 July, 2:00 P.M. Summer Picnic

CCFA

At our August meeting, August 28, we will have Mary Esna-Ashari, formerly known as Mary Ball, from the Crohns and Colitis Foundation of America. We will invite persons with an interest in these diseases. This may be an opportunity for us to explain life with an ostomy individually.
IS YOUR POUCH SHOWING?

Are you worried about your pouching system showing under your clothes? On the other hand, do you sometimes feel that your stoma might be protruding so much that it shows through your clothes?

Most Americans today lead pretty busy lives at a relatively fast pace. Everyone seems to be concerned with his/her own individual happenings. Aren’t you? By the way, what was the color of the bus driver’s hair? Did the sales clerk in the store wear black shoes or brown shoes today? What color was the bank teller’s tie? Does your brother’s wife have blue eyes or brown eyes or maybe greenish? Men, what color is your wife’s hair?

Give up? Forget about the uncalled-for worries and enjoy each day. Remember that your attitude about your own image will affect the attitudes of your family and friends. Most of us are much more conscious of our ostomy than anyone around us will ever be. Virtually no one in the world even knows what an ostomy is, much less endeavors to look at one of us and see where it is and if it is showing. Even your acquaintances with ostomies, when we get together, often glance at each other to see if an ostomy shows. If we cannot see it, and we know exactly where to look and what to look for, how is anyone else ever going to know?

SO—Don’t worry—Be happy

You have been given a new life.
THE RIGHT THING TO DO

By Raymond Miller, via The New Outlook, Chicago, IL

A male acquaintance of mine has a colostomy. When asked why he did not join our local ostomy support group, he said, “I have adjusted just fine. I do not need the group”. His complacency set me back a bit. Maybe he does not need our support group. Whatever that means. However, our group needs him. We need well-adjusted people with ostomies who walk around flat-tummied and non-odorous, people who look and feel good.

An ostomy group is not like a halfway house. We do not come together to feel sorry for ourselves or to talk exclusively about all the problems that arose because of our operations. We get together because we want to help each other or obtain some advice with some little issue that has been bugging us.

We may have some questions our doctors and nurses cannot answer for us, but another person with an ostomy can. We want to prove to all those skeptics and people without ostomies who may think an ostomy is the end of the world, that it is not. What is most unusual is that ostomy surgery is a wonderful beginning. All of us are alive because of ostomy surgery. Isn’t it wonderful?

(MORE ON SUPPORT GROUPS AT PAGE 7)
Stoma care guides - Getting back to normal

1. Do I need different clothes
You will normally be able to wear the same clothes and underwear as you did before. However, if your colostomy is very high up on your waist this can be a problem, but help is at hand. High waisted trousers for men can be obtained at several outlets. Some men prefer to stop wearing belts and feel more comfortable wearing braces. For the ladies there is a wide choice of flattering clothes and swimwear in the high street. There are also specialist providers to whom your stoma care nurse can direct you.

2. Will I be able to return to my job?
Once you have fully recovered, and providing there are no other medical implications, there is no reason why you should not return to the job you did before you had your colostomy. Your doctor will advise you when you are fit enough. If your work is strenuous and involves lifting heavy weights, or is work that puts a strain on the abdominal muscles, you should first seek advice about wearing proper support belts/girdles. It is advisable, where possible to contact your stoma care nurse to be measured. After surgery it’s normal to feel tired more quickly even if you are not doing strenuous work.

3. Will my driving be affected?
Once you are well enough to drive you may find the seat belt is uncomfortable across your stoma. If this is a problem try fitting a ‘Klunk Klip’ to the seat belt. These can be obtained from most high street car accessory stores, or on line. The Klip is attached to the inertia-reel of the seat belt preventing it from constricting your colostomy.

4. Can I travel at home or abroad?
Having a colostomy should not prevent you from travelling at home or abroad, whether it is for business or pleasure. The only difference is that you should plan ahead and prepare a little more than before.

5. Can I return to sports and exercise?
As mentioned earlier walking is excellent exercise and a good starting point after your operation. Other than physical contact sports, there are virtually no restrictions. If in doubt check with your stoma care nurse who may suggest a stoma guard if your sport is more strenuous. Thousands of colostomates are enjoying a huge range of activities such as golf, sailing, cycling, swimming, as well as more down to earth pursuits like gardening and rambling.

