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Next Meeting

Our next support group meeting is **Sunday, September 24, 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

THE OSTOMY RUMBLE

SEPTEMBER 2017

Had enough hurricane? Me too. Come to our Meeting and we can talk about it. We did some good deeds for some traveling Ostomates in distress during this awful time. See page 3. The program for our meeting this Sunday, September 24, will be a discussion of health directives and other documents you need to prepare. We are expecting a representative from Pine Point. They deal with these items on a regular basis.

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 24 Sept
3:00 P.M.**

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Ileostomies and the Immune System By David Beck, MD, Ochsner Clinic, New Orleans

In response to a query about the possible side effects of ileostomy surgery on the immune system, Dr. Beck noted that 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 system 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), 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 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 toward 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.

Thanks to Ostomy Outlook, North Central, OK, via Rosebud Review, Eau Claire, WI

Pouch Changes - How Often

Via: GB News Review, Green Bay, WI. & So. NV Town Karaya

This question is among those most frequently asked, particularly by Ileostomates and urostomy patients. Like any other question, there is no one answer that applies to all ostomates. An informal survey revealed that people change their appliances as much as 3 times a day, and as infrequently as every 2 to 4 weeks. Obviously, there must be reasons for this great variation. After pointing out that the great majority of ileostomy and urostomy patients change in the range of once daily to once a week. Let us explore some of the reasons. People on either side of this spectrum can have a skin problem or skin which is nearly indestructible. Some of the reasons for the variation in time between changes include: **Stoma length:** A short stoma exposes the adhesive material to moisture which decreases wearing time. **Amount or consistency of effluent:** Profuse effluent tends to loosen the seal. **Skin Type:** Moist or oily skin tends to decrease adhesion time. **Skin Irritation:** Decreases adhesion. The appliance should be changed more frequently to evaluate the success of your attempts to heal the skin. **Experience:** Good technique, such as allowing glue (adhesive) to dry well, increases adhesion.

Personal Experience: Preferences, convenience, and odor control.

OSTOMY AWARENESS DAY

Saturday, October 7, 2017, has been designated Ostomy Awareness Day in our continuing effort to inform the public about this life saving surgery.

You Have Adjusted to your Ostomy When:

You stop spending all of your spare time in the bathroom waiting for your stoma to work so you can empty it right away.

You can move about freely, without holding your appliance as though it might fall off any minute.

You make that first trip to the mailbox without taking along your ostomy supplies.

You stop grabbing your abdomen when the grocery clerk asks you if you need help to the car with your bag.

You go out for the evening and realize too late that you left your emergency kit at home.

You begin to think how lucky you are to be alive instead of how unlucky you are to have an ostomy.

You attend the support group meetings with an expectation of learning more about your ostomy rather than staying at home worrying about it all.

OSGMG to the Rescue

As you know, our group accepts donations of ostomy supplies and we give them away to people temporarily in need and/or to our affiliated organizations. During the Hurricane Irma evacuation and return we gave away over a dozen boxes of wafers and pouches to people we did not know. We relieved great panic !

A Recent Rumor

Rumor has it that the doctor removed one of your parts. The same rumor said that they didn't take out your heart. So you can still love. Also, none of your mind was removed, so you can still dream of sunshine and flowers. Apparently, they left your family and friends. So you still have someone to care for and someone to care for you. Did the surgeon remove your grandchildren's laughter? Did he leave you your lips to smile with, your nose to smell the morning air, your ears to hear the birds singing, your eyes to see the evening sunset, surely he didn't touch your soul. That belongs to God. If he left you all of these things, did he remove anything really important? Remember what Hubert Humphrey, also an ostomate, once said, ***"It isn't what they take away from you that matters, it's what you do with what you have left that counts."***

"The longer I live, the more beautiful life becomes."

-Frank Lloyd Wright



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





Ostomy Q & A

Q: My ileostomy produces a lot of waste. Is it okay to fast so I don't get this output at inconvenient times?

