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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 June 24, 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**

**JUNE 2018**

### **WELCOME BACK !**

We did not have a meeting last month, May, because of conflicts with Memorial Day observances and several other activities in the area. We are now back on track and will meet this Sunday afternoon, June 24, at 3:00 pm. Come on down and renew acquaintances. We will have name tags to help our recall of peoples' names!

Next month, on July 22, we will have our annual indoor summer picnic. Good food, pleasant companions, air conditioning, and no ants. The picnic will begin at 2:00, not 3:00. More about that in the July Newsletter.

At our meeting this Sunday we will distribute and discuss the preliminary results of the study conducted by the Sociology Department at the University of Oklahoma entitled Peoples' Experiences With Pouches (P.E.W.P.). Some of us have participated in the study, and those who would like to do so can still be part of the Study. Details are on page 5.

We have a few rolls of donated "pink tape" we will give away. Pink tape is mentioned on page 5.

See you Sunday.

### **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



### New Age Guidelines For Colon Cancer Screening From 50 Down To 45

By S. Wilson compiled from numerous sources

As an introductory note, I am well aware that our support group members and others who read our newsletters and attend our meetings know much more about colon cancer screening than do 99% of the people who inhabit our planet. It never hurts to know more about such a serious subject. This article is an update which contains some new information. Pass it on to friends and family. Here we go.

For many years the recommended age to begin routine, no symptom, colon cancer screening was 50. Last month the American Cancer Society formally recommended that screening begin at age 45.

Over 140,000 people in the United States are diagnosed with colon and rectal cancer every year. Annually over 50,000 people die from the disease. It is second only to lung cancer in cancer mortality. Over 90% of the diagnoses have been in persons over 50. However, the incidence and cancer deaths in that group has been declining over the last 20 years. Medical authorities attribute the decline to an emphasis on screening after 50, early detection and treatment, and the ability of physicians to remove precancerous polyps during a colonoscopy. Meanwhile, during this same 20 year time frame researchers have found a 50% increase in colon and rectal cancer among people under 50 years of age. Of course, the statistical base is much smaller, but the results are quite troubling. An American Cancer Society study found that adults born in 1990 have twice the risk of colon cancer and four times the risk of rectal cancer compared to persons born in 1950 at comparative ages. We do not yet know specific reasons for this generational increase in the disease.

As a result of the above, plus other considerations, the American Cancer Society last month issued the new age guidelines for colon and rectal cancer screening. This does not necessarily mean everyone gets a colonoscopy at age 45. Some screening tests will be described on the following page.



## OSTOMY SUPPORT GROUP OF MIDDLE GEORGIA

### Colon Cancer Screening Continued

There are several colon cancer screening tests currently approved and administered. As to which test is “best”, an official with the American Cancer Society was quoted as saying, “The best test is the test that gets done”. Any and all screening tests for colon or rectal cancer should be discussed with a physician before and after the test. Always remember there are possibilities for false positives and false negatives and that the patient can take more than one test. Cancer positive tests are customarily followed by a traditional standard colonoscopy, often referred to as the “Gold Standard”.

The simplest tests for the patients are the stool sample tests. They are the Fecal Occult Blood Test (FOBT), Fecal Immunochemical Test (FIT) and the Stool DNA Test (FIT-DNA). These examine the stool for the presence of substances which may indicate a probability of cancer. They require no sedation and no colon cleansing, but they do require procuring and submitting the stool sample for the testing. It is usually recommended that these tests be repeated every year or two.

The Virtual Colonoscopy is a CT scan (computed tomographic colonography). It is a series of x-rays taken from outside the body and pieced together by a computer. This does not require sedation but does require colon cleansing.

The Sigmoidoscopy and Standard Colonoscopy are similar. They both use a flexible lighted tube with a lens for viewing and a tool for removing tissue such as polyps. It is inserted through the anus and rectum. The colonoscopy examines the entire colon while the Sigmoidoscopy is limited to the rectum and sigmoid colon and usually does not require sedation. The Colonoscopy requires extensive colon cleansing and sedation. The long standing guidelines suggesting all persons get a colonoscopy at age 50 and every 10 years thereafter are still in effect. An important feature of these two procedures is the ability to remove polyps. People with experience with these procedures usually state that the preparation for them is much more onerous than the procedures themselves but well worth the trouble.

An unfortunate element in all this is cost. Check with your insurer as to what they will cover. Colon Cancer is treatable and beatable, but it must be detected early. Once symptoms are physically evident it may be too late.



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

Next Support Group meeting on 24  
June, 3:00 P.M.

