



Ostomy Association *of the* **Houston Area**

February 2008

PO Box 25164
Houston, TX 77265-5164
www.ostomyhouston.org

"We help ourselves by helping others to help themselves."

"We are a volunteer-based organization dedicated to providing education, information, support and advocacy for people who have had or will have intestinal or urinary diversions."

Monthly support and information meetings are held in three locations for member convenience.

Central Group

Monthly: Third Monday
Time: 7:00 p.m.
Place: American Cancer Society Building
6301 Richmond Avenue, Houston
Contact: Terry Marriott 713-668-8433
(tdmarriott@yahoo.com)

Meeting: February 18th, Monday evening

Program: STOMOCUR

Clarice Kennedy, CET, will present a program featuring STOMOCUR products. Come and join us!

Northwest Group

Monthly: Tuesday following the third Monday
Time: 7:00 p.m.
Place: NW Medical Professional Bldg. (The Cali Bldg.)
17117 Cali Drive, Houston (This location is just off of 1960 and west of I-45. Turn north on Cali Drive from 1960. At the stop sign turn left on Judiwood and left again to park behind the Cali Building.)

Contact: Tony Romeo 281-537-0681 (sa1tmr@sbcglobal.net)

Meeting: February 19th, Tuesday evening

Program: Coloplast Representative

Rosalie Johnson with Coloplast will present our February program. Come join us to hear about the latest products and developments at Coloplast.



**HAPPY
VALENTINE'S
Day**

Baytown Group

Monthly: Fourth Monday
Time: 7:00 p.m.
Place: Community Room in Lobby of San Jacinto
Methodist Hospital, 4401 Garth Road, Baytown
Contact: Cindy Barefield 281-420-8671

Meeting: February 25th, Monday evening

Program: Hearing Loss & Hearing Aids

This interesting program will be presented by Kathy DiGiovanni, Doctor of Audiology.

J-Pouch Group

Monthly: Third Monday
Time: 7:30 p.m.
Place: American Cancer Society Building
6301 Richmond Avenue, Houston
Contact: Ron Meisinger 281-491-8220

Meeting: February 18th, Monday evening . . .
Reservation required. No obligation. Please call 281-491-8220 for reservation.

Program: Round Table Discussion

Join us for a discussion about ulcerative colitis and the J-Pouch connection.

Patient Visiting and Support Services

Doctors and ET Nurses please note: Upon request from a doctor or nurse, a specially trained visitor will be sent to visit an ostomy patient before and/or after surgery. The visitor will be matched as nearly as possible according to sex, age, and type of ostomy. There is no charge for this service. The visitor does not give medical advice.

Please contact our Visitor Coordinator, Dorothy Andrews at 713-789-4049.

We are a health support group, a non-profit, tax-exempt, organization of volunteers whose purpose is to provide mutual aid and education to persons who have ostomies and to their families. We are a Texas non-profit corporation. Membership fees and donations are tax deductible.

Central Group News

We had 30 in attendance at the January 21st Central Group Meeting. Welcome to all our visitors and guests!

A great program was presented by Annette Bisanz, a Diet Specialist from the University of Texas M.D. Anderson Cancer Center. One of the topics she discussed was how different types and dosages of fiber can be used to either slow down or speed up the operation of your bowel. You can observe information on some of the topics that she discussed at the website:

<http://www.mdanderson.org/topics/food/>.

We also voted on and approved 4 amendments to the UOAA Constitution.

Dorothy Andrews our visitation chair person reported that we made 25 visits in 2007. Most of those visits were by telephone since people generally don't stay long in the hospital after surgery and we often don't hear about the need for a visit until the patient is about to go home.

Ed Wood reported that Krogers is changing their purchase related donations policy so that it will be like Randalls. We will have to visit a Kroger's customer service center some time in March or April to register our group's number on the Kroger discount card. This will take the place of having to present a separate card when purchases are made. This program doesn't cost you, the customer, anything. Krogers and Randalls donate to each of the nonprofit organizations listed on their discount cards based on the amount of groceries purchased. We receive several hundred dollars a year from these programs—enough to pay for a month or two of newsletter publishing. Thank you for continuing to participate.