A: Some ileostomates delay eating or time their meals so they have less waste at certain times (e.g., intimate moments, going to the movie). However, your ileostomy will continue to produce gas and digestive juices even if you haven't eaten, and an empty digestive tract seems to produce excessive gas. Starving yourself to avoid producing waste is foolish and dangerous. (Angela Kelly, RNET, High Life)

Q: What causes warts to form on the edge of the stoma?

A: A poorly fitted appliance can cause nodules to form around the edge of the stoma. They are benign and will do no harm. If they get in the way, they can be removed by cauterization. (ET Panel, Vancouver Ostomy High Life)

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.

Stoma Shape and Leakage

Are you aware that stomas sometimes change shape? This can happen when you change from a standing to a sitting position. Mirrors are handy gadgets—take a look! The stoma that is round when you are lying down or standing may be oval when you sit down. This may be a source of a leaking problem and merits thought. Remember, the stoma is a portion of the intestines brought to the surface of the abdomen. The healthy red color of the stoma means there is a good blood supply. The natural lubricant of the intestines is mucus. No adhesive will stick to the stoma because of the mucous lining.

Therefore, any part of the faceplate/wafer that comes in contact with the mucus on the stoma will automatically refuse to stick. Thus the seal around the stoma does not change even though the stoma shape changes. This means that if the stoma is oval in a sitting position, perhaps the opening on the faceplate should be oval. This particularly applies to people who are sedentary most of the day. This is not an absolute rule, but a consideration if you find leakage a problem.

Check your bags

I went to the airport. I had three pieces of luggage. I said that I wanted one piece to go to Cleveland, one piece to Toronto, and one piece to Florida. The airline agent said, "We can't do that." I replied, "Oh really? Well, you did it last week..."

Common Ostomy Problems and Possible Solutions

Excerpted from an article in the Huntsville, Alabama "Re-Route"

Food blockages. Symptoms may include no output from the stoma for more than 4 hours, cramping in the abdomen, nausea or vomiting and high watery output. Solution: Drink hot tea and increase your fluid input. Take a warm bath or shower and massage your abdomen. Have a glass of wine. This will help relax your abdominal muscles. Get down on all fours with your backside in the air. An undignified position, but it does help some people move a blockage. If the blockage persists for more than a few hours, seek medical advice from your nearest hospital.

Mucous and bleeding from the rectum. Solution: This is completely normal if your rectum is still intact, although annoying, since the mucosal lining of the rectum is still working. Try wearing a sanitary napkin to save soiling your underwear. If the bleeding is profuse, see your doctor.

Odor. Solution: Simple solutions that work for some ostomates are to place mint tic tacs or mint mouthwash into your bag. Deodorants, either taken orally or placed in your bag, are available from your ostomy supplier. DO NOT place aspirin in your bag in an attempt to eliminate odor—doing so can cause damage to your stoma.

Bleeding. Solution: First, determine if the bleeding is coming from the surface of the stoma or from internally. If it is internally, then it's wise to seek medical advice. If the bleeding is from the surface of the stoma, it should stop quite quickly. Stomas are made from the same type of skin as the inside of your cheeks and you know how easily they bleed. Even the slightest little nick can cause it to bleed. If bleeding is profuse or doesn't stop quickly, seek medical help. Cuts to the stoma can also be caused by the wafer riding off center. Try "picture framing" the wafer with some tape to stop it from moving.

Phantom rectal pain. i.e., you get the urge to go to the toilet in the —old way|, even though you know you can't. Solution: This pain is because your body needs time to adjust to its new plumbing and still thinks it needs to go to the toilet in the old way. Try going and sitting on the toilet anyway, even though you know it's pointless. A lot of people find this alleviates the pain. The good news is that over time, phantom rectal pains become less frequent and eventually disappear altogether.

Stoma is placed on or above the beltline. Solution: This is more common in men than women for some reason. DO NOT let them site your stoma on or above the belt line if at all possible. Belts will stop the stool from flowing into the pouch so try wearing trousers a size bigger than you would normally wear and wear braces or suspenders to keep them up rather than a belt.

Seatbelt of cars ride right over the stoma site and are uncomfortable. Solution: Try using a clothes peg at the top of the seatbelt where it slides into the door. This will enable you to wear the seatbelt looser than normal but still protect you in case of an accident. Use a small cushion or pillow between you and the seatbelt. Remember, a broken stoma is much easier to put back together than a broken whole person!

