

Ostomy Outlook



NEWSLETTER OF THE OSTOMY ASSOCIATION OF THE MINNEAPOLIS AREA	
Volume XXVII, Issue I	January/February 2013
NEXT MEETING	
Date: Monday, January 21, 2013 Time: 6:30 PM Place: United Methodist Church of Peace 6345 Xerxes Avenue South Richfield, MN 55423 612-866-0069 Program: Panel of patient caretakers	
Date: Monday, February 18, 2013 Time: 6:30 PM Place: United Methodist Church of Peace Program: Rap Session with Julie Powell	
Watch for the next newsletter in early March!	

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United Ostomy Association of America Web Site: www.uoaa.org or www.ostomy.org

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The Ostomy Outlook is printed and circulated for people with colostomies, ileostomies, urostomies & alternative procedures, their families and other interested persons.

Consult your MEDICAL PROFESSIONAL before using any product or procedure published in this newsletter.

Frank Moriarty President's Message



The month of December started with my wife having surgery for breast cancer on December 4th. Two days later, on Thursday, I went into the hospital with a bowel obstruction. I spent four days in the hospital and the obstruction cleared on the third day without any surgery, not the way to start the month of December.

I missed the November meeting. I understand Julie Powell did a great job with the question and answer session. We are so lucky she is a member of our group.

I just finished reading my current winter issue of The Phoenix Magazine, official publication of the United Ostomy Association of America. If you are not subscribing to this great magazine, you are missing some very informative articles on all sorts of Ostomy problems. This month there was an article on "5 Reasons for Leakages." Every issue there are question and answer columns by a doctor and several nurses. I am not attempting to sell subscriptions, but I feel very strongly every one of us would benefit. Many of our members bring past issues to our meeting and place them on the sign-in table. Feel free to take one home.

See you all at our January 21st meeting.

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Patient Power

If you have any ideas or issues you'd like us to address, please send them in to the newsletter editor or directly to us, Darlene Hafner and Anne Marie Kronick." You can reach us by emailing dmhafner@yahoo.com or amkronick@comcast.net



Many of us are starting to hear the phrase "patient-centered care" lately or maybe it's popped up when we are reading recent medical articles. Years ago, we were used to our physician making most of our medical decisions for us because we felt they were the "experts." But this concept is changing. We are now the "experts" too. We know our body best and if we work together as a team with our physicians, we will have a better experience.

But what does patient-centered care or family/patient-centered care really mean? To me, it means working together and incorporating the following concepts:

1. Shared decision making. This is important in a variety of treatment plans, whether it is a surgery, lab tests, scans or other decisions such as chemotherapy or radiation. A physician who believes in and practices patient-centered care will welcome patient questions and value their opinions. He or she respects the patient's feelings and takes them into account when a decision has to be made regarding the health care plan..
2. Shared responsibility. We as patients have the responsibility to follow the care plan that was agreed upon during the shared decision-making process. This could be a follow-up appointment, taking medication or setting up a specific procedure. If a plan was discussed with your physician of losing weight, controlling diabetes or to quit smoking, you need to take the responsibility in following through and doing your part.
3. A trusting relationship between patient and physician is essential. We as patients need to feel our health and safety are the number one priority. If we trust our health care provider, we will be able to discuss any health issue that is important to us. If we trust that person, we can ask any question and feel we are getting an honest answer.
4. Being an advocate for yourself and other family members is another important factor in patient/family centered care. We need to be proactive in our own health care and feel comfortable asking questions, even if this might mean to challenge an issue.

When we participate in all the above we can be pretty much be guaranteed to have a positive medical experience. So the next time you have a medical appointment, think of you and your health care provider as a team working together toward the common goal of remaining healthy.

Quote of the month:

You can't start the next chapter of your life if you keep re-reading the last one.
-unknown-



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URINARY TRACT STONES

North San Diego County, CA

Urinary tract stones, particularly kidney stones, have been known for many, many years. The disease manifests primarily in adulthood, although its occurrence in children is not unknown. Three times as many males suffer from the malady as females. The pain associated with the disease, the result of passing of the stones, is recognized to be the most severe known.