Our website, www.ostomyhouston.org, is almost completely rebuilt with the exception that some of the links to other sites have not been made functional yet. To get links to other ostomy related websites try: www.ostomy.evansville.net or www.uoaa.org.

We have decided to have a cake and punch reception for our 52nd Anniversary Meeting on Monday, March 17th. We'll meet as usual at the ACS Building on Richmond. Watch for more details in the next newsletter.

The program for our February 18th Central Group Meeting will be presented by Clarice Kennedy on the Stomocur product line and how it may be useful to you.

See you there!

**Terry
Marriott**

The United Ostomy Associations of America
(UOAA) can be contacted at
www.uoaa.org.

Editor's note: The following recipe has been generously provided by Central Group member, Denise Parsons, in response to a discussion at our last meeting about fiber in an ostomate's diet.

Crunchy Granola

from *Cooking Thin with Chef Kathleen* by Kathleen Daelemans

1 cup firmly packed dark brown sugar
½ cup water
4 teaspoons pure vanilla extract
1 teaspoon salt
8 cups old-fashioned rolled oats
2 cups chopped pecans, walnuts, or slivered almonds
Dried fruit (optional)



Preheat oven to 275 degrees F. Line two cookie sheets with parchment paper and set aside. Combine brown sugar and water in a 4-cup microwave-proof glass measuring cup or bowl. No smaller—it could boil over. Place in microwave on high for 5 minutes and cook until sugar is completely dissolved. Remove from microwave; add vanilla extract and salt. Stir to combine until salt dissolves. Place oats and nuts in a bowl and pour brown sugar syrup over them. Stir until thoroughly mixed. Spread mixture on cookie sheets and bake 45 to 60 minutes, or until golden brown and crunchy. When mixture comes out of oven, it is still very pliable. You may choose to add dried fruit as a finishing touch at this time. When granola has cooled completely, store in an airtight container.

Denise's notes: *Instead of using all oats, I use 4 cups Fiber One cereal and 4 cups oats. Spraying Pam on the cookie sheet works as well as parchment paper for me. I add the dried fruit when I eat the cereal rather than mixing into the batch so I can vary the fruits I use more often. Sometimes I find it easier to cut the recipe in half and make it more often.*



DEEP THOUGHTS FOR THOSE WHO TAKE LIFE TOO SERIOUSLY:

- ✧ Save the whales... collect the whole set.
- ✧ A clear conscience is usually the sign of a bad memory.
- ✧ How much deeper would the ocean be without sponges?
- ✧ What happens if you get scared to death twice?
- ✧ On the other hand, you have different fingers.
- ✧ 42.7 percent of all statistics are made up on the spot.
- ✧ OK...so what's the speed of dark?

***"Hope is the ability to
hear the music of the
future."***

- Jeannette Lawrensen

OPPORTUNITIES & ANNOUNCEMENTS...

Anniversary Gift: As you celebrate the anniversary of your ostomy surgery each year, consider making a monetary gift to the Ostomy Association. Checks should be made payable and sent to: **Ostomy Association of the Houston Area**
Attn: Chuck Bouse, Treasurer
P.O. Box 25164
Houston, TX 77265-5164

Memorial Fund: Donations can be made to our Memorial Fund to memorialize or honor individuals. Checks should be made payable and sent to: **Ostomy Association of the Houston Area**
Attn: Mary Harle
9643 Winsome Lane
Houston, TX 77063-3725

(When sending a donation, be sure to include the name of the person being honored so that appropriate acknowledgement can be sent.)

Donation of Supplies: We are contacted on a regular basis by individuals who are in need of donated ostomy supplies. Consider donating ostomy supplies that you no longer use to assist your fellow ostomates in the Houston area. Please contact Kathleen Griswold at 303-921-9892 with any questions.

