

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

THE OSTOMY RUMBLE

PUBLICATION OF THE OSTOMY SUPPORT GROUP OF MIDDLE GEORGIA

Next Meeting

Our next support group meeting is **Sunday, October 22, 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.

THE OSTOMY RUMBLE

OCTOBER 2017

LAST MEETING OF 2017, but fear not— we will have our Christmas Party Dec. 2 . See pages 5 and 6.

At our Meeting this Sunday we will have a general discussion of anything Ostomy with an emphasis on Crohns patients. We have included a past article on pages 3 and 4 for persons less familiar with the disease. We have invited some Crohns patients including Kris who was with us last month. He is the leader of the local online Crohns and Colitis Support Group and has many experiences to share and questions to ask, as do we all. Bring your own experiences with you to the Meeting. That's what we do. Sam.



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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. Most 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 Sunday, 22 October, 3:00 p.m.



OSTOMY SUPPORT GROUP OF MIDDLE GEORGIA

Ileostomies and the Immune System

By David E. Beck, MD, Ochsner Clinic, New Orleans, LA

In response to a query about the possible effects of ileostomy surgery on the immune system, the surgery by itself should have no long-term effect on the immune system. Although there is some transient reduction in a patient's immune response right after major surgery, this usually returns to normal in a couple of days.

However, the diseases that cause patients to need a stoma, such as inflammatory bowel disease, and the medications used to treat the diseases, such as steroids, or malnutrition associated with the disease may all affect the immune system. If you are concerned, there are several tests that a doctor can perform to test your immune system.

One of these involves placing chemicals or allergens into the skin to see how the body responds. Others involve blood tests.

We are continually learning more about the human immune system from our experience with HIV infections. Most efforts are directed towards identifying and then treating the cause of the immune dysfunction. Although good nutrition and some supplements, such as vitamins, are necessary for the immune system to work, little has been proven to improve immune function.

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SKIN ATTENTION

Via: Golden Spread Ostomy Association, Amarillo, TX

Some ostomates can use anything on the skin and "get away with it." Others have to search for just the right combination of products for satisfactory use. New ostomates benefit from the follow-up visits to the ET because careful consideration is given to the various products used around the stoma area.

If you are experimenting on your own, consider the following information for using different products. Patch testing is recommended before proceeding to use the new product. The skin on the inner surfaces of the arm or leg or the opposite side of the abdominal area from the stoma are good areas to use for a simple test. For example, cut a piece of the washer, tape, disc, *etc.*, and affix it to the chosen area.

Secure with a strip of micropore tape and leave on the area for 48 to 72 hours. (Editor's note: Be careful of the tape too; it could be a problem.) Any burning sensation or itching during the testing time could signify sensitivity to the material being used and therefore, should be removed immediately, washed and dried well. After 48 to 72 hours, remove the patch and if there is no redness or irritation, it is safe to assume that the product can be used. With some persons, a "delayed reaction" may not occur until a few days later. For more extensive testing than this—contact a dermatologist

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Unraveling Crohn's Genetic Trail (The Wall Street Journal)

In the search for the causes of inflammatory-bowel conditions like Crohn's disease, doctors had long focused on diet. But studies have repeatedly failed to show that foods are to blame.

Now, researchers are focusing on genetic mutations linked to these conditions. The hope: to develop a therapy that fixes those mutations in order to actually cure diseases like Crohn's and ulcerative colitis, rather than just treat the symptoms.

For more than 15 years, Warren Strober has been studying these diseases at the National Institute of Allergy and Infectious Diseases in Bethesda, Md. He and other scientists have shown that dozens of genes are linked to Crohn's and ulcerative colitis.

Dr. Strober's current work centers on developing a stem-cell-based therapy to correct one particular gene mutation for Crohn's. But the wide variety of mutations means that there could eventually be a number of different treatments that target patients based on their genetic profiles, a strategy known as "personalized medicine."

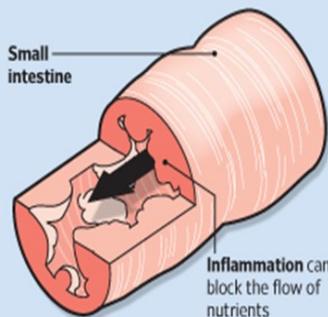
In inflammatory-bowel conditions, the immune system attacks harmless bacteria normally found in the gut. This response leads to inflammation of different parts of the digestive tract, which in turn can cause pain, fissures, abscesses and obstruction.

In Crohn's, the walls of the digestive tract become inflamed, and any part - from the mouth through

A Primer on Crohn's Disease

What is it?