Heredity is one factor that contributes to the disease. If one member of a family has stones, most likely another family member will also develop stones. Age is also a contributing factor, with males in the fifth decade of life being at the highest risk.

Summer time is the peak season for kidney stones because outdoor activity leads to perspiration which, in turn, may result in dehydration. Replacement of lost fluids with such liquids as ice tea or soft drinks does not adequately correct the dehydration or the tendency to form kidney stones. The ingestion (drinking) of ample amounts of water is most important to help prevent kidney stones.

Urostomates are at high risk of developing infections of the urinary tract and of kidney stones. Ileostomates are also at risk of developing kidney stones because they have difficulty with absorbing liquids and are thus subject to dehydration and consequently stones.

The currently preferred treatment for the majority of patients suffering from urinary tract stones employs shock waves, which break up the stones rapidly and with a minimum of discomfort.

Usually one day in the hospital is all that is required. In the future, we may see advances in medicine which will prevent the formation of urinary tract stones. Our best defense remains drinking an adequate amount of fluids, and the best being water.



Don't Forget!

Membership Dues are due for 2013, if you haven't paid them already!

Meetings are the third Monday of every month except for July, August, and December.

Could you bring treats to a meeting? Contact one of our board members.

Ostomy Association of the Minneapolis Area Membership Creed

As members of this group, it is important to be ever *mindful* of our many *blessings*; our understanding families and friends, our homes, and our way of life. Most of all, as *OSTOMATES*, we need to be ever *mindful of the life* which has been given back to us and to find the *courage* to face our daily challenges. Let us continue to be *concerned for people* who need our help, our support, and the *knowledge* that we have gained. Let it be our task to *reach out* to others and to ourselves. May we do this in a *spirit of fellowship* and *fond regard*.

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GETTING TO KNOW ME!



Hi Fellow Ostomates!

Let me tell you what I learned about Pat Marentic since we've been in a car pool for OAMA meetings the last three years. I could've told you all along about her warmth, her sense of humor, her appreciation for everything a person does for her. I also knew she had lived through some rough times in her life.

What surprised me was when I asked her to read the Ostomy Association of the Minneapolis Area (OAMA) Creed with such a clear, dramatic voice I thought, "She could be on the radio." Well, in fact, she was. And that is part of her story.

Pat was born in 1941, the same year that World War II began. She kidded and said, "Maybe that was a day that will live in infamy too...." She and her family lived in downtown Minneapolis and then on the North side of Minneapolis when she was a youngster. She attended the Basilica of St. Mary and Ascension grade schools and only spent one year in Jordan Jr. High before she began Vocational High School in Downtown Minneapolis. She has two older brothers, Dick and Bill.

When she graduated, she started to work in a record shop at Musicland. Pat was always attracted to good music, and even though she eventually worked at Northwestern Bell Telephone Company, at 19, she married a jazz musician - a saxophone player. They had two sons, Tony and Nick. And now she has two grandsons, Sean 26 and Martin age 16. For a while, she and her husband lived in Los Angeles, but Pat eventually came back to live in Minnesota with the two boys. After 17 years, she and her husband divorced.

Then Pat branched out, attended Minneapolis Community College and the U of M. She got a Bachelor of Arts degree, with a minor in Broadcasting. At that time, she started to work for the KFAI radio station in South Minneapolis. Soon she was on the radio regularly, even with her own show with her station manager, Pat, called the "Pat and Pat Show." No wonder she can read just about anything to an audience and sound professional! Her big love was in singing, however, and she soon joined the Minneapolis Gospel Choir.

Then Pat met with some huge troubles: In 1999, she had a benign tumor removed during brain surgery. In another operation, her vocal chords were damaged and she has never been able to sing as well again. In 2003, Pat was diagnosed with colorectal cancer. She went through chemo, radiation, and surgery. She lost her hair, but bravely came through.

And then, three years later, Pat joined our group. She said, "You can't know what this group means to me! I can say anything I want to, and people here are able to laugh at their problems (and cry too a little bit). We can be ourselves! I love the camaraderie." Pat has now passed the 5-year mark with no further cancer. We are lucky to have her with us.

