



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

April 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: April 21st, Monday evening

Program: Hollister Representative

Spencer Jackson will present new products and applications for Hollister products. See you there!

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: April 22nd, Tuesday evening

Program: Massage Therapist

Terri Anderson with the Massage Oasis will present our April program. Join us to ask questions and learn how massage therapy can benefit you.

Spring is in the air...

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: April 28th, Monday evening

Program: Round Table Discussion

Come and join us for a group discussion of ostomy issues. We'll learn about each other and our ostomies.

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: March 17th, 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 approximately 25 who attended our 52nd Anniversary Reception on Monday, March 17 on the 2nd Floor of the American Cancer Society Building. Mary and Denise did a great job of decorating a table for the beautiful and delicious cake that they had made to go with the excellent punch that Denise put together for us.

After the cake was initially cut by Clarice and everybody was given some with some punch, we had a round table discussion where everybody introduced themselves and put forth any concerns and/or problems that they may be having so that others in the group could express their experiences and how they might have solved similar problems for themselves.

Nominations for the Board of Directors elections for our Ostomy Association of the Houston Area which will be held at the June regular meeting were announced by the nominating committee of Ed Wood and Mary Lou Delhomme. Lorette Bauarschi and Terry Marriott were nominated for re-election to the board, and Laura Beth Jackson has been nominated to replace Chuck Bouse who declined re-election to the board. Upon successful re-election, Lorette will take over the Treasurer duties that are now being handled by Chuck Bouse, and Terry will remain as President.

The April 21st meeting program for the Central Group will feature Spencer Jackson from Hollister who will present the various product offerings from Hollister and take requests for samples from all who might wish to try something different from what they are currently using.

See you on the 21st!

Terry Marriott

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

FACTORS WHICH INFLUENCE OSTOMY FUNCTION

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. ■

HUMOR FOR LEXOPHILES (Lovers of words)

- ▶ Did you hear about the guy whose whole left side was cut off? He's all right now.
- ▶ The butcher backed up into the meat grinder and got a little behind in his work.
- ▶ To write with a broken pencil is pointless.
- ▶ The dead batteries were given out free of charge.
- ▶ The guy who fell onto an upholstery machine was fully recovered.
- ▶ A will is a dead giveaway.
- ▶ A boiled egg is hard to beat.
- ▶ Those who get too big for their britches will be exposed in the end.
- ▶ Bakers trade bread recipes on a knead to know basis.
- ▶ A calendar's days are numbered.
- ▶ A lot of money is tainted: 'Taint yours, and 'taint mine.
- ▶ When the smog lifts in Los Angeles, U.C.L.A.

***"Do not protect yourself by
a fence, but rather by your
friends."***

- Czechoslovakian Proverb

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 Laura Beth Jackson at 281-530-8912 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 cekenedy1@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.

To subscribe to the quarterly magazine of the United Ostomy Associations of America (UOAA) complete the following.

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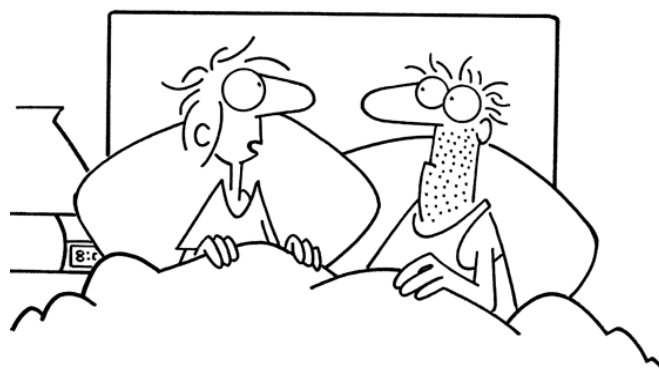
PRESENTATIONS BY NOMINATING COMMITTEE



We would like to present the nominations of Terry Marriott, Lorette Bauarschi and Laura Beth Jackson for office of Director on the board of the Ostomy Association of the Houston Area for 2008. They will be presented for election to the board at the regular meeting in May. The election of officers would then take place during the June Directors meeting.

Edgar Wood

Mary Lou Del Homme
 Nominating Committee



"I was going to wake up early to go jogging, but my toes voted against me 10 to 1."