Consultation with ET: Clarice E. Kennedy, Certified Enterostomal Therapist, is available for consultations. Clarice is an ostomate with over 30 years of knowledge and experience to share with anyone who has questions about, or needs assistance with, the care of an ostomy both prior to and following surgery. Contact cekennedy1@peoplepc.com or call 713-647-8029.

Sponsorship: You can sponsor a member of our ostomy support group with a tax-deductible donation to cover the cost of their membership. Send your check in the amount of \$25.00 to: **Ostomy Association of the Houston Area**
Chuck Bouse, Treasurer
P.O. Box 25164
Houston, TX 77265-5164

Use Those Shopping Cards: Krogers and Randalls return a percentage of your purchases to the Ostomy Association on a quarterly basis. For card applications, contact Ed Wood at 281-493-5015 or ewood6@comcast.net.

Moving??: Our newsletter is sent by bulk mail, which the Post Office will not forward even if you fill out a forwarding request. To continue receiving the newsletter after a move, contact Chuck Bouse, Treasurer, at 281-495-1840 (cbouse@comcast.net) or send your request to the Ostomy Association of the Houston Area, P.O. Box 25164, Houston, TX 77265-5164.

We encourage you to bring your spouse or significant other and members of your immediate family to our meetings.

Disclaimer: The information contained within this newsletter is presented expressly for informational purposes only and may not be applicable to everyone. It should not be substituted for professional medical care or attention by a qualified practitioner. Always check with your doctor if you have any questions or concerns about your condition.

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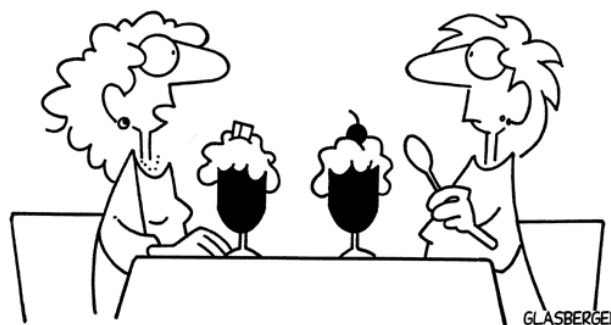
MUSCLE SPASMS OR NIGHT CRAMPS

Ostomy Support Group, Tucson, AZ

Ostomates with vomiting or diarrhea who have cramps in the hands, feet, or legs might ask their doctor about electrolytes. Losing lots of body fluid, at any age, from any source, can cause muscle spasms.

Loss of body fluid causes a shortage of the main electrolytes, sodium and potassium, minerals that help the nervous system activate muscles. When electrolytes are in short supply, the muscle may spasm.

Orange juice, a honey and apple cider-vinegar drink, bouillon, tomato juice, or other high sodium drinks help. Gatorade, other sports drinks, Pedialyte and freezer pops from the grocery store, as well as powdered electrolytes from sport shops are commercial drinks that help stop cramping from electrolyte loss. Flat Coke and 7-Up are great, too. ♦



"If you put a crouton on your sundae instead of a cherry, it counts as a salad."