Stoma shows through a tight dress. Solution: Try wearing bike pants or similar lycra pants under your outfit that will smooth out the line of the bag. Empty frequently.

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

PAINS YOU SHOULD NEVER IGNORE (By Dr. Mallika Marshal)

Pain is your body's way of telling you something is wrong, and failure to address it could lead to serious problems.

Chest/Shoulder Pain. It could mean that you're having heart problems. Sometimes it's a pain in the chest, sometimes in the left arm, shoulder, neck, or jaw. However, many people who've had heart problems say it's not really a pain, but a pressure or discomfort. Now there are other things that can cause pain in the chest such as acid reflux, inflammation of the chest wall muscles, or inflammation of the lining of the lungs. But the thing we really worry about and want to rule out is a heart attack. So if you develop these symptoms, especially if you have risk factors for heart disease or are over 40, you need to contact your doctor right away or call 911.

Pain in the mid-back. If you experience pain in your back or between your shoulder blades, it's most likely caused by arthritis. But pain in this area, especially if it's severe or sudden can indicate an aortic dissection in which blood actually gets trapped in a tear of the main artery in the body, the aorta. This can be life-threatening. It more commonly occurs in people with high blood pressure or people with a history of heart disease, so if you're concerned, call your doctor right away.

Abdominal pain. We all get the occasional bad stomach ache but what we are talking about here is sharp pain that that hurts so much that it takes your breath away. This kind of pain could signal appendicitis or a ruptured appendix which is a very serious condition that needs to be treated right

away. Severe abdominal pain could also signal problems with your gallbladder, pancreas, or even an ulcer.

Calf pain. Whenever we hear someone complain of calf pain, we worry about a blood clot or deep venous thrombosis in the leg. These clots affect about 2 million Americans every year and can be life-threatening...if the clot breaks off and travels to the lungs. People most at risk are those with cancer, pregnant women, people who have had recent leg surgery, bed-ridden patients, and people who have been on long plane flights. So if you have pain in your calf, especially if there's redness and swelling and no recent injury or muscle strain, you need to call your doctor right away.

Feet or leg pain. Burning in the feet or legs could be a sign that you have peripheral neuropathy or nerve damage. One of the most common causes is diabetes which we all know is a very serious condition. And the sad fact about diabetes is that many people who have it don't even know they do. So a burning sensation in the feet could be the first indication. Other causes of nerve damage could be injury, inflammatory conditions such as Lupus, or vitamin deficiencies. So talk to your doctor.

OSTOMY SUPPLY ESCAPE KIT

Weather emergencies should remind ostomates that they should have a kit packed and ready to go consisting of everything needed to take care of their ostomy for at least two weeks. That means also duplicating items like scissors, tape, cleaning pads, mirror, etc., Everything. A flashlight and a little cash money are always helpful. Replace perishable items periodically.

POWDER YOUR STOMA ?

UOAA UPDATE

Powder is normally not required during the routine maintenance of a stoma. As a matter of fact, most modern disposable barriers are designed to adhere to the skin by themselves. Powder is used to treat irritated skin or a fungal infection.

Yeast (fungus, Candida) infections are very common, especially during the summer or when one perspires during regular exercise. Micro granulated anti-fungal powder is used only when there are signs of a yeast infection: i.e., an itchy rash and raised red bumps. Use the powder until the infection clears, then discontinue.

Pectin based powders such as Hollister Adapt Stoma Powder or Convatec's Stomahesive Powder are used to treat irritated skin.

To apply any kind of powder, clean the peristomal skin well with plain water and then dry before applying the powder. The skin should be completely dry. Dust the skin with the powder, gently rub it around and then brush off the excess. If one wears a standard regular barrier, dissolve the powder by gently dabbing the area with skin barrier wipes.

Be careful. Skin sealants and barriers are generally not recommended for use with the newer extended wear wafers. Try the powder, if you think you need it, without applying the skin barrier. The skin barrier chemicals may impede adhesion of some of the extended wear appliances.

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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