## “BACK IN THE POOL” (seasonal repeat article)

**Swimming** is an excellent exercise and activity you can enjoy with family and friends. So, why are so many of us afraid to get back into the water? Here are some of our issues and solutions.

**I’m afraid that my pouch will leak or come off while I’m in the pool.** This is by far everyone’s number one concern. The thing to remember is that your pouching system is designed to be leak-free and water-proof, and your wafer adhesive actually gets stronger in water. As long as your seal is strong and intact, strap on your swim fins and jump in. Check out these tips:

1. Don’t go swimming immediately after you have put on a new pouching system.
2. Make sure your pouch is empty.
3. Picture framing your wafer with water-proof tape isn’t necessary, but may give you the extra confidence you need.
4. Avoid wearing pouches with filters in the pool. Water may get into the pouch through the filter. Filters may become ineffective after they are wet.

**I’m concerned that people will be able to see my pouching system under my swimsuit.**

Dark colored suits with a busy pattern will camouflage your pouch better than light colors like white or yellow, which can become almost transparent when wet. Consider the following tips:

1. Women, choose a suit with a small, well-placed ruffle or skirt.
2. Men, choose a swimsuit with a higher cut waist or longer legs. Add a lycra or spandex undergarment. Consider a tank top to cover any scars and/or a waist high stoma placement.
3. Colostomates who irrigate may wish to wear a smaller, non-drainable pouch.

**I’m embarrassed about changing into/out of my swimsuit in the locker room and people noticing my ostomy pouch.** If you are a little modest, try to find a spot that is out of the way or a time that it is less crowded. Some tips follow:

1. You may wish to change and towel off in a convenient bathroom stall.
2. Put on a dry, oversized shirt as a cover-up while you change.
3. A dry suit is easier to take off than a wet one. Relax by the side of the pool with a good book or a talkative friend before heading for the locker room.
4. Wear your swimsuit under a jogging suit/sweat pants and don’t worry about changing at all.

**What about using the hot tub or Jacuzzi?** Go ahead. Again, as long as your pouch seal is good and your pouch is empty you should have no problems with your ostomy.

### General Tips:

- Take it slow the first time out. Save those strenuous swims and dives until later.
- Always leave a little air in pouch, to permit stoma drainage to fall down into the pouch.
- When sun bathing, take a magazine or book to the beach or pool. Lay it open over your pouch to protect your pouching system (wafer) from the heat of the sun.
- Test your pouching system...fill the bathtub with water and soak for a few minutes.
- Don’t talk about your ostomy surgery at the community pool. If asked, talk in private.

## ACCESSORIES FOR SWIMMING AND SWEATING

In addition to the information in the preceding article, there are two other sources you may want to consult. Ostomy Secrets is an internet company founded by some lady ostomates from California and is now part of Convatec. They make and/or market underwear, bathing suits, wraps and skin care products which are designed for ostomates—men, women and children. Their website is [www.ostomysecrets.com](http://www.ostomysecrets.com) and the telephone number is 877-613-6246.

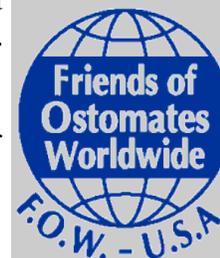
Another useful Summertime Ostomy item is Hy-Tape, commonly known as “Pink Tape”, a waterproof tape which can be “picture framed” (placed on all four sides) of the wafer. That procedure keeps moisture out and helps secure the wafer during activities in water. This “picture framing” waterproof tape is also useful against the ever present perspiration which accompanies outdoor activities during summertime in Georgia. Hy Tape is available in a variety of widths at most ostomy supply places and Amazon.com . The 2 inch width works well to assist in waterproofing. Of course there is no absolute guarantee of wafer security, but this may help. Try it at home in the tub before you attempt public water activities. Two environmental factors shorten wafer wear time: heat and moisture. Good luck.

We will have a few rolls of Hy Tape at the meeting this Sunday for those who would like to take it home and try it.

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## PEOPLES EXPERIENCES WITH POUCHES STUDY

In October 2017 we were invited to participate in a worldwide study of the experiences of persons during the time they first had an ostomy. The study was and is done by Questionnaire and conducted by Leslie Miller who is working on her PHD in Sociology at the University of Oklahoma. She is also a former Ostomate. We have received some preliminary results and will distribute copies at our Sunday meeting. I believe the Study to be the first of its kind and is ongoing. It is an opportunity for Ostomates as a group to communicate with the World. If you now want to participate, the study website is: [www.pewpstudy.oucreate.com](http://www.pewpstudy.oucreate.com).



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

**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**  
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