Ten Commandments for the New Ostomate

By Anita Price, ET

UOAA UPDATE September 2007

1. There is no answer for "why me?" but it is normal to ask and you do need to work through this and other questions.
2. Stomas change in size and shape the first few months. The initial stoma swelling will decrease and your stoma diameter will decrease. Check the size of your stoma with a measuring guide during each pouch change until the size stabilizes to its permanent size.
3. Each person's ostomy is different, even as our fingerprints are different.
4. Support and information from someone who has an ostomy can be helpful. Ask your doctor or ET to arrange for an ostomy visitor.
5. It is your ostomy. Learn to manage your ostomy and do not let your ostomy manage you. It is normal for your new ostomy to be the center of your existence. However, with time and practice your ostomy and its care will become just a normal part of your daily life.
6. Fundamental management techniques can be learned. New experiences and problems that develop must be met and managed as they occur. As you learn and practice these new skills, you will become comfortable with your ostomy care. Do not confuse accidental leakage or spillage with what is normal.
7. One of the most important goals for healthy living is good nutrition. The difference in having an ostomy and setting your nutritional goals is that you need to take information provided for the general public and adapt it to your needs, keeping ostomy management in mind.
8. You are not alone! Surgeons make at least 65,000 ostomies every year. One out of 500 persons has an ostomy and over two million of us make up almost one percent (1 percent) of the U.S. population.
9. You're alive! You will get better and stronger as you recuperate from surgery. Give yourself time to get over your surgery and to adjust to this body change and adapt yourself to your ostomy.
10. Share what you have learned with another new ostomate, with your family, friends and others. It is up to you whom you tell that you have an ostomy. As you grow accustomed to living with an ostomy, there will be opportunities to help others along the way. ♦

"If you did all the things in life you are truly capable of, you would astound yourself."

- Thomas Edison

Q. What is a simple way to control stoma noise?

A. Two or three tablespoons of applesauce with breakfast seems to control stoma noise and the pectin in the applesauce seems to have a thickening effect on liquid discharge.

WHY VISITORS

UOAA UPDATE December 2007

Prior to ostomy surgery, patients often are stunned to think an internal part of their anatomy will soon be outside the body. To them, this is not normal. Bodily excretions were meant to go into the toilet—not into a pouch attached to their abdomen! So, when a doctor asks the patient if he or she would like a trained ostomy visitor, the first reaction is horror. It is bad enough to have to discuss this with the family—but never with a total stranger. It is at a time like this that doctors should make the decision to have a visitor come to the hospital. It is only when an ostomy patient, while lying in bed with an unfamiliar ostomy pouching system attached to his/her body, and while still adjusting to the odors accompanying ostomy surgery, can look at another ostomate in amazement and see that he or she is not "abnormal."

An ostomy visitor is like a strong sedative prescribed by the doctor. There is nothing more calming than to sit and talk to someone who had been through the same type of operation as you. Suddenly, the questions, begging to be answered, are available—not from ostomy literature, but from a real-life ostomate. Just knowing the patient is finally learning to cope with the traumatic effects of ostomy surgery will also help the doctor in follow-up care. Much has been written about holistic healing—i.e., the mind controlling the healing of the body. A positive attitude is the best way to heal the mind and the body, so whenever a patient cannot accept ostomy surgery, the doctor should first prescribe an ostomy visitor. There can be no better medicine for a frightened patient than a short, pleasant visit by someone who has been there (and done that). ♦

Greeter at Wal-Mart...GOOD ANSWER

Retiree Charley was a new Greeter at Wal-Mart, who just couldn't get to work on time. Every day he was 5, 10, 15 minutes late. Besides being a good worker, he was tidy, clean-shaven, sharp-minded, and a real credit to the company. He obviously demonstrated their "Older Person Friendly" policies.

One day the boss was in a real quandary about how to deal with Charley's tardiness. Finally, he called Charley into the office for a talk.

"Charley, I have to tell you I like your work ethic. You do a bang-on job, but your being late so often is quite bothersome."

"Yes, I know, Boss, and I'm working on it."

"Well, good. You're a team player. That's what I like to hear. It's odd, though...your coming in late. I know you're retired from the Armed Forces. What did they say if you came in late there?"

"They said, 'Good morning, General. Tea or coffee this morning, sir?'" ♦

BAYTOWN SUPPORT GROUP

Did you start off 2008 with a list of resolutions? I read recently that we lose a week of our life by wasting 10 minutes a day! I challenge you to *Simplify Your Life!* Elaine St. James wrote, "Simplification is living in the place you belong, with the people you love, doing the right work on purpose." Her book is titled, "Simplify your Life: 100 Ways to Slow Down and Enjoy the Things That Really Matter".