It's a condition in which the walls of the digestive system—commonly the small intestine and colon—become inflamed, causing pain and possibly obstruction.



Source: Crohn's & Colitis Foundation of America

Who gets it?

Most commonly, teens and young adults, but children and people older than 70 can get it as well. It seems to run in families.

What are the symptoms?

Chronic diarrhea, abdominal pain, fever, fatigue and rectal bleeding.

How do you treat it?

The main categories of medicines include anti-inflammatory drugs, steroids, antibiotics, biologic therapies and immune modifiers. Some 66% to 75% of patients will need surgery to remove the damaged portion of the digestive tract. Diet doesn't appear to cause or worsen the disease.

the large intestine - can be affected. With ulcerative colitis, only the lining of the bowel is damaged. Together, the conditions affect about 1% of the U.S. population.

People with Crohn's can suffer from chronic diarrhea, abdominal pain, fever, fatigue and sometimes rectal bleeding. They may also have problems absorbing an adequate amount of nutrients from food, particularly if too much of the intestine is removed. The disease can stunt the growth of children.

Treatments have improved in recent years and now include powerful, injectable biologic medicines that reduce inflammation, such as Johnson & Johnson's Remicade and Abbott Laboratories' Humira.

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But these therapies aren't cures, and not everyone responds to them. In severe cases, patients must undergo surgery, sometimes multiple surgeries, to remove parts of the bowel or colon that are blocked. For Crohn's, in particular, because it can develop in any part of the gut, inflammation can recur even after surgery in a different segment of the digestive tract. Within 10 years after surgery, 80% to 90% of Crohn's patients will have a relapse, according to researchers.

In their search for a cure, Dr. Strober says he and his colleague, Ivan Fuss, are "bounding ahead" on research in mice that aims to fix a genetic mutation called NOD2 associated with Crohn's.

Continued on page 4

Continued from page 3

The idea would be to have the body repair itself by growing the corrected gene using so-called induced pluripotent stem cells.

Stem cells are those that can develop into different types of specialized cells, like heart or muscle cells, and are mostly found in embryos. Induced pluripotent stem cells, or iPS cells, are made by taking adult specialized cells and turning back the clock, engineering them to an earlier stage where they can reproduce again.

Dr. Strober's team has already figured out how to take cells from the intestine and convert them into iPS cells. Now, they are working on fixing the genetic defect in the iPS cells before testing the therapy in animals.

First, they take segments of human DNA that contain the NOD2 gene mutation and break the DNA apart. Then, like a puzzle, they reassemble the DNA except for the one broken piece—the gene mutation. That piece is replaced with a new, corrected piece of DNA.

After the gene mutation is corrected, the completed iPS cell will be administered into the bone marrow of mice with Crohn's disease, where the new intestinal cells that develop should be fully functioning again. They have been testing for several years.

The biggest challenge with this type of "integrated science" approach—one that combines genetic information, physical symptoms and biology—is narrowing down which genetic combinations are critical to which patients, according to Stephan Targan, director of the division of gastroenterology and the institute for inflammatory bowel immunobiology at Cedars-Sinai Medical Center in Los Angeles.

Dr. Strober and others are also looking at different genetic and molecular pathways that could lead to better understanding and treatments for Crohn's and ulcerative colitis.

Other researchers are examining how genetic mutations affect the type of bacteria that are found in the digestive tract. Greater presence of certain types of bacteria may be more likely to trigger an immune response. Still another area of research focuses on understanding how individuals' genetic makeup can make them susceptible to certain other Crohn's triggers, such as stress, smoking and the use of non-steroidal anti-inflammatory pain killers.

**Next Support Group
meeting on 22 October ,
3:00 p.m.**

Who Are Ostomates?

Men and women, rich and poor, all races, creeds and colors. No one is exempt, from a new born babe to the very elderly. Some have felt alone with their ostomy, apart from the rest of the world.

Nothing could be farther from the truth since there are over one million ostomates in the United States and Canada alone. And our numbers are increasing at an annual rate of more than a hundred thousand. When we add the millions living in other parts of the world, we find that we are far from being alone.

Stomal Prolapse

Prolapse is a relatively frequent stomal complication (affects up to 14 percent of all ostomates), defined as the excessive protruding of the bowel out of the abdomen. The piece of bowel that protrudes may often be as long as six inches in length, up to three inches wide easily.

