

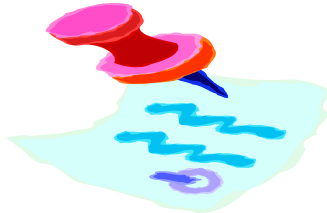


Ostomy Outlook



NEWSLETTER OF THE OSTOMY ASSOCIATION OF THE MINNEAPOLIS AREA	
Volume XXVII, Issue III	May/June 2013
NEXT MEETING	
Date: Monday, May 20, 2013 Time: 6:30 PM Place: United Methodist Church of Peace 6345 Xerxes Avenue South Richfield, MN 55423 612-866-0069 Program: Dr. Nemer, Colon & Rectal Surgeon Q&A Session	
Date: Monday, June 17 2013 Time: 6:00 PM Place: United Methodist Church of Peace Program: Antless Picnic Bring your jokes to share!	
<p align="center">Enjoy your summer!</p> <p align="center">Watch for the next newsletter in early September!</p>	

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

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PO Box 38543, Bloomington, MN 55438-5453**

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



Our March 18th meeting was only a small group due to bad weather. We circled our chairs and had a very good exchange of ideas and comments. It would be nice if we could do this every month, but our numbers are too large. (Maybe we could try it during the 6:30 social hour before each meeting.)

At the April 15th meeting we had Connie Parizek as our guest speaker. She gave a very moving and educational talk on her long-running health issues and how she was able to overcome them. I think we all learned a lot from her experiences. We saw that we all need to take control of our own medical problems and to search out and find second opinions when we are not sure that the current doctor is 100% correct.

At May's meeting we will have Dr. Nemer, a colorectal surgeon who has been here in the past to talk to us. It is always an entertaining Q&A session.

Let's all mark our calendars for June 17th, our annual "Antless picnic," with lots of good food and laughs. Don't miss it!!!! June is also our year-end meeting. It has been a good year for the group and next year will be even better. I hope we can make our 6:30pm-7pm pre-meeting time even more effective "support" time as we interact with one another.

Frank

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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



Bad things always happen in threes.

When it rains it pours.

What doesn't kill us makes us stronger.

Into each life a little rain must fall.

but

Every cloud has a silver lining.

It's always darkest before the dawn.

Obviously I could go on and on because in our society we have an awful lot of sayings that fit the circumstances of getting one bit of bad news after another and a few sayings to alleviate our misery and help us pull through. And if any group of people would know what it was like to be hit multiple times with bad news, especially bad health news, you can count our group in.

And yet...

I've never met a more fun loving, positive set of people than here at the Ostomy Association of the Minneapolis Area. It seems to me that we represent the meaning of SUPPORT because we really do support one another. At our meetings there's laughter. There's genuine concern for others. There's a willingness to pass on information that might help another person. There's a real welcoming to new people. There are inquiring minds always looking to learn more about their medical condition and to be able to share that with others. And there's just plain old being nice to one another.

It's a subject I've been thinking of a lot over the past few months because my family and I have had a series of unfortunate events happen to us. What seemed like the last straw was to hear the doctor say that my endometrial cancer was back – in my left lung – and possibly the right one, also. The original cancer was diagnosed in 2001 and in 2006 I was told I was cured.

Mentally, I'm beginning to come out of the fog of being hit with that information. I have a plan with a good team of doctors so the prognosis is very good. We found it early. It's not affecting me yet and there's a good chance it will be gone in short order. Emotionally, I have received comfort and support from members of this group and it has made me think a lot about what we do for one another. People join a support group for a reason. I wonder if they always get what they're looking for. All I can say for our group is that we live up to the name and the mission of a support group and I, for one, feel very grateful and I thank you. I hope we continue to do our work this way for years to come and that anyone at all, who gets up the nerve to walk through our door into their first meeting, will feel as supported and cared for as I do. Thank you so much for all that you do to support each other.

Quote of the month:

The best time to start thinking about your retirement is before the boss does.

-Author Unknown-



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JULIE'S CORNER

Question:

Summer is coming. Can I swim with an ostomy?

