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478-477-8337  
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### Next Meeting

Our next support group meeting is Sunday, **March 25, 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.

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# ***THE OSTOMY RUMBLE***

## ***PUBLICATION OF THE OSTOMY SUPPORT GROUP OF MIDDLE GEORGIA***

March is Colon Cancer Prevention Month. Colon cancer is preventable, treatable and beatable. The key is early detection- which means screening. Once symptoms occur it is often too late. Encourage your friends and family to talk to their doctors about the various methods of screening. I have heard numerous medical people state that with early detection they can prevent most if not all deaths from colon cancer. **DO IT !!!**

**MEETING-**At our meeting this Sunday we would like for our attendees (that means you!) to bring a sample of the appliance they wear along with any accessories they use-the stranger the better. We would like to know why they prefer what they wear over other types and of any procedures they use. This is called knowledge and experience sharing. It's fun.

### **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.

<b>MORAL SUPPORT</b>	<b>SHARING</b>	<b>INFORMATION</b>
<b>FREE PARKING</b>	<b>FELLOWSHIP</b>	<b>MUTUAL AID</b>

### **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 is on 25 March 3:00 P.M.**

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## Tips for People with Urostomies

By Ben Hoover, *Metro Maryland Ostomy Assn.*

- Your equipment is not a handicap; it is a small nuisance. You can still do just about everything you ever did, although you might want to use an ostomy belt to hold your system if you are very active.
- Two or more pouch covers are one of the best comfort investments you can ever make. After all, that fluid is entering your pouch at 98.6°.
- People with a urostomy should not use stoma paste.
- The vinegar you use during the day in your night bag can ruin the plumbing in your home, if it is not flushed or rinsed down with water.
- You are going to have some leaks. Do not worry about it. It happens to all of us. Just change your equipment and continue to march.
- Putting your night bag in a small plastic washbasin while in use will save on cleaning your rugs and floors.
- Some one-suit luggage will fit underneath an airline seat. A small plastic washbasin will fit in half of one side of the suitcase, which will hold your supplies while traveling and is then available when you are using your night bag.
- Apply a little toilet paper to the drain on your pouch when you have drained the equipment to absorb the remainder of liquid residue out of the drain.
- Do not worry about your urostomy when traveling. You can go anywhere you want. You just have to take a few things you did not take previously.
- Take three times as many supplies as you think you will need when you travel . . . just in case.
- If you have a leak in a pouch, put on a new pouch. If you have a leak in a barrier, put on a new barrier. Trying to use tape or fixing the leak will not work very well.

Many people would love to trade their problems for what we know only as an inconvenience.

### ANOTHER REMINDER MEMBERSHIP DUES ARE DUE!

It is time to renew your chapter membership for the Ostomy Support Group of Middle Georgia. Your dues help us to provide chapter services and programs such as newsletters, meetings, a patient visitation program, disbursing donated supplies, etc., to serve patients and their families in our community and elsewhere. Please pay as soon as you can or by the March meeting; or if you won't make it, then mail your \$12 check made payable to OSGMG, P.O. Box 945, Macon GA 31202

**THANK YOU FOR YOUR CONTINUED SUPPORT**

## Vitamin B-12, Folic Acid and Potassium (Ileostomate)

There is only a small section of the intestine that absorbs vitamin B12. It is located near the joining point of the small and large intestine. In the **ileostomate**, especially if there have been revisions, too much of the small intestine *may* have been used up and the area which absorbs vitamin B12 *may* be gone. The ileostomate can then no longer absorb vitamin B12 from food or even from supplements.

The answer to this problem is vitamin B12 shots usually 1cc, given anywhere from each week to once a month, depending how the patient feels. If, the "worn-out" feeling that one has occasionally can develop into a constant thing, it may be a good indication of vitamin deficiency.

In case of a suspected deficiency, there are three elements the doctor should check: vitamin B12, folic acid and potassium. The shortage of any one or all three can keep us down and without any pep or ambition even to do our daily chores. B12 and folic acid interact to the point that a deficiency of any one might be mistaken without complete tests for the deficiency of the other. Each of us *may* need both, to make the other one work right.

There is no danger of taking too much vitamin B12; the body throws off what it does not need. Folic acid should not be taken in large doses. Studies are not really complete, but it seems that the most a person should take is 0.4 milli-

grams per day. Potassium in natural foods cannot be overdone. The greatest source is bananas, with orange juice also being very good. However, if you have a shortage of potassium, which can also lead to a run-down feeling, you probably cannot get enough from foods without gaining weight.

An ileostomate who cannot absorb enough vitamin B12 from food or from pills, should consider taking injections. Folic acid and potassium can usually be absorbed in pill form, but the ileostomate should watch that the pills are not going through the digestive tract whole, without being absorbed by the body. If an ileostomate feels tired all the time, consult his/her physician.

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## 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)



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25 March , 3:00  
P.M.**





## Be Your Own Advocate

By Bobbie Brewer, GAOA Atlanta

Advocate: 'one who pleads the cause of another; one who defends; a voice'

There is so much change and challenge in the health care arena that it has become more important to be our own advocate. We must become more informed about ostomy surgery and its influence on routine health care issues. Consider:

### Emergency Room Visits

Speak up and let all the medical staff know that you have an ostomy. Ask to see the WOC Nurse (if one is available). You may have to give a quick medical explanation of ostomy surgery and the changes that have been made to your systems (intestinal or urological). Ask about all of the procedures and/or medications that are offered and their impact on your ostomy.