What grade would you give yourself in each of these areas? A, B, C, D, F

Proper Rest	Good Nutrition
Regular Exercise	Time Alone
Spiritual Growth	Fun, Joy and Play
Quality Time with friends & family	Intimacy and Love

Adopted from Ann McGee-Cooper's "Refueling Your Tank" chart in You Don't Have to Go Home From Work Exhausted, 1992

Do you have any ideas on how you might be able to improve your grade? Work to improve one letter at a time. Often a small improvement in one area will make a significant impact on the others!

Baytown group has relocated just up the road from our former meeting location! Our group is now meeting inside the recently remodeled lobby of the San Jacinto Methodist Hospital in the Community Room. Hope to see you there! 4th Monday of each month at 7:00 pm.

Best regards,

Cindy Barefield, RN, WOCN
281-420-8671

**People don't care how much you know
until they know how much you care.**

SPELL CZECH

Eye halve a spelling checker. It came with my pea sea. It plainly marcs four my revue miss steaks eye kin knot sea.

Eye strike a key and type a word and weight four it two say weather eye am wrong oar write. It shows me strait a weigh.

As soon as a mist ache is maid, it nose bee four two long, and eye can put the error rite...its rare lea ever wrong.

Eye halve run this poem threw it...eye am shore your pleased two no. Its letter perfect awl the weigh...thee checker tolled me sew.

The mind is a mighty force. Imagine something stressful and your body reacts negatively but if you think of something healing, healing tends to happen...physiologically. This may explain why compassion and forgiveness are so powerful, not only for the recipient but also for the giver. Acting in ways that are loving, forgiving, compassionate, altruistic and nurturing can help free us from disease and premature death. In short, we are hardwired to help each other. When we forget this fact, we often suffer needlessly.

Excerpt from article By Dean Ornish, MD

NORTHWEST GROUP HAPPENINGS

Regardless of the cold and rain, eleven members and guests ventured out to attend our January 22nd meeting. Your faithful attendance is appreciated.

We enjoyed a round table discussion and shared ideas for programs that members would like to have during 2008. We will do our best to follow up on those suggestions and bring you the programs that you would like to hear.

A guest who was visiting for the first time and is expecting to have surgery soon, provided us with an opportunity to share our experiences and answer her questions. Kathy, we hope we were able to be of assistance to you and that through our discussion you feel a sense of peace and understanding about your upcoming surgery.

Gay Nell provided "Valentine" cake for everyone to enjoy.....thank you Gay Nell!

Our February program will be presented by Coloplast representative, Rosalie Johnson. Be sure to join us to hear about their latest products and information. See you on the 19th!

Gay Nell Faltysek
281-446-0444

Tony Romeo
281-537-0681

MISCELLANEOUS INFORMATION . . . (Follow your doctor's advice)



- ▶ **DIET.** Most ostomates eat a normal diet with few modifications. They need to follow doctor's orders regarding nutrition at each stage of the adjustment: begin with small portions, introduce new foods slowly and chew, chew, chew, chew.
- ▶ **CLOTHING.** Most individuals are able to wear their entire wardrobe, including tight clothing and bathing suits. Some may need to make minor adjustments.
- ▶ **TRAVEL.** All methods of travel can be undertaken with a little preplanning. Take extra pouching systems with you in carry-on luggage. Pack more than enough supplies in case you have to change more frequently than usual.
- ▶ **SEX AND PREGNANCY.** The ostomy itself is not a barrier to normal sexual activities and pregnancy.
- ▶ **ODOR.** With proper use of current products, odor should not be a problem. There are deodorants for external use and odor-reducing compounds to be taken by mouth, should they be needed.

Remember...each individual is different. ♦

**Worry is the darkroom where
negatives are developed.**

STOMA FACTS

from Diana Kasner, RN, MS, ET; Dec 07 UOAA UPDATE

What is involved in "inspecting" a stoma?