Answer:

The simple answer is yes; you can swim and participate in water sports with an ostomy. Swimming is an excellent form of exercise and an activity to be enjoyed with family and friends. Here are some tips to consider before taking the plunge this summer.

- Check adherence of the pouching system.
- Empty the pouch.
- Picture framing the wafer with waterproof tape or adding a belt may boost confidence.
- Do a trial run in the bathtub.
- Choose a swimsuit with a pattern, skirt or ruffle to conceal the pouching system.
- Women can try a tankini style suit and men can use a short wet suit to make emptying easier.
- Attempt to time swimming when output will be minimal.



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!



In the new update of my book, "Positive Options for Colorectal Cancer", patients state that they want a doctor who is competent, conscientious, communicative, concerned, and compatible with their needs.

Dr. Rick Nemer has all these qualities and more. He is a remarkable man who truly cares about his patients, who is one of the most outstanding colorectal surgeons in the Twin Cities and who has a wonderful sense of humor and empathy. So many of us have the life we do today because of him. When asked what message he wanted to give us, he replied, "Ostomates are survivors—strong, resilient people, proven to be able to face and succeed in the challenge of change."

Rick Nemer was raised in Minneapolis and attended Southwest High School. He graduated from the University of Minnesota and interned at the Minneapolis General Hospital in Hennepin County. He spent one year in general practice in Lexington, Kentucky, and planned to be a pediatrician until he experienced the sleep deprivation that goes along with that specialty and decided it was not for him. He came back to the Twin Cities, joined his second cousin, Dr. Stanley Goldberg, and became "Dr. Nemer" as he went through one year of training with the Colon & Rectal Surgery Associates. He found his niche and remained there for 36 years.

He has achieved excellence as a colorectal surgeon well known for his dedication in treating cancer patients and his mastery as a surgeon and in creating ostomies. His reputation did not go unnoticed. His name has appeared regularly in the "Minneapolis/St. Paul" and "Minnesota Monthly" magazines in their lists for "Best Doctors in the Twin Cities." He won the 2010-2011 "Patient's Choice Award" and the 2011-2012 Award for "Compassionate Doctor Recognition."

In July, he officially will be retired. He looks forward to spending time with his wife, Karen, his two adult children, and doting on his two grandsons. When asked what he most wanted to do, he dreams about walking on sunny beaches, and admits to two vices: getting a tan and infrequently smoking cigars. He's earned it.

Look for more about Dr. Nemer and our chapter in the new updated version of "Positive Options for Colorectal Cancer" hunterhouse.com 2014 from Carol Larson.

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— Linda Bures *Ileostomy, 30 years+*
Past President of The United Ostomy Association
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ILEOSTOMY & DEHYDRATION

By Marshal Sparberg, MD, Edited by B. Brewer, UOAA 1/2011
From the Green Bay Area Ostomy Support Group

The most serious problem befalling the individual with an ileostomy is the sudden loss of body fluids, leading to dehydration. A dehydrated person feels weak, especially on standing, experiences thirst, may feel rapid heartbeats, perspires freely and feels cold. The urine is dark and concentrated, and frequently urination may cease completely as the body strives to save water.

To understand why dehydration occurs, it is necessary to explain briefly the body's economy relating to water and salt. One of the functions of the colon is to remove water and salt from the intestinal contents. In the absence of the colon, the small intestine takes over this job to some extent, but not as efficiently as the intact colon. Some water and salt is lost through the ileostomy, requiring an increased intake of both by the ileostomate. In other words, the ileostomate is always trying to catch up on his salt and water deficit, created by the constant loss through the stoma.

The sources of dehydration are multiple, including obstruction of the bowel, vomiting of various causes and infectious diarrhea, especially the common stomach flu.

Diarrhea increases the loss of water and salt through the stoma by rushing intestinal contents along and not allowing absorption to take place. Vomiting adds further losses, so that a bout of stomach flu with both vomiting and diarrhea will quickly lead to dehydration.

