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

Next Meeting

Our next support group meeting is **Sunday, March 26, 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.

In This Issue

THE OSTOMY RUMBLE

PUBLICATION OF THE OSTOMY SUPPORT GROUP OF MIDDLE GEORGIA

Over several centuries it has been proclaimed by many great thinkers that people should "Eat to live, not live to eat". Our speaker this Sunday will help us do that. Our program is captioned "Eat This, Not that". The presenter is Carole Radney who did a program for us several years ago. She is a Registered Nurse at the Coliseum Medical Centers. Her specialty is teaching people about diabetes and diet. Diabetes is a growing and very serious health problem. We can all benefit from her expertise.

If you know a new ostomate or someone who is anticipating ostomy surgery, please bring that person to a meeting. We can make their life better. It worked for me and hundreds of others. See you Sunday.

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, 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 26 March , 3:00 P.M.

O S G M G . O R G

Urostomy Review

Diet
There are no eating restrictions as a result of urostomy surgery. (If the kidneys have been severely impaired, your physician will monitor your protein and salt intake, but the functions of your kidneys are not affected by the surgery).

The urinary tract and digestive tract are separate. A few foods and certain medications may cause urine odor or a change in urine color. Such as: asparagus, fish and spices.
Drink plenty of liquids each day following the health care team's recommendations.

Mucus
You normally have some mucus shreds in your urine. If the amount increases, and urine changes color and has a strong odor, it may signal that you have a urinary tract infection. Be sure to drink six to eight glasses of fluid a day, unless your physician instructs you otherwise. Drinking fluid helps to decrease the amount of mucus in your urine.

Acidic Urine
Drink cranberry juice in place of orange juice or other citrus juices which tend to make the urine more alkaline, take vitamin C daily (if approved by your physician). Keeping your urine acidic may help to 1) prevent urinary tract infections, 2) prevent damage to your skin and 3) decrease odor.

Most fruits and vegetables actually give an alkalinized ash and tend to alkaline the urine. Meats and cereals will usually produce an acidic ash. Unless otherwise indicated, the urine should be maintained in an acid state.

Reputable Health Websites

Some recommended sites: General Information

- **MayoClinic.com:** Look up diseases, check symptoms, learn about drugs and test procedures.
- **ClevelandClinic.org:** Learn about symptoms, health living (can download mobile app).
- **WebMD.com:** includes symptom lookup, articles on seasonal illnesses or conditions.
- **MedlinePlus-gov:** Part of U.S. National Library of Medicine – National Institutes of health includes interactive video tutorials to evaluate symptoms.
- **AHRQ.gov:** Information from U.S. Agency for Healthcare Research and Quality.

Bowel Obstruction

By Marshall Sparberg, MD

Obstruction of the bowel may result from a variety of complications which prevent the normal passage of intestinal contents. As the flow becomes blocked, back pressure builds up, causing the bowel to enlarge and produce pain. Since everyone swallows a lot of air which is normally passed from the bowel, continuation of the obstruction soon causes vomiting, and dehydration becomes a problem. Danger of the obstruction, other than severe discomfort, is the swelling bowel itself eventually cutting off the blood supply and leading to the death of small intestine tissue.

An obstruction can be detected very soon after it starts in ileostomates, because the normal constant flow of intestinal wastes suddenly stops and cramping discomforts begin. Occasionally, the ileostomy works intermittently with passage of particularly foul-smelling contents. Cramping doesn't mean obstruction, but simply indicates gas or spasm in the small bowel. Often an obstruction is temporary, with a sudden cessation of cramps and the rush of intestinal wastes heralding the end of the problem. Perhaps, one-third or more of all ileostomates have experienced some degree of intestinal obstruction, while a small proportion of ileostomates have required one or more operations because of obstructions.

The causes of obstructions include scar-tissue formation, stenosis (constriction) of the stoma, and food blockage. Scar tissue of adhesions can form rough cord-like bands across the bowel, narrowing it to a point where slight swellings or food particles can close off the passage entirely.

Food blockage is probably the most common type of obstruction that is encountered by an individual with an ileostomy, particularly in a new ostomate. Fibrous foods, such as tough meat and raw vegetables must be thoroughly chewed, the only teeth in the digestive system are in the mouth. Fibrous food should be avoided initially by the new ileostomate and consumed only after determined by a trial and error what foods should be avoided and how long the food should be chewed.