At each pouch change, check your stoma for color, shape and function. Watch for problems such as swelling, retraction, stenosis and prolapse. Urostomates should be on the lookout for crystal formation of alkaline encrustation (gritty white deposits coating the stoma). Any stoma complications should be reported to your MD or ET.

Why does a stoma sometimes bleed?

Some bleeding may occur with rubbing of the stoma because the mucous membrane out of which the stoma is formed is highly vascular. This bleeding should stop quickly. Prolonged bleeding, an increased amount of bleeding or very easy bleeding may be indicative of another problem and should be reported to your MD.

Can a stoma get cut?

Cuts or lacerations of the stoma can occur and some can be quite serious. Since a stoma has no sensory nerves and, therefore, no feeling, it can be cut without causing any pain. Causes of stomal laceration include shifting of the faceplate or skin barrier, too small an opening (of the pouch), incorrect pouch application, etc. Your MD or ET should be consulted for diagnosis and treatment in any case of stomal laceration.


How should a stoma be protected?

Stomas are fairly hardy, but some common sense rules apply. Stomas should be protected from direct physical blows, from too tight clothing and from rigid objects (e.g., belt buckles). This is not to say that these activities should be avoided. For example, ostomates engaged in contact sports can protect their stomas by wearing an additional binder for support. ♦

"We should have much peace if we would not busy ourselves with the sayings and doings of others."

- Thomas A. Kempis



Who  Knew?

Eating raw
veggies like
broccoli at least
3 times a month
may cut your risk
of bladder
cancer by about
40%

 *Wrinkles* 

By Judith Huffman

Wrinkles are one thing I've had to face
They seem to turn up everywhere.

In years long gone, they were only in clothes,
But they've moved to my face, and Lord only knows,
Where else, on my person, they may be....

There are so many places that I can't see.
I appear to be melting in middle age,
And I'm pretty sure it's not "just a stage".

The fact that I'm shorter and wider each day,
Has forced my acceptance, with some dismay,
That I'm not young, "just a girl" anymore.

Who knows what else may be in store?
As time takes it's toll on this body of mine,
I should exercise more and avoid the food line.

Typing and quilting slim only my fingers.
All that I eat just climbs on and lingers.
And even the extra pounds that I've gained
Haven't filled the wrinkles that I've suddenly obtained.
Many call them "laugh lines" and little "crows feet".
I see drooping eyelids and deep sagging cheeks.

My hands are the ones I once saw on my Mother
And my knees have now gone under cover.
If I pull my hair back and fasten it tight,
A slight remembrance of youth comes into sight.
But it doesn't last long for my head starts to ache,
Then my hair slips loose and the image breaks.

The wrinkles are back for all to see...
These wrinkles that have invaded me.
I use lotions and creams to no avail
So the answer, I feel, must surely entail
Accepting the wrinkles as a sign of maturity
And the fact that I'm now in the vast majority.

LAUGH A LITTLE EVERY DAY....

A SPECIAL POEM FOR OLDER FOLKS

A row of bottles on my shelf
Caused me to look good at myself.
One yellow pill I have to pop
Goes to my heart so it won't stop.
A little white one that I take
Goes to my hands so they won't shake.
The blue ones that I use a lot
Tell me I'm happy when I'm not.
The purple pill goes to my brain
And tells me that I have no pain.
The capsules tell me not to wheeze
Or cough or choke or even sneeze.
The little red ones, smallest of all
Go to my blood so it won't "ball".
The orange ones, very big and bright
Prevent my leg cramps in the night.
Such an array of brilliant pills
Helping to cure all kinds of ills.
But what I'd really like to know....

Is "What tells each one where to go?!"

There's always a lot to be thankful for if you take time to look for it. For example, I am sitting here thinking how nice it is that wrinkles don't hurt.