The nausea or vomiting associated with stomach flu frequently precludes the repletion of salt and water by mouth. Usually the symptoms last only a short time, so that oral intake can be resumed. If dehydration lasts for over 12-24 hours, then intravenous salt and water should be given. Intravenous fluids may be needed for only an hour in most instances, so that the episode can be treated in an emergency room without admission to the hospital.

The proper kind of diet is important once food can be taken by mouth after an episode of dehydration. Initially, an electrolyte solution containing sodium chloride and bicarbonate is suggested by many authorities. This solution can be made up simply by adding a teaspoonful of salt and a teaspoonful of soda bicarbonate (baking soda, not baking powder) to a quart of water. Unfortunately, potassium also may be lost in dehydration and this solution does not contain potassium. Multiple commercial preparations for a potassium loss are available. Every ileostomate should ask his physician for a potassium solution or dissolvable tablets to keep for such emergencies. Since potassium solutions may cause diarrhea themselves, small amounts should be taken.

Beside the electrolyte solutions, the diet after dehydration must be simple. Clear liquids should be taken, such as tea, Jell-O and broth. Milk or creamed foods are to be avoided since they slow the emptying of the stomach, promoting vomiting, and may be poorly absorbed after diarrhea. Once clear liquids are accepted without incident, non-fat meats, breads, potatoes and other bland foods may be taken. Usually hunger pangs signal that more food is desired and to indicate the episode is over.

2013 UOAA NATIONAL CONFERENCE**Registration**

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(Affiliated Support Group Name) _____

I have attended an UOAA National Conference in the past: ____ Yes ____ No

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Please list the names of any spouse/companions or children attending: _____

Please indicate registration selections below:

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UOAA, PO Box 512, Northfield, MN 55057**Questions? Call the UOAA office at 1.800.826.0826 or email: oa@uoaa.org



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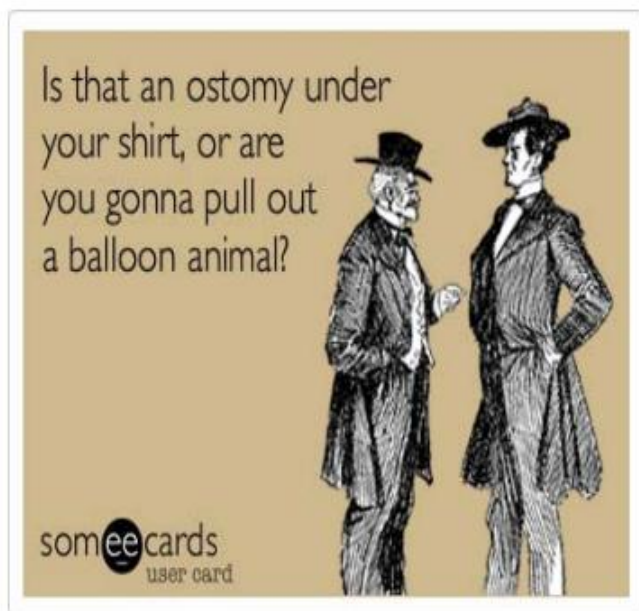
Colon and Rectal Surgery Associates is an innovative leader in colon and rectal surgery grounded in our belief that continued research, training and technology keep us on the forefront of our specialty and best serving our patients. We strive to have a collaborative, cooperative culture where excellence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

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- Training residents and future leaders in colon and rectal surgery
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<http://www.colonrectal.org>



ARE BLIND PILOTS FLYING?



One day at a busy airport, the passengers on a commercial airliner are seated waiting for the pilot to show up so they can get under way. The pilot and copilot finally appear in the rear of the plane and begin walking up to the cockpit through the center aisle. Both appear to be blind; the pilot is using a white cane, bumping into passengers right and left as he stumbles down the aisle. The copilot is using a guide dog. Both have their eyes covered with sunglasses. At first, the passengers do not react thinking that it must be some sort of practical joke. After a few minutes though, the engines start revving, and the airplane begins moving down the runway. The passengers look at each other with some uneasiness. They start whispering among themselves and look desperately to the stewardesses for reassurance. Yet, the plane starts accelerating rapidly, and people begin panicking. Some passengers are praying, and as the plane gets closer and closer to the end of the runway, the voices are becoming more and more hysterical. When the plane has less than twenty feet of runway left, there is a sudden change in the pitch of the shouts as everyone screams at once. At the very last moment, the plane lifts off and is airborne. Up in the cockpit, the copilot breathes a sigh of relief and tells the pilot: "You know, one of these days the passengers aren't going to scream, and we aren't going to know when to take off!"