Story written by Carol Larson

JULIE'S CORNER

Question:

How often should I empty my pouching system?

Answer:

Emptying the pouching appliance varies from person to person. Frequency of emptying is dependent on many factors including the type of ostomy, what you eat and how quickly it passes through your system.

For most ostomates, emptying the pouch 2-6x a day is expected. Urostomies and ileostomies produce more liquid output and need to be emptied more frequently. Colostomy output is more formed, requiring less emptying. A general rule of thumb is to empty the pouch when it is a 1/3 full. The fuller the pouch, the more difficult it is to empty.

Many ostomates sit on the toilet with the pouch between their legs for emptying. Begin by holding the pouch up while opening the drainable end of the appliance. Slowly lower the pouch between the legs and drain the contents into the toilet. If a colostomy or ileostomy, thoroughly clean the end of the pouch to prevent odor or leakage. Finally, close the end of the pouch.

Some people prefer to stand during emptying. Experiment and find which option works best for you.

Rule of thumb: Place toilet paper on top of the water prior to emptying to prevent splashing.

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Eye Surgery

While my friend was working as a receptionist for an eye surgeon, a very angry woman stormed up to her desk. "Someone stole my wig while I was having surgery yesterday," she complained.

The doctor came out and tried to calm her down. "I assure you that no one on my staff would have done such a thing," he said. "Why do you think it was taken here?"

"After the operation, I noticed the wig I was wearing was cheap-looking and ugly."

"I think" explained the surgeon gently, "that means your cataract operation was a success."



"My doctor told me to find an activity I like

A Pouch Falling Off

Via The New Outlook, United Ostomy Associations of Chicago

One of the most embarrassing situations that can befall a person with an ostomy is to have an accident because the barrier or the pouch pulled loose. Multiple reasons exist to explain the falling off of an ostomy system:

- The stoma
- The skin around the stoma
- The barrier
- The pouch

The stoma may be placed too close to a scar, crease or bodily prominence so that the twisting or bending loosens the barrier. This is no single solution for a misplaced stoma. A different barrier may be tried; e.g., one that is softer and more pliable like the new and improved version of Hollister's New Image Ostomy System.

An irregular area may be built up with the new seals -- like ConvaTec's Eakin Seals or Hollister's Adapt-- or with paste. Using these products will usually solve most challenges.

A stoma may require surgical intervention if one has a prolapsing stoma that is pushing the pouch off. Conversely, a flat or recessed stoma may cause pooling of the effluent around the stoma eroding the adherence and eventually lifting the barrier from the skin. Fortunately, manufactures have developed ostomy systems with curved barriers that put minor pressure on the skin around the stoma. These convex ostomy systems are a growing product line of retailers as more and more people discover the advantages of wearing a convex barrier.

The most stubborn falloff problem can usually be solved by using a seal with a convex barrier held on with a belt. Your ET nurse is expert in solving these types of issues.

The skin around the stoma might be too oily or too irritated for the barrier to hold satisfactorily. Bath oils and greasy creams should be voided. But, there are products that may be put on the peristomal skin to treat skin irritation problems. Ostomy product manufacturers all carry skin care products that will treat peristomal skin and yet at the same time allow your barrier to adhere firmly to your skin.

There are many different producers of many different barriers. They offer you a large choice of products that may work for you. You need to try different products if you are having problems. One barrier will not work for everyone in the same way. For instance, one urostomate in our Chapter had a problem with falloff using a flat, Stomahesive barrier. He saw an ET and she recommended he try a Durahesive barrier with convexity along with a belt to gently hold it in place. It worked! Our member was so pleased that he could resume his life doing the same activities he did before surgery.

A well-fitting pouch that is suited to your needs and lifestyle is essential. If your pouch keeps coming off, or leaks, have your entire ostomy system evaluated by an ET nurse. Do not settle for less than excellent service from your ostomy system. There are solutions to most any problem with ostomy management. Invest the time to talk to a professional ostomy nurse—at a hospital, through your retailer, at a Chapter meeting or even by calling one of the manufacturers themselves. There is no need to suffer!