2008 TEXAS GYGIG RIDE

GYGIG Ride Director, Jay Pacitti, has advised that the Texas Ride has been moved up a week to **October 17-19**, with registration in La Grange, Texas on October 16th. Riders are needed for all 3 GYGIG rides!

What Is Get Your Guts In Gear?

Get Your Guts in Gear, Inc. is a small independent charity created to raise awareness about Crohn's disease and ulcerative colitis, and to raise funds for other charities that support research, education, and patients who are living with IBD or ostomies. GYGIG's mission also includes empowering individuals affected by Crohn's, Colitis, or ostomy surgery through participation in large-scale athletic events in a supportive community atmosphere.

As a benefactor of the Get Your Guts in Gear rides in 2007, UOAA received a check from GYGIG for **\$63,840!!**

It is not too soon to think about the 2008 rides...as a rider, a crewmember or a supporter. These rides take place: In New York on June 6th to the 8th

In the Seattle, WA Area, August 1st to the 3rd

In the Austin, TX Area October 17th to the 19th

For complete information see www.ibdride.org. ♦

You can tell how big a person is by what it takes to discourage him.

PATCH vs. POUCH vs. PLUG

via the Evansville, IN Re-Route

There has been much discussion over whether colostomates should wear a patch over their stomas, a pouch or the plug — a pouchless product. The controversy behind the three P's dilemma is whether or not the person with a colostomy should irrigate. No two ostomies are alike and irrigating is not for everyone. The colostomy has to be in the descending or sigmoid colon to irrigate. A colostomy in the ascending or transverse colon will produce stool too watery for regulation. People who had a very unpredictable bowel schedule before surgery may continue to do so despite efforts to achieve regulation with irrigations. Some people have work schedules or lifestyles that don't permit them to irrigate at a consistent time each day and this, too, can cause irrigations to be unsuccessful. Other people simply don't like to irrigate. The thing you need to know is this: **You do not have to irrigate your colostomy for it to work.** Your bowels will work anyway, irrigation or not. The purpose of irrigating is to achieve regulation of the bowel. The reason for regulating the bowel is for the individual's comfort and convenience. If irrigating is not accomplishing regulation and if it is making you more uncomfortable trying to fit it into your personal schedule, you should not be doing it. **Find out what works for you and stick with it!** ♦

DEPRESSION AND THE NEW OSTOMATE

by Mark Shaffer, from Northern Virginia *The Pouch*; via Chippewa Valley (WI) *Rosebud Review*; and North Central OK *Ostomy Outlook*

At a recent support group meeting, a subject came up that I found intriguing. One of the participants in the rap session stated that he found himself depressed and withdrawn even though it had been a year since his surgery. He wondered how long he could expect that feeling to last and, I think, whether it would go on for the rest of his life.

Some ostomates adjust almost immediately. These folks see an ostomy as a cure for an illness that threatened their lives or restricted their activities. Others take a few months, generally feeling better about the situation as soon as they master the fine art of pouch changing and maintenance.

For many, ostomy surgery begins a process that appears to be, and is, very close to the grieving process, and like any grieving process, the amount of time needed to feel emotionally whole again will vary. It took me almost two years following my surgery before I felt like I had regained my former personality and was ready to move on with my life.

So there is no magic amount of time needed to adjust to your new ostomy. Allow yourself the time *you* need and realize that the feelings of depression and isolation will eventually go away. If the depression is severe, don't be afraid to seek professional help. If your isolation is caused by a lack of confidence in your appliance, seek help from an ostomy nurse. If your appliance is working fine but you still feel separated from others, seek help from other ostomates. Go to a meeting and meet others in the same situation. If you don't already have one, call your local support group and ask for an ostomy visitor who can talk to you about how he or she managed post-operative emotions. But above all, give yourself time to adjust. ♦

The good Lord doesn't create anything without a purpose...but mosquitoes sure come close.



Who Knew?

People who use pedometers walk an extra **2,000** steps (about a mile) a day.