Obviously, indigestible items, such as pits and seeds must be avoided, because they may form the center to which particles cling, producing a large wad of material which is capable of blocking the bowel.

As with many principles of ostomy life, prevention of food obstruction is much better than treatment. In fact, the word prevention, which is the key to so many ostomy complications, should be regarded as the key to good health.

Visit our web site at osgmg.org.

Next Support Group meeting on 26 MARCH, 3:00 P.M.

United Ostomy Associations of America, Inc.

CROHN'S & COLITIS FOUNDATION OF AMERICA

American Cancer Society

National Institutes of Health

The Phantom Phenomenon

The "phantom rectum" is similar to the "phantom limb" of amputees. A person may feel their limb is still there. For ileostomates, it is normal to feel the need to evacuate.

This can occur years after surgery. Explanation of this sensation helps the ostomate understand it is a normal mechanism related to spinal nerve control.

Simply stated, the nerves have innervated the rectum. This nerve is responsible for rectal continence and continues to respond even after the rectum is removed.

If the rectum has not been removed, one may also have this feeling and may pass mucus when sitting on the toilet. Some who have had their rectums removed say the feeling is relieved somewhat by sitting on the toilet and acting as if an evacuation is taking place.

GREAT TRUTHS

From Southern. New Jersey via The Pouch, Northern Va..

* Some families are like fudge—mostly sweet with a few nuts.
* Wrinkles don't hurt.
* Laughing is good exercise. It's like jogging on the inside.
* Middle age is when you choose your cereal for the fiber content instead of the toy.
* Growing old is mandatory, growing up is optional.
* Forget health food—- I need all the preservatives I can get.
* It's frustrating when, after many years of education and accumulating life experiences, you know most of the answers, but nobody bothers to ask you the questions.

Ostomy Information

Check out UOAA's Website: www.ostomy.org – Ostomy Related Information

Check left side for pull down Menu. Click on..***Ostomy Information***…select from:

- General Information
- Patient Care Guides (for all types of ostomy surgery)
- Sexuality
- Diet & Nutrition
- Brochures

This site contains great information written specifically for individuals who have or will have ostomy or related surgeries.

Kidney Stones and the Ileostomate

By Jill Conwell, RNET, Corpus Christi, TX, Edited by
B. Brewer, Greater Atlanta Ostomy Association

Kidney stones are fairly common medical problems. They occur in about 5 percent of the population. They are more common in men with a sedentary lifestyle and in families with a history of kidney stones. The average age of first occurrence is about 40, but they can occur at any age. For ulcerative colitis patients, the incidence of developing kidney stones is about double that of the rest of the population. For ***ileostomates,*** the incidence is 20 times greater. There are two basic types of kidney stones; uric acid and calcium. Both may occur in ileostomates since the underlying cause is dehydration. Uric acid stones are more frequent.
One reason for this is the chronic loss of electrolytes, producing acid urine. The stones may vary in size and shape, some being as small as grains of sand, while others entirely fill the renal pelvis. They also vary in color, texture and composition.

Symptoms during the passage of a kidney stone include bleeding due to irritation, cramping, abdominal pain, vomiting and frequent cessation of ileostomy flow. When ileostomy flow stops, distinguishing between an obstruction versus a kidney stone may be difficult since the symptoms are similar.

Treatment of most kidney stones is symptomatic and in most cases the stone passes spontaneously through the urinary tract. Medication for the spasms is usually administered. The urine should be strained in order to collect the stone for analysis. Once the composition of the stone is determined, steps should be taken to prevent recurrence of an attack. The physician will prescribe medication or dietary modifications depending on the type of stone. The best preventative measure is to drink plenty of fluids (8 glasses) every day. If the urine appears to be concentrated, increase fluids and use a sport drink that is rich in electrolytes to replaces losses.

RECURRING MISCONCEPTIONS

STOMA PASTE is not a type of glue or any other adhesive. Think of it as caulking. The paste (caulk) helps prevent drainage from seeping between the skin and the wafer. Too much paste under the wafer can interfere with adhesion.

STOMA POWDER is used specifically to treat existing skin irritations and should not be spread routinely beneath the wafer unless needed. The powder should be desolved with skin wipes.