Severe diarrhea in individuals with an ileostomy quickly becomes a dehydration problem and requires immediate infusion of fluids and electrolytes.

Intestinal blockage requires a determination of the difference in a food blockage or for some other reason. A quick ex-ray of the abdomen can help establish the cause and thus the solution. Most food blockages will pass with time, with fluid and with pain medication and possibly a nasal-gastric tube if nauseated.

If you are unable to communicate your concerns, be sure to have another knowledgeable person with you to speak for you.

### Medications

Make sure all your healthcare providers know the type of ostomy you have, including your physician and your pharmacist. Absorption may vary with individuals and type of medications.

For individuals with an ileostomy, medications in the form of enteric-coated tablets, time-release capsules or long acting meds, may not be absorbed and therefore no benefit received.

Before the prescription is completed by the physician, inform or remind him of these limitations. A pharmacist can assist in choosing the form of medication that will be best absorbed.

**Remember to speak up and ask questions. A well informed advocate is best!**



## 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.

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## IRISH BLESSINGS for St. Patrick's Day

May you always have work for your hands to do. May your pockets hold always a coin or two.

May the sun shine brightly on your windowpane. May the rainbow be certain to follow each rain.

May the hand of a friend always be near you. And may God fill your heart with gladness to cheer you.

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



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

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## Stoma Bleeding

*(Marlene Muchoney RN WOCN)*

Stomal bleeding in small amounts is not uncommon when pouching systems are changed.

The visible mucous membrane that forms a stoma is very vascular. The stoma is red because of this rich blood supply. The tissue is also somewhat fragile. Although small amounts of bleeding are common, larger amounts can be indicative of other underlying medical problems and must be evaluated.

Bleeding can be due to an incorrect stomal pattern and can easily be adjusted by your ostomy nurse. Excessive bleeding can be from medications, liver problems or other medical conditions that need to be reported to your physician.

Look at your stoma to see if the bleeding edge is irritated. If you observe irritation, it may be necessary to enlarge the wafer. If the problem persists, have your ostomy nurse evaluate you or see your physician, especially if you are not certain whether the bleeding is coming from the stoma or internally. Gentle pressure over a small area usually is sufficient to stop external stomal bleeding. A cool cloth can also help. Excessive bleeding requires a trip to the emergency room and a follow-up with your doctor.

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## HOW TO OPEN CLOGGED SINUSES IN 30 SECONDS

Here's a great way to open clogged sinuses – one that requires no drugs, supplements, inhalers, or humidifiers. Simply rub the “Yingxiang” acupressure point at the base of your intraorbital nerve.

Finding this spot is easy. Just place your index finger on either side of your nose, right next to each nostril. Then press and rub the spot for 30 seconds. Doing so will clear your sinus cavity for up to an hour, says an MD at Columbia University College of Physicians and Surgeons.

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**Want the latest in ostomy information and reviews of new and often unique products?**

Subscribe to The Phoenix magazine, PO Box 3605, Mission Viejo, CA, 92690. The cost is \$29.95 for 1 year or \$49.95 for 2. It is also the second best source of personal ostomy information and interaction. Number 1 is our support group! Come to a meeting. You will be glad you did.

## THE NEW OSTOMATE AT SENIOR AGE

UOAA Update

Because the population as a whole is living longer, greater numbers of people are suffering illnesses that require ostomy surgery. Problems the senior new ostomate may face, which most of us can help with, include:

- 1: *Fear of increasing dependence and non-acceptance by family.* Family acceptance and support are essential for complete rehabilitation
- 2: *Unpreparedness for a stoma.* Surgery at times may be required as an emergency procedure when there has been little time for an older person to adjust to the change in body image. Often the older person is confused after surgery because the hospital routine is unfamiliar; side rails are up and he/she, by necessity, is treated much like a helpless child. It is in this environment that the patient gets acquainted with his/her new ostomy.
- 3: *A hard-to-manage stoma.* Particularly if created in an emergency situation, the stoma may have to be placed in a less than ideal location. This will require special extra care.

Experienced ostomates and caregivers can and should work to teach new senior ostomates acceptance and self care. It may take extra patience. Ability to learn does not diminish with age, but speed of performance and reaction time decline, and it takes longer to perform new tasks. A word of advice when working with seniors: allow your student to learn one task satisfactorily before advancing to the next lesson.

## THE PHILOSOPHER—ENGINEER

From Northern Oklahoma

Located on a table at a social function was half a glass of water.  
An Optimist observed that the glass was half full.  
A Pessimist observed that the glass was half empty.

An Engineer in attendance voiced his opinion  
that the glass was twice as large as it needed to be.



### 2018 Meeting Dates

SUNDAY 3:00

MAR	25, 2018
APR	22, 2018
MAY	27, 2018
JUN	24, 2018
JUL	22, 2018
AUG	26, 2018
SEP	23, 2018
OCT	23, 2018



**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**