If your stoma prolapses, you should remove your pouch, so that the bowel has space without being constricted. Apply a cool compress. If this is the first time you have prolapsed, call your physician or WOC(ET) nurse immediately. If you cannot get in touch with an ostomy nurse and especially if your drainage has stopped, it would be wise to go to the emergency room at your local hospital. If your stoma has prolapsed before, you may have been taught by your physician how to "reduce" your stoma.

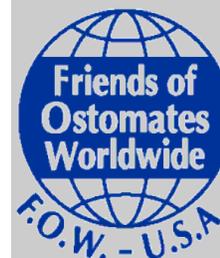
YOU ARE INVITED TO THE ANNUAL
OSGMG CHRISTMAS PARTY
SATURDAY, DECEMBER 2nd 2017
1:00 P.M.
AT THE RETREAT OF DOCK AND HELEN
CHURCHWELL
COCHRAN, GEORGIA

THE MENU

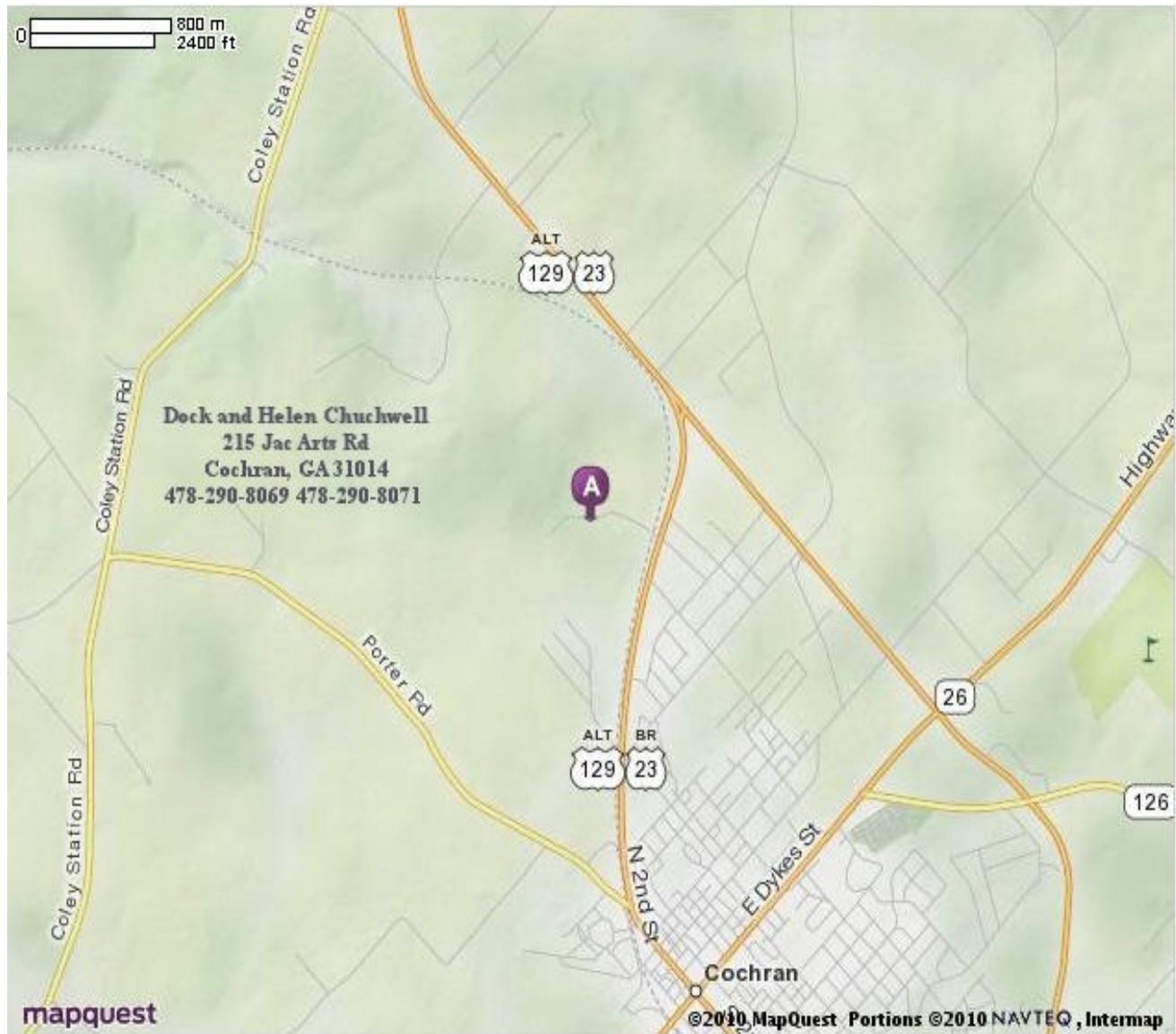
TURKEY, DRESSING, CRANBERRY SAUCE,
BREAD AND DRINKS WILL BE FURNISHED.
PLEASE BRING A SIDE DISH OR TWO TO COM-
PLETE THE MEAL; CASSEROLES, VEGETA-
BLES, SALADS OR DESSERTS.