EXERCISE

Adapted from *Recipes for Living Well - The Book*.

A recipe for energy and vitality begins very simply . . .

Be Active!

Maintain a physically-active lifestyle and you will look and feel more fit.

Exercise is extremely important throughout your lifetime and particularly as you get older. There's no question that physical activity promotes health and helps reduce your risk for many diseases. The benefits include a lower risk of heart disease and obesity; healthy bones, muscles and joints; more lean muscle and lower body fat; and increased mental activity. Research has shown that exercise increases the brain's alpha waves — patterns of electrical activity, associated with relaxation. Vigorous exercise may decrease muscle tension while simultaneously increasing your heart rate, which helps you stay alert. Physical activity reduces the risk of diabetes and colon cancer, and helps lower high blood pressure. Physical activity can help improve your mood and confidence. It can also reduce the symptoms of anxiety and depression. So clearly, physical activity is the "main ingredient" in a "recipe" for "dishing up" a body that is physically and mentally fit.

And, there's more good news! Recent estimates show that many people do engage in some type of regular physical activity. If you're among them...keep up the good work! You're keeping your heart and body in good shape!

How much exercise do you really need? To improve overall health, you need to have some type of physical activity for 30 minutes, for a minimum of three days each week. This does not have to be an activity for 30 minutes in a row. You can be active for 10 minutes at a time, three times a day. If your goal is to lose weight, you might have to increase your activity more. *It is best to talk with your health care provider before you start an exercise program or if you want to lose weight.*

Plainly put, exercise means activity. It means movement. It means doing something physical that gets your heart pumping. Activities such as walking, gardening, climbing stairs, bicycling, swimming and jogging can improve your overall health. For beginners, 5 to 10 minutes of activity a few times a week is a good starting point.

According to the American Council on Exercise, a

complete fitness program includes three components.

1. **Aerobic exercise** is any activity that uses large muscle groups in a continuous, rhythmic fashion to get the heart and lungs working and pumping. Running, jogging in place, fast-paced fitness or dance class, dancing, playing volleyball, swimming, tennis...any activity that keeps the heart and lungs working consistently is considered aerobic.

2. **Muscular strength and endurance conditioning** includes the use of free weights or weight-lifting machines that challenge all major muscle groups. The most basic "ingredient" for weight-bearing exercise is walking! Put

on that pedometer, and start counting your steps to stronger bones. Use simple hand weights...even a smooth rock or can of soup will work. Go through a simple routine of lifting them over your head and/or out to your side.

3. **Flexibility** means stretching that involves all major muscle groups. Before and after each workout, make sure that you stretch well and hold a mild stretch 10 to 30 seconds. A simple stretching or yoga book will help you get started.

After a month, your body will become more efficient at using blood and oxygen, adding to your endurance. Don't expect an overnight sensation or "extreme" change...a leaner body or slow and steady weight loss may take several months to notice. Relax. It will happen if you keep moving!

A Varied Exercise "Menu"

Pick whatever activity or variety of activities you prefer. The most important thing is...you must enjoy it! When it gets boring...switch to something new.

"Recipe" for an Ideal Workout

Warm-up (5 - 10 minutes)

Begin with slow walking and gradually increase your pace and resistance (if appropriate).

Aerobic activity (20 - 30 minutes)

This activity should raise your heart rate, and sustain it for a period of 20 minutes (as a goal). Ask your doctor or a trainer what is the appropriate duration for you.

Cool down (5 - 10 minutes)

Repeat your warm-up, but in reverse, going from fast to slow.

Strength training

Use some weight to provide resistance. Do 8 - 12 repetitions of several exercises, two to three times each week.

Walking, the universal "ingredient"

Here's one way to strengthen your heart, bones and muscles all in one activity...kind of like a casserole...all the "ingredients" are included in one "dish".

Stretching

End each workout this way. Hold for 10 - 30 seconds. Breathe and relax!