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New Hope, MN

Saturday, June 22, 2013

Saturday, July 27, 2013

5k Run/Walk

Wiffle Ball Tournament

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FACTORS WHICH INFLUENCE OSTOMY FUNCTION

via Austi-Mate Journal, Austin, TX

Quite often patients experience a sudden reversal in normal ostomy function due to medications or treatments they are undergoing. The following information might be helpful to keep in mind.

Antibiotics - These often cause diarrhea, even in patients without an ostomy. Ostomates are no exception, and if the problem becomes severe, notify your physician immediately. In the meantime, keep Gatorade or a like-drink on hand to maintain adequate electrolyte balance.

Pain Medications - These are often constipating. Extra irrigations or laxatives or stool softeners might be required for colostomates to combat the side effects of medicine. Perhaps the dosage of pain reliever can be reduced to eliminate the situation. If not, consider one of the above alternatives.

Chemotherapy - Many cancer patients have follow-up chemotherapy after surgery or as an alternative to surgery. That often produces nausea and/or vomiting. Gatorade is again good to keep on hand for electrolyte balance.

Radiation Therapy - This often produces the same effects as chemotherapy and should be treated accordingly.

Travel - Travel can cause constipation in some patients 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 anti-diarrhea medication. Check with your doctor if you are not familiar with what works best for you to control diarrhea.

Antacids - Those with magnesium can cause diarrhea. Perhaps you will want to ask your doctor to suggest some with aluminum rather than magnesium.

Drink plenty of liquids - Tea is always a good source of potassium (so are orange juice and bananas). Coca Cola also contains some potassium. Bouillon cubes are a good source of sodium. Remember that some of the signs of electrolyte imbalance are irritability, nausea and drowsiness. Be prepared and prevent this problem when possible.

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

This chart was reproduced from the UOAA's website.

OSTOMATES FOOD REFERENCE CHART

For individuals who have had ostomy surgery, it is important to know the effects of various foods on ileal output. The effects may vary with the remaining portion of functioning bowel.

Listed below are some general guidelines of the effects of foods after ostomy surgery. Use trial and error to determine your individual tolerance. Do not be afraid to try foods that you like, just try small amounts.

<u>Stoma Obstructive</u>	<u>Odor Producing</u>	<u>Increased Stools</u>
Apple peels	Asparagus	Alcoholic bev.
Cabbage, raw	Baked Beans	Whole grains
Celery	Broccoli	Bran cereals
Chinese vegetables	Cabbage	Cooked cabbage
Corn, whole kernel	Cod liver oil	Fresh fruits
Coconuts	Eggs	Greens, leafy
Dried fruit	Fish	Milk
Mushrooms	Garlic	Prunes
Oranges	Onions	Raisins
Nuts	Peanut butter	Raw vegetables
Pineapple	Some vitamins	Spices
Popcorn	Strong cheese	
Seeds		
<u>Gas Producing</u>	<u>Color Changes</u>	<u>Odor Control</u>
Alcoholic bev.	Asparagus	Buttermilk
Beans	Beets	Cranberry juice
Soy	Food colors	Orange juice
Cabbage	Iron pills	Parsley
Carbonated bev.	Licorice	Tomato juice
Cauliflower	Red Jello*	Yogurt
Cucumbers	Strawberries	
Dairy products	Tomato sauces	<u>Diarrhea Control</u>
Chewing gum		Applesauce
Milk	<u>Constipation Relief</u>	Bananas
Nuts	Coffee, warm/hot	Boiled rice
Onions	Cooked fruits	Peanut butter
Radishes	Cooked vegetables	Pectin supplement (fiber)
	Fresh fruits	Tapioca
	Fruit juices	Toast
	Water	
	Any warm or hot beverage	

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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.

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