

Ostomy Outlook



NEWSLETTER OF THE OSTOMY ASSOCIATION OF THE MINNEAPOLIS AREA	
Volume XXLXIII, Issue I	
March/April 2016	
Date:	Monday, March 21, 2016
Time:	6:30 PM-Social hour
Place:	United Methodist Church of Peace 6345 Xerxes Avenue South Richfield, MN 55423 612-866-0069
Program:	7:00 P.M. <i>Julie Powell – What’s the difference between mine and yours?</i> Informative session on ostomies, followed by questions & answers.
Date:	Monday, April 18, 2016
Time:	6:30 PM – Social Hour
Place:	United Methodist Church of Peace 6345 Xerxes Avenue South Richfield, MN 55423 612-866-0069
Program:	<i>Janie Jasin CSP-NSA & Legends Award Winner</i> WISE WORDS & LOTS OF AUGHTER, http://www.janiespeaks.com Speaker- Coach- Author *The Littlest Christmas Tree- 2 million sold She'll make you laugh and cry, a great story teller and humorist, we are very fortunate to have national keynote speaker Janie Jasin. You don't want to miss this special evening!



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The Ostomy Outlook is printed and circulated for people with Colostomies, Ileostomies, Urostomies, and alternative procedures, their families and other interested Persons.

Our new website address is: ostomyminneapolis.org

Short-term Ostomate: A Point of View

From North Central Oklahoma Ostomy Outlook May 2014

by Katy Duggan; via Pomona Valley (Upland, CA) News and Views; and
Chippewa Valley (WI) Rosebud Review

One day I was on vacation in New York and simply feeling constipated. The next day I was in a Seattle emergency room signing a consent form for a resection (surgical removal of part of my bowel) and a possible ostomy. As an RN, I took care of many a child with a colostomy and could only remember the awful skin breakdowns that many of the kids had on their abdomens. I remembered the struggles to keep the old style appliances on their fragile bodies. I was feeling scared, confused and incompetent to take care of one on my own body. My surgery resulted in no ostomy, and I was relieved. I had only a colon cancer diagnosis to deal with post-operatively.

Five days later, I found myself again faced with a consent form for emergency surgery for complications. This time there was no doubt that I would have an ostomy — an ileostomy. The surgeon assured me that it would be only for eight to ten weeks, and then it would be closed. The assurance vanished with the first visit of the oncologist. He did not want me to have a third surgery, recover from that operation, and then start chemotherapy.

Now my challenge was to face nine to ten months of taking care of the ostomy on my body. Even as professionally trained as I was, I had all the same fears as those who must face living a lifetime with an ostomy. I kept telling my family I just wanted to pay a nurse to come in each week to deal with the bag change and any problems. I wanted someone else to deal with "it." I had to have help for several weeks but gradually became less "scared," not as "confused," more "competent" as each week passed. Although, as I write this, I am closer to the surgery date to reconnect my bowel, I have walked the road each ostomate walks. Between chemotherapy side-effects and learning new skills for managing an ileostomy, I am a stronger, more competent individual.



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The Doctor/Patient Partnership

Carol Larson 2016

When support groups of people who have survived a serious illness gather, it's a good bet that eventually their doctors become the topic of conversation. Because of the life and death issues involved, strong feelings emerge. Good experiences tend to breed hero worship, while unpleasant encounters can leave everyone bitter. The impressions that make these relationships work the best are based mostly on the gifts of a good diagnostician and the ability of doctors to connect with their patients while dispensing care. Stories about insensitive physicians top the list.

We have our good stories too, praising the doctors who have what is known as "a good bedside manner." The realities of modern medicine make it hard to establish much of a personal exchange. Time allocated for most appointments is short, and patients are usually scheduled in tightly. Instant judgments abound. Some hasty comment, look of boredom, or impatience on the part of the doctor can influence the effectiveness of care more than it should. But rudeness works both ways. Patients need to do their part to pay attention and make the best use of this time.