OUR NEXT GATHERING—SATURDAY, DEC. 2

Dock and Helen Churchwell have again invited us to their homeplace in Cochran for our annual Thanksgiving/Christmas Party and Luncheon. We customarily do not have formal meetings in November and December because the 4th Sunday usually conflicts with the holidays. So, come to Cochran, bring something good to eat and your checkbook so you can make a Christmas gift to our Chapter if you like. If you have items you would like to donate, bring them and price them for sale. Crafts and homemade items are especially welcome. This is always an enjoyable and relaxing event in a beautiful place with wonderful people. Bring a guest if you like. A map and directions are on the next page.



Visit our
web site at
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DIRECTIONS TO THE CHURCHWELLS'

From Macon take I-16 to exit 12 (Huber or Sgoda Rd.) and take a right, then a left on Hwy 23 & 87 to Cochran. As you come into Cochran do not take the bypass. Take the next road to the right on Jac Art Road. Go to the very end of the road. You'll be at the Churchwells'. If you get to Scott's Bar-Be-Que, turn around and follow the directions below.

From Dublin take Hwy 26 to Cochran, go to the 3rd traffic light and take a right on Hwy 23 & 87. Go past Scott's Bar-Be-Que and take the next left on Jac-Art Road.

Lost? Call 478-290-8069 or 478-290-8071

Factors That Affect Ostomy Function

Ostomy function may be changed by a variety of medications and medical treatments.

The following are examples:

Antibiotics—These often cause diarrhea, even in patients without an ostomy. Make sure your doctor knows about your ostomy, and inform him/her of problems as they occur. Drink plenty of liquids and drinks that will help maintain your electrolyte balance if diarrhea strikes.

Pain Medications—These are often constipating. Extra irrigations or laxatives or stool softeners might be required for colostomates to combat the side effects of pain medications. Perhaps the dosage of pain reliever may be reduced to eliminate the situation. Again, be sure to drink plenty of liquids.

Chemotherapy—Many cancer patients have follow-up chemotherapy after surgery or as an alternative to surgery. That often produces nausea and/or vomiting. You need to drink fluids that help you maintain your body chemistry balance.

Radiation Therapy—This often produces the same effects as chemotherapy.

Travel—Travel may cause constipation in some people and diarrhea in others. Be aware that these are possibilities. Altered diet when traveling accounts for some of this, plus the excitement of new surroundings. Allow sufficient time for irrigations and take along an antidiarrhea medication.

Antacids—Some types of antacids may cause diarrhea—usually those with magnesium. There are many fine new products on the market. Find out which is best for you.

Drink plenty of liquids. You need to maintain your electrolyte balance in case of diarrhea. Tea, orange juice and even sodas/cokes are sources of potassium. Bouillon cubes mixed in hot water are a source of sodium. Some of the signs of electrolyte imbalance are irritability, nausea and drowsiness.

Too Much of a Good Thing

Many accessory items have been developed to take care of specific needs. Ostomates should determine which items are best for their ostomy management, remembering there can be “too much of a good thing.” Here are a few hints to help achieve a successful ostomy management system.

Keep it simple. Do not use extra cement, skin-care products, *etc.*, unless absolutely necessary. Sometimes, extra products actually interfere with pouch adhesion or create skin problems. Plain water is still the best cleaning agent for skin around the stoma.

Do not continue to use therapeutic products after the problem has been solved.

As an example: Kenalog spray and Mycostatin powder should not be used routinely when changing the pouching system. These products are prescribed for particular skin problems. Kenalog is usually recommended for its anti-inflammatory effects and symptomatic relief of the discomfort associated with skin irritation. However, continued and prolonged use of Kenalog after the problem is resolved may lead to “thinning” of the outer layer of skin, thus making it more susceptible to irritations. Mycostatin powder is useful for yeast infection. However, using Mycostatin after the infection clears serves no purpose.

Seek Advice. See your physician or WOC(ET) Nurse if you find yourself a victim of the syndrome. They can provide assistance in selecting the most appropriate and economical ostomy management system for your needs.



Visit our web site
at osgmg.org.

Next Support
Group meeting on
22 October , 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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PO Box 945
Macon, GA 31202