Stress and Intestinal Gas

Via Space Coast Shuttle Blast, Cocoa, FL, Via The New Outlook, United Ostomy Associations of Chicago

One of the most common gastrointestinal complaints is caused by stress. Flatulence occurs in people during stressful situations.

While under stress, breathing is deeper and one sighs more, encouraging a greater than normal intake of air. In fact, studies show that the average American belches about 14 times a day. The person with a flatulence problem does not belch more often. However, they may experience the sensation of needing to belch and get little relief from doing so. Here are some ways to relieve gas:

- ♦ Avoid heavy fatty meals, especially during stressful situations.
- ♦ Reduce the quantity of food consumed at one sitting. Eat small low-fat meals about every three hours.
- ♦ Avoid drinking beverages out of cans or bottles.
- ♦ Avoid drinking through a straw.
- ♦ Avoid foods and beverages you personally cannot tolerate.
- ♦ Avoid any practice that causes intake of air; e.g., chewing gum, smoking.
- ♦ Drink at least eight glasses of water a day.
- ♦ Experiment with foods in your diet to achieve adequate bowel regularity.
- ♦ Avoid eating too many fiber foods in one meal.
- ♦ Avoid skipping meals. An empty bowel encourages small and gassy stool.

Poor digestion can often exaggerate the symptoms associated with flatulence. Digestive enzymes aid in food assimilation and chemical digestion. Enzyme supplements should always be taken immediately before or after eating. Food coats the stomach and helps prevent gastric juices and acids from destroying the enzyme action.



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Our Vision

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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.colonrectal.org>

OSTOMY HINTS AND TIPS

If your pouch doesn't stick well, are you applying it right after showering in a high-humidity bathroom? Skin must be perfectly dry to receive and hold the appliance. Also, oily products, such as Dove Soap, can cause the wafer to loosen and fall off.

If you are beginning a new medication for any reason, keep a close eye on your appliance. Contact your doctor immediately if you suspect the medicine is going straight in and out. When taking liquid medicines, do not use a tablespoon instead of the measuring device that came with the medication. Tableware can give as much as 20% larger dose than desired.

Washing ostomy bags with Woolite will keep them soft and odorless.

To slow down stoma activity, before changing appliances, eat a tablespoon of creamy peanut butter beforehand or eat four or five marshmallows, fifteen minutes before changing.

Gas problems can be relieved by eating several spoonfuls of yogurt or applesauce. Much air is swallowed at night while sleeping and this will result in gas. A few swallows of club soda will help to get rid of gas bubbles. You just burp them up.

When the lock is broken on the restroom door, a wad of folded tissue will sometimes hold it shut.

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Seniors with Ostomies

***Via Indian River Ostomy Association, FL, via North Suburban
Chicago New Outlook***

As baby boomers age, there are a greater number of illnesses just waiting for them. Years of fast foods and stress make a breeding ground for intestinal problems. When they can no longer deny that their fast-paced lifestyles and poor eating habits have caught up to them, they seek medical help. When tests confirm intestinal problems that require surgery, their whole world seems to explode around them when the doctor says, —You need an ostomy. If the patient is fortunate enough to have a doctor who is aware of the local ostomy association, he/she will ask the ET nurse managing the pre-surgery examination to arrange for a visit.

It is only when an ostomate talks to other ostomates that the problems that seemed insurmountable are gradually chipped away. That is what the UOAA and local chapters are all about — ostomates helping other ostomates. And where is the best place to find this information and help? Why, at a monthly chapter ostomy meeting, of course!

Other websites of interest:

A fellow member launched a website promoting lifestyle topics for those with an ostomy. Please click on the link below to be directed to that site.

www.havebagwilltravel.net

Below is a link to a website that you will likely find helpful. It's for the IBD &

Ostomy Awareness Ribbon. It's my understanding that they are getting some press, even from as far as Australia!

www.ibdandostomyawarenessribbon.bbnw.org

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