HEALTH CARE AND OSTOMIES

by Peggy Christ, WOCN & Ed Gambrell

via North San Diego *Ostomy News*; and
North Central OK *Ostomy Outlook*

What do health care personnel need to know about ostomy surgery? Communication is the key. Now that you have an ostomy or an internal diversion, some changes have occurred in the normal routines of your life. This is especially true regarding medical treatment and hospitalization. Some medical and hospital assumptions and routines applicable to people without an ostomy may no longer apply to you. For your comfort, well-being, and in some instances, for your health and personal safety, it is important that you know how you need to be treated differently. You need to communicate this information appropriately to doctors and medical attendants who need to know. Your doctor, ostomy nurse and others who *normally* attend your ostomy are no doubt well informed of the differences in treatment you require and will help you communicate with medical personnel who may be uninformed about ostomy matters.

The fact that some health care personnel may be uninformed is quite understandable. The staffs of the thousands of hospitals in North America see relatively few ostomy patients. Few nurses and other hospital attendants have ever cared for an ostomy patient. Many of those who have are not aware of the different types of ostomies and the special considerations each requires. Doctors have become highly specialized to bring expert care to patients. Therefore, many rarely have the occasion or the time to develop expertise in ostomy, which is very much a specialty in itself. Do not be shy about communicating your condition and its special requirements to all who attend you for non-ostomy ailments. This is for their benefit as well as your own. If strong insistence should fail to bring about understanding, you have the right to refuse any procedure you consider harmful to yourself. Dr. Marshall Sparberg, author of the excellent book *Ileostomy Care* and a frequent writer on ileostomy matters, has this to say: "It is within the individual patient's right to refuse any hospital procedure, and no amount of insistence from an uninformed individual should change this decision."

Ostomies are different. One of the most serious misunderstandings is that all stomas represent colostomies and that all colostomies are the same. This can be disastrous for the patient who has an ileostomy or urostomy. It can cause trouble for the person with a transverse colostomy when treated as a sigmoid colostomy. In addition, even those with the same type of ostomy require variations in care and treatment. Ostomies vary greatly in nature just as individuals vary.

Irrigations and Enemas: Those with urostomies should *never* be given an irrigation or enema through the stoma. Irrigation could cause serious kidney infection and damage. Those with ileostomies should never be

expert provides one to break up a blockage or for other compelling reasons. An irrigation or enema of the small intestine may cause ill effects to the person with an ileostomy. However, should a person with a colostomy require irrigations, this poses no danger if done properly.

A stoma is not an anus. Some medical attendants do not realize the difference between a stoma and an anus. They may treat a stoma as roughly as they treat an anus. If an enema or irrigation with a catheter is involved, care must be taken to avoid bowel injury. Some catheters, though streamlined on the end, are stiff and should not be inserted into a stoma unless it is done by a physician or ostomy nurse. A cone is much safer, easier to use and does a better job than a catheter. In summary, the message here is that, as an ostomate, it is important for you to know how your ostomy must be treated. Doctors and nurses not specially trained in ostomy care and management know very little about what should or should not be done in the treatment of your stoma. For your own well-being and for the benefit of those treating you, you must be both knowledgeable about and in control of your treatment. ■

**Nothing is foolproof to a
sufficiently talented fool.**

WISDOM FROM A PHARMACIST

by Florian Norwicki, RPh, Rockford, IL
UOAA UPDATE 2/2008

I find ostomates with the least problems are those who become acquainted with other ostomates with a similar surgery. The best method of acquaintanceship is to become involved in your local ostomy chapter.

We constantly hear of organizations being formed for many types of bodily dysfunctions such as paraplegics, epileptics, "bypass cardiac club," diabetes, etc. These peer groups perform invaluable services, especially to new members when the trauma is often more psychological than physical. I encourage each and every one of you to attend meetings regularly. If you come away with one new fact or idea per meeting for your self-help, you know it is worth the time and effort.

Your best medicine is preventive medicine. Whatever your procedures are, or your diet is, think of the problems you encounter if you deviate from your norm. Spices, alcohol, caffeine and some vegetables which cause flatulence are to be used moderately or not at all.

Again, it is pertinent to your well-being that you know what is best for you. A good idea is to keep a diary or log of your diet so you may determine what food it was that caused a problem for you, then steer yourself away from that problem.

Your local UOAA chapter is the way to go. Ask questions! Get answers. The members have already been in your shoes. ■

BAYTOWN SUPPORT GROUP

Our April 28th presentation will be a Roundtable discussion.

Baytown welcomed Rosalie Johnson, RN, WOCN, Ostomy Specialist with Coloplast, for the February meeting. Members were introduced to the new Sensura line. This was a great hands-on opportunity as various one- and two-piece systems were sent around the table for members to examine.