Friends of Ostomates Worldwide F.O.W. - U.S.A.

Visit our web site at osgmg.org

TEMPORARY OSTOMIES

by Nancy Brede, RNET, Edited by B. Brewer, Atlanta

Temporary ostomies are surgically created with the intent of reconnecting in the future. The anatomy of the gastrointestinal system or urinary system is left intact.

Permanent ostomies are created with the intent that the ostomy surgery will not be reversed and usually the anatomy in the gastrointestinal or urinary system has been removed. Permanent ostomy surgery is usually performed when disease or injury prevents maintaining the anatomical structures needed for reversal.

A large number of temporary ostomies involving the colon are done on an emergency basis. The colon becomes obstructed or blocked, and stool cannot pass through. Because of the emergency nature of the surgery, the bowel cannot be cleaned and prepped ahead of time. Reversals, or reanastamosis (hooking the normal anatomy back up), then can be done later, when infection is not as likely and proper healing can take place.

The most common situations and diseases requiring a temporary ostomy are:

Cancer of the colon with obstruction (or other abdominal cancer affecting the colon).

Hirschsprung's Disease, a disorder/malfunction in infants that prevents passage of stool. Due to lack of nerve cells in certain areas of the large intestine, stool is not moved through, and an ostomy is necessary.

Diverticulitis, small out-pouchings in the wall of the intestine, called Diverticula, becomes infected. The Diverticula may rupture or cause obstruction.

Inflammatory Bowel Disease or Crohn's Disease may necessitate a temporary ostomy to allow the diseased bowel to heal.

Persons with temporary ostomies face many of the same problems permanent ostomates may have. It's just as important for them to have support, reassurance, and teaching as it is for persons with permanent ostomies. They must learn proper skin care, stoma care, and pouching techniques. Often, stomas are not ideally situated on the abdomen, because of the urgency of the surgery. Thus, pouching and skin care can pose difficult problems.
Following temporary surgery, measures need to be taken to improve the patient's health. He or she must be in the best condition physically to undergo the major surgery for reconnection. There is also a time for the patient to deal psychologically with past surgery, upcoming surgery, and possibly a newly diagnosed disease. It may be a difficult time with all the changes and new challenges. Often, there are many fears and unanswered questions. Other people with ostomies and WOC Nurses (ostomy nurses) may provide reassurance and the answers to many questions.

Electrolytes and Why We Need Them

Edited by B. Brewer, Atlanta

Everyone needs to be aware of the fact that they need electrolytes in their life. If you have ever noticed football players slugging down Gatorade or some other concoction when they return to the bench, it's because they need to replace the electrolytes they lost with their perspiration.

For the ostomate, particularly those with an ***ileostomy*****,** replacing electrolytes is very important. The purpose of your colon is to store food waste and to return the liquid portion of the stool to the body. When you no longer have a colon, that liquid is lost directly into your pouch and is gone forever from your body. With that liquid, you lose a good portion of your electrolytes. But, what are electrolytes, and what specifically do they do for us?

According to Tabor's Encyclopedia Medical Dictionary; electrolytes are: 1) A solution which is a conductor of electricity or; 2) A substance which, in a solution, conducts an electric current and is decomposed by a passage of any electric current. Every muscle we move is activated by our nervous system. And throughout our nervous system, each of our nerve cells (neurons) is connected to each other by means of electrical impulse, or synapse.

Electrolytes, largely made up of sodium and potassium, are what give the synapse the spark to function. Each time we move a muscle, we use up a small portion of our sodium and potassium – ergo, our electrolytes. When we lose those electrolytes, we also lose our zip and vigor. For everyone, after excessive perspiration in the summer or prolonged exercise, we can become dehydrated and lose our electrolytes in the process. For the ***ileostomate*** though, just doing what comes naturally will cost them their capacity to spark. You can tell when you are becoming dehydrated by a decrease in urine volume, dark orange urine, overly dry skin, marked thirst, abdominal cramps, exhaustion, weakness and/or shortness of breath. The answer? Drink a lot of fruit juice, Gatorade, Gastrolyte, soda pop, water, bouillon or tomato juice.

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

United Ostomy Associations of America, Inc.

Visit our web site at osgmg.org.

Next Support Group meeting on 26 March , 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

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