"Look in the bandaged place. There you will see the light" Rumi

How to get the best care possible:

Be Selective

- If you have insurance, call the number on your card and find out which doctor is in your network.
- Call another doctor you admire and ask for a referral.
- Find a doctor who is convenient for you to see and who works in a hospital you would prefer.

Be Efficient

- Be on time for your appointments.
- Bring in a list of your medications and insurance information.
- Deliver your information concisely. If you are experiencing pain, grade the pain from 1-10. Be specific about your concerns.
- Don't expect a doctor to want to listen to unrelated facts.
- Don't overwhelm the doctor with a diagnosis you pulled off of the Internet or from well-meaning friends.

Listen Carefully

- Take notes. Bring a list of questions you had beforehand.
- Write down treatments or words you don't understand.
- Be reasonable and respectful. Understand that both of you will not always be at your best, especially when an illness is hard to treat.
- It is primary to your care to be able to accept honesty and not try to persuade your doctor to give you glib promises.
- Repeat the doctor's message out loud so that you truly understand what is being said.



Convatec is proud of our nearly 30-year heritage and our many contributions towards advancing the fields of modern wound and ostomy care. Today, we are equally energized and excited about our future as part of Nordic Capital and Avista Capital Partners. As we move forward, what remains unchanged is our passion for making a difference in people's lives.

Patient Power



ALL GOOD THINGS MUST COME TO AN END

Dear readers,

As your two writers of the Patient Power articles for years, we have made a difficult decision to have this article be our last. We have truly enjoyed writing the variety of articles we have written and hope you have benefited and learned from them.

As we both reflect on what we have written over the years, we hope you have learned the power of support groups, importance of empowerment, shared decision-making, being pro-active in your healthcare and that you and your medical staff are a team. We are not only consumers in our healthcare arena, we are team players. That means we can change physicians, give feedback, ask questions and have the ability to make a difference in our own healthcare. Remember you know your body the best. Listen to what it is telling you and call your physician when you know something "just doesn't feel right." We hope to remind you that YOU are in charge of your healthcare. It can be difficult at times, but NEVER be afraid to speak up.

Our reason for making this our last article is a variety of reasons for the two of us. Among them are health issues, moving to a new home, increased volunteering in other facilities and needing to concentrate on other aspects of our lives. It has been a compliment when other states have wanted to share our articles in their newsletters and we have been humbled as we shared our personal journeys with you. It's been a great ride and we are so glad you joined us for as long as you did.

Even though our title is ALL GOOD THINGS MUST COME TO AN END, that doesn't mean the friendships we have made in our support group are going anywhere! The two of us wish you the best of everything in the coming year of 2016. Whether it's in your travels, your work, family, play, volunteering or whatever your passion is...we hope it is all done in good health!

Signing off...over and out.

Anne Marie and Dar

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Some Tips for Staying Hydrated When Sick:

- Water is good, but you should include electrolytes too; having a sports drink may help if you can't make your own oral hydration solution. This is especially important if you have an ileostomy, as it's already going to be a challenge to absorb electrolytes.
- Warm fluids like tea or clear soup/broth can be both soothing and help with sore throats. Don't use the same cup/mug/water bottle throughout the day. Change your beverage container often to avoid reinfesting yourself.
- If it helps, eat water-rich fruits and vegetables. This only works if you're able to eat during this time, but citrus, watermelon, tomatoes, etc. will help give you both liquids and nutrients.
- Drink until your urine is clear. If you have an ileostomy, keeping hydrated will already be a challenge, but illness will push your requirements for fluids even higher, so it's important to drink enough that your urine is running clear



GET YOUR
REAR
IN GEAR

OUR VISION

- To establish a colon cancer event or align with an existing event in every state to help raise awareness and funds to adequately support colorectal cancer activities at both the local and national level.
- To recruit partners from local and national businesses, health organizations, media and those touched by colon and rectal cancer to help develop these events.
- To assist local organizers in identifying and directing funds raised to the best local organizations or programs that ensure our mission that all citizens have adequate information and access to screening for colorectal cancer.