Sensura's double-layered adhesive allows for absorption and moisture balance on the lower layer while the upper layer is erosion resistant. Optimal adhesion, flexibility and ease of removal are just a few more reasons to give Sensura a try! Rosalie also covered Coloplast's antifungal powder and its' benefits for treating yeast around the stoma.

We hope, in the coming months, to see some new faces and we hope some of our old friends will join us again!

Like a puzzle, we are much more together than we are as individual pieces!

Sincerely,

Cindy Barefield, RN, WOCN
281-420-8671

ADHESIONS AND OTHER PAINS THAT CRAMP YOUR STYLE

via Rose City Ostomy News, Tyler, TX

Some people form adhesions more easily than others. Bands of tough, string-like fibrous tissue, adhesions may form spontaneously but are more common after surgery, where the disturbances caused by tissue manipulations may lead to healing in the form of fibrous tissue, i.e. adhesions.

If adhesions interfere with the normal motion of the intestines, a blockage or obstruction may occur, with food, liquid, or even air unable to pass the blocked area. Severe bloating, abdominal pain, vomiting and constipation occur. In such a serious situation, immediate surgery to cut the obstructive adhesion bands is often necessary.

In many cases the possibility of adhesions wrongly get the rap for abdominal pain. A frequent cause for cramping is a spasm of the muscles responsible for peristalsis, which propels the bolus through the intestine. A muscle spasm in the calf is referred to as a 'charley horse'. Spasms in your intestines are essentially the same thing but assume the name 'irritable intestine'.

The removal of the colon does not guarantee immunity from painful spasms in the small intestine. Thus, the ileostomate occasionally may suffer from pain that can't readily be explained on the basis of blockage, and may be told that adhesions are responsible when the cause may be a spasm. ■

NORTHWEST GROUP HAPPENINGS

Fifteen individuals braved a very stormy night to attend our March 18th meeting. Welcome to our one new visitor. We hope many of your questions were answered.

Our program was presented by Rosalie Johnson, RN, WOCN, Ostomy Specialist with Coloplast. Thank you, Rosalie, for your presentation and all the new information you provided.

As many ostomates do, member Patti Suler has given her ostomy a name . . . "Junior". Since becoming an ostomate, Patti has kept a record of her ostomy experiences which she recently shared with us. She also has a website which she invites others to visit and read about her experiences. You can view her website at www.juniorscorner.com.

Our April 22nd meeting will be presented by Massage Therapist, Terri Anderson, of the Massage Oasis. Hope to see you then!!

Gay Nell Faltysek
281-446-0444

Tony Romeo
281-537-0681

PONDERISMS

- ? How is it that we put a man on the moon before we figured out it would be a good idea to put wheels on luggage?
- ? Why are you in a movie, but you're on TV?
- ? Why do people pay to go up tall buildings and then put money in binoculars to look at things on the ground?
- ? Can a hearse carrying a corpse drive in the carpool lane?
- ? If corn oil is made from corn, and vegetable oil is made from vegetables, what is baby oil made from?
- ? Do *The Alphabet Song* and *Twinkle, Twinkle Little Star* have the same tune?
- ? Why did you just try singing the two songs above?
- ? Did you ever notice that when you blow in a dog's face, he gets mad at you, but when you take him for a car ride, he sticks his head out the window?
- ? Why is it that people say they "slept like a baby" when babies wake up every two hours?
- ? How important does a person have to be before they are considered assassinated instead of just murdered?

Friends are angels who lift us to our feet when our wings have trouble remembering how to fly.

TOO MUCH OF A GOOD THING

Excerpt from article by Wanda Herdzina, WOCN

Do you need an hour and a half to change your ostomy system? Does your stock of supplies resemble the storefront of the local pharmacy? Do you need a road map to remember what product goes on first, second, etc.? If so, then you may be the victim of the “too much of a good thing” syndrome.

Occasionally, an individual will come to a stoma clinic carrying a large sack with a vast array of skin care products explaining, “All these items are needed in order for me to apply my appliance.”

Unfortunately, very often the reason the individual needs assistance is due to a problem with the adhesion of the barrier—usually due to scars, skin folds, weight changes, skin irritation, or skin breakdown. One particular gentleman who comes to mind was utilizing a special skin cleaner and cream, two types of skin cement, a double faced tape disc, a paste, and a popular skin-barrier wafer before the pouch was applied. He had started out with a fairly simple ostomy system after surgery, but in his quest to achieve what he felt should be a seven-day wearing time, he had been adding product after product. Besides the many items he was now using he had what he described as a “closet full of products at home.”