6. Can I go swimming?
The answer is “Yes – you certainly can go swimming”. Here are a few suggestions to help you feel more confident:
  • You may like to try wearing a smaller stoma bag under your swimming costume or trunks as these can be more discreet.
  • If you are worried about damaging your stoma whilst swimming, although this is unlikely to happen, you could try wearing a stoma shield.

7. What should I eat?
By the time food reaches the colon, it has been almost completely digested, so having a colostomy does not mean you will have to change what you eat. It is not necessary to follow a special diet (unless you have been advised to do so by your doctor for another specific medical condition). Try, as far as possible, to eat a diet containing a variety of items from all the food groups (Fruit and vegetables, bread other cereals and potatoes, meat, fish and other alternative, fatty and sugary foods, milk and dairy foods). This will ensure that your body receives all the essential nutrients (protein, carbohydrate, fat, vitamins and minerals) it needs.

8. Should I eat more fiber and less fat?
Bear in mind that, although current advice is to eat more fibre and less fat:
  • Too much fibre (e.g. pulses and bran based cereals) may cause wind or loose motions.
  • If you are trying to regain lost weight, it may be better to use full fat milk and cheese, rather than semi-skimmed or skimmed alternatives.

9. Are there any foods colostomates should avoid?
We are all different. Some colostomates can eat anything. Others have found, by experience, that it is best to avoid certain foods. If you have persistent problems try keeping a food diary you my find it helps. If you suspect a food causes problems, try it at least three times, separated by an interval of at least a week, before eliminating it altogether. If you find you are cutting out most of the items in any one of the food groups, then it is advisable to seek individual dietary advice. Your GP can refer you to a state registered dietician.
Support Groups Help
July 08, UOAA UPDATE

It is common sense that no one likes to suffer alone...that healing is, in some ways, a question of mind over matter. Support groups are built upon this essential truth. It doesn’t matter whether a group’s members suffer from heart disease or cancer or something entirely mysterious, every support group is based on the premise that sharing time and tales with others in similar straits helps.

Numerous studies over the years have said as much. And there are now support groups for almost every imaginable medical condition. Their practices vary, but all focus on reducing stress, alienation, hopelessness and emphasizing the positive.

But do support groups help people live longer? Most people would say yes, particularly in the aftermath of a 1989 study by Stanford psychiatrist David Spiegel, who took a group of women with advanced breast cancer and randomly assigned each to either a support group and standard medical care, or just standard medical care alone.

Before the study, Spiegel theorized that women in the support group would enjoy an improved quality of life. They would have others to talk to, people who knew and understood what they were experiencing. They could get advice, emotional support, tips on how to get along. But Spiegel’s study produced a surprise: The women in the support group lived, on average, 18 months longer than women who had just received standard medical care. The finding received widespread attention and publicity. In the years since, other researchers have tried to replicate Spiegel’s study results. Results have been decidedly mixed; half show that a support group could, in fact, increase survival time; half showed support groups have no such effect.

Now comes the largest study to date on the subject, a survey of 255 women in Canada with metastatic breast cancer, published late last year in the New England Journal of Medicine. Like Spiegel’s group, they were randomly assigned: 158 attended a support group, 77 did not.

Not surprisingly, the women who participated in a support group reported greater psychological improvement. They experienced less pain. They had an easier time dealing with depression. And those in the greatest distress at the beginning of the study benefited the most. But the study also found that both groups of women—those in support groups and those not—survived roughly the same length of time: about 1½ years. A happier life with breast cancer, it seemed, did not mean a longer one.

Spiegel has since responded that the Canadian study results might say more about the improved state of breast cancer treatment these days than about his research 13 years ago. And he’s probably right to some degree. Attitudes about breast cancer have changed. The disease is now socially acceptable, openly discussed, ardently advocated, the subject of millions of dollars in medical research. There’s probably no way to conclusively prove that support groups directly extend a participant’s life. And most of the cited benefits are only indirectly linked to group participation. A better sense of self, for example, can lead to greater assertiveness about getting medical information and proper care. Group-provided education may result in better life style choices. Reduced anxiety and stress never hurts.

Support groups are a matter of choice. They are not for everyone. Some people don’t need them. Some people prefer not to reveal their illnesses or private lives of people outside their family and closest friends. But many — maybe most — people do. And the Canadian study aside, the plain fact is that support groups help. Often in ways that no study, however rigorously designed, can measure.

When you’re hurting, it’s always good to have a shoulder to cry on. It doesn’t matter how long or short your cry.
Membership Application

Ostomy Support Group of Middle Georgia (OSMG)

OSMG 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