From Margaret Goldberg: The Ostomy Bill of Rights

The ostomate shall:

1. Be given pre-op counseling
2. Have an appropriately positioned stoma site
3. Have a well-constructed stoma
4. Have skilled postoperative nursing care
5. Have emotional support
6. Have individual instruction
7. Be informed on the availability of supplies
8. Be provided with information on community resources
9. Have post-hospital follow-up and life-long supervision
10. Benefit from team efforts of health care professionals
11. Be provided with information and counsel from the ostomy association and its members



SAVE THE DATE!

AATH's 2016 Annual Conference
 "Get Your Kicks on Route 66: Rev'ing Up Your Humor"
 April 7-10th Mesa, Arizona
 See highlights from the 2015 AATH conference:
[2015 AATH Conference](#)



Do not go where the path may lead, go instead where there is no path and leave a trail. – *Ralph Waldo Emerson*

**YOUR MEDICAL RECORDS CAN SAVE YOUR LIFE
UOAA UPDATE 10/2013**

Odds are that you give very little thought to your medical records. **BIG MISTAKE!**

Doctors rely on these critical documents—medical histories, test results, immunization records, insurance documents, advance directives, etc.—to make key decisions about your medical care. Most of us simply assume that our records will always be available at the doctor's office or the local hospital should the need arise. Unfortunately, records are often misplaced, damaged or even destroyed—all without patient's knowledge or consent.

Self-defense: Keep copies of important medical records on file in your home. Your medical records are the legal property of the hospital or physician who treated you. But if the hospital closes or your doctor retires, your records could be transferred, making them difficult to locate. The law varies by state, but doctors generally aren't required to keep your medical records for more than seven years. If you've changed doctors but haven't transferred your records or kept copies, your old records may no longer be available.

Here are three more reasons to keep copies of your medical records:

1. Reviewing your records gives you a more thorough understanding of your health and helps you form a partnership with your doctor. You'll be better able to make informed decisions, such as which treatment option makes sense for you.
2. Medical records give doctors a clearer picture of your health over time. If you have a progressive disease, comparing your current condition with your condition several months or years ago enables your doctor to determine how quickly your disease is progressing. Or if you've been treated previously for a condition your doctor can review your records to discover which treatments were most successful.
3. Your records may be dangerously inaccurate. During the course of various treatments, your records pass through many hands. Mistakes are inevitable. Most are minor, but some can jeopardize your future health. As the patient, you're in the best position to discover inaccuracies. You may not be able to decipher technical information, but you may spot potentially harmful errors, such as a failure to record a critical diagnosis.



colon & rectal surgery associates

We're recognized leaders in colon and rectal surgery

Our Vision:
Colon and Rectal Surgery Associates is an innovative leader in colon and rectal surgery grounded in our belief that continued research, training and technology keep us on the forefront of our specialty and best serving our patients. We strive to have a collaborative, cooperative culture where excellence and innovation are valued. We care for every patient as we would care for our family members and ourselves.

Our Mission:
Colon and Rectal Surgery Associates is an independent practice committed to:

- Providing the best care for the individual
- Training residents and future leaders in colon and rectal surgery
- Improving outcomes through education, research and meaningful collaborations.

<http://www.colorectal.org>

Ostomy Association Of The
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To:

Please enroll me as a new member of the Ostomy Association of the Minneapolis Area

If you haven't enrolled, 2015 Annual dues are \$25 and are due following your submittal of this form. Membership in the Ostomy Association of the Minneapolis Area includes 8 informative meetings, subscription to the "Ostomy Outlook" newsletter and an "Antless picnic" in June.

OAMA
PO Box 385453
Bloomington, MN 55438-5453

I have a: Colostomy Ileostomy Urostomy (ileal diversion) Other Nonstomate

Name: _____
Street: _____
City: _____ State: _____ ZIP: _____ Phone: () _____

As a tax exempt Organization, all contributions and dues are tax deductible

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OSTOMY ANNIVERSARY

The Anniversary of my stoma is ____/____/____, and in order to celebrate my return to good health, I am contributing the sum of _____ or \$_____ per year for my stoma.

I hereby grant permission to print my name in the Chapter Newsletter.

Name _____ Years _____ Amount \$ _____

Send this form with your check, Payable to OAMA

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