After checking his abdomen, it became obvious that what he needed was a product change in the convexity of his barrier and not the addition of another product. He also needed a more realistic view of wearing time for his particular situation.

Practically speaking, not everyone may be able to achieve a seven-day, leak-free wearing time with no skin irritations. It is much better to anticipate leakage and establish a regular changing time more frequently than this.

Hints to achieve a successful management system:

Keep it simple Do not use extra products unless medically necessary. **Use plain water** to wash your peristomal skin. **Do not continue** to use therapeutic products after a problem has been solved. **Stop using** anti-fungal powder once the fungus is gone. ■



STOP THE ANTIHISTAMINE SIDE EFFECT

ConvaTec's Health & Vitality

If you've got a colostomy and seasonal allergies, you may find that your anti-histamines cause a “slow down” of intestinal action. You may also find that it takes longer to irrigate your system. To combat this annoying side effect, drink more water and fruit juice—six to eight (8 oz.) glasses per day—when you're on these medications. (It's a good idea to drink this much fluid other times, too.) Fiber also combats constipation, so be sure to include fresh fruits and vegetables in your diet, as well as fibrous foods such as whole-grain breads and cereals. ■

DEALING WITH THE BURDENS OF LIFE . . .

- > Accept that some days you're the pigeon, and some days you're the statue.
- > Always keep your words soft and sweet, just in case you have to eat them.
- > Always read stuff that will make you look good if you die in the middle of it.
- > Drive carefully. It's not only cars that can be recalled by their maker.
- > If you can't be kind, at least have the decency to be vague.
- > Never buy a car you can't push.
- > Nobody cares if you can't dance well. Just get up and dance.
- > Birthdays are good for you. The more you have, the longer you live.
- > A truly happy person is one who can enjoy the scenery on a detour. ■

“Allowing an unimportant mistake to pass without comment is a wonderful social grace.”

- Judith Martin (Miss Manners)

TEMPORARY OSTOMIES

By Nancy Brede, RN/ET

Temporary ostomies are surgically created with the intent of reconnecting in the future. The anatomy of the gastrointestinal system or urinary system is left intact.

Permanent ostomies are created with the intent that the ostomy surgery will not be reversed; usually the surgery is performed when disease or injury prevents maintaining the anatomical structures needed for reversal.

A large number of temporary ostomies involving the colon are done on an emergency basis. The colon become obstructed or blocked, and stool cannot pass through. Because of the emergency nature of the surgery, the bowel cannot be cleaned and prepped ahead of time. Reversal, or reanastomosis—hooking up the normal anatomy—can be done later, when infection is not as likely and proper healing can take place.

The most common situations and diseases requiring a temporary ostomy are:

- Cancer of the colon with obstruction or other abdominal cancers affecting the colon.
- Hirschsprung's disease, a disorder/malfunction in infants which prevents passage of stool. Due to lack of nerve cells in certain areas of the large intestine, stool is not moved through, and an ostomy is necessary.
- Diverticulitis, small out-pouching—diverticula—in the wall of the intestine becomes infected. The diverticula may rupture or cause obstruction.
- Inflammatory bowel disease or Crohn's disease may necessitate a temporary ostomy to allow the diseased bowel to heal.

Persons with temporary ostomies face many of the same problems permanent ostomates have. It is just as important for them to have support, reassurance, and teaching as it is for persons with permanent ostomies. They must learn proper skin care, stoma care and pouching techniques.

UOAA IS NOW A CO-SPONSOR OF THE GREAT COMEBACKS® AWARD

On February 27th ConvaTec held its Great Comebacks® Award Dinner in Washington, D.C.'s Newseum, The Great Hall of News, a new museum that will open to the public this April.

The Great Comebacks® Program raises awareness of quality of life issues for people with Crohn's Disease, ulcerative Colitis, colorectal cancer and other diseases that can lead to ostomy surgery.

It was a special occasion for UOAA when ConvaTec President, Dave Johnson welcomed UOAA and IDEAS* as new co-sponsors of the Great Comebacks® Program, joining long-time Program sponsors, CCFA and ConvaTec. This marks the first time in the 23 years that the Great Comebacks® Program has been recognizing ostomates that have attained a laudable quality of life after ostomy surgery, that a national ostomy association will serve as a co-sponsor. Attendees were brought up to speed regarding UOAA and its plans for the future. UOAA's logo will appear on all Program literature and publicity, and UOAA President Elect, Kristin Knipp, has been invited to serve as a member of the Advisory Committee along with Rolf Benirschke, Al Geiberger, Marvin Bush, Dr. Victor Fazio and Suzanne Rosenthal, just to mention some of the other members.

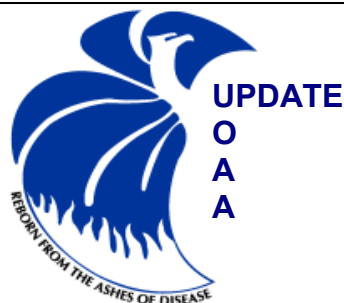
At the Dinner, the four 2007 Regional recipients of the Award were recognized: Scott Ellis, Mike Florak, Wendy Lueder (President of the Broward County, Florida, Ostomy Association) and Jeffrey Larsen.

Scott Ellis, a firefighter from Enfield, Connecticut was selected as the National Award recipient. (For more information visit: <http://www.prnewswire.com/cgi-bin/stories.pl?ACCT=104&STORY=/www/story/02-27-2008/0004764118&EDATE>).

Featured speaker at the Dinner was Rob Hill. Rob is the 34-year-old ileostomate mountain climber from British Columbia who took on the challenge to climb the tallest mountain on each of the seven continents. Having successfully climbed 6, he will leave for Nepal on March 22nd to start his quest to become the first ostomate and Crohn's patient to climb Mt. Everest.

Rob's motto is "**No guts, know glory**". His venture is being sponsored by ConvaTec. To follow his mission you are invited to visit www.greatcomebacks.com where daily blogs recording his activities will be posted. Rob Hill is the founder of the Intestinal Disease Education and Awareness Society (IDEAS*) that provides information to children about intestinal diseases.

For more information about IDEAS visit their website at <http://www.ideas-na.com>.



ADVOCACY ... Direct from meeting in D.C.

Ostomy management products are **prosthetics**! The 600,000 individuals with an ostomy in the United States are a special needs group within the general population. After surgery, we know that ostomates can remain active despite the loss of continence; however, no two patients manage their ostomy the same way. Suppliers provide patients post-surgery with medically necessary items that effectively replace the function of the bladder, colon and rectum. These include not only pouches, but also skin barriers, skin care treatments and accessories to ensure a secure fit for the patient.

We ostomates tend to refer to our stoma management products in generic terms such as "appliances" or "stoma bags" or just "pouches". Ostomy products are often inappropriately grouped with "medical supplies" for reimbursement by public and private payers. The items included in the "medical supplies" group include gauze pads, tongue depressors, cotton balls and band-aids, but most certainly should not include ostomy products. Ostomy products are "**prosthetic devices**" since they replace all, or part of an internal body organ. Buried deep in the Social Security Act is the statement that **prosthetic devices** include colostomy bags and supplies related to colostomy care. Over the years this coverage has also been understood to apply to ileostomy and urostomy pouching systems.

Therefore, to keep this fact in front of our legislators, we have to start writing and talking about our **prosthetic devices** and not our bags or appliances. There may come a time in the near future when the powers-that-be may take the position, for example, that one type of pouching system is good for all people with ileostomies. We know that no two people manage their ostomy the same way ... that we need **prosthetic devices** that allow us to choose the system that works best for us. So in the future when referring to that "thing" attached to our abdomen, remember "appliance" ... bad; "**prosthetic device**" ... good!

Experience is a wonderful thing. It enables you to recognize a mistake when you make it again.

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FOODS AND THEIR EFFECT ON AN OSTOMATE

via Rose City Ostomy News, Tyler, TX

The following foods may present problems for some ostomy patients. The problems and foods will vary with each individual and are grouped to help you decide how you and your stoma can best function together.

Low fiber foods: (Diet of choice for the first 6 weeks after ostomy surgery). White bread, cooked/steamed or canned fruits and vegetables, diluted fruit juices, tortillas, pastas, white rice, chicken, fish, biscuits, plain muffins, plain jello, custards, and puddings.

Gas-forming foods: Asparagus, alcohol, beer, broccoli, brussel sprouts, cabbage, carbonated drinks, cauliflower, corn, strong-smelling cheeses, cucumbers, dairy products, dried beans and peas, eggs, fish, melons, mushrooms, nuts, onions, radishes, spinach, string beans, sugar, sweet potatoes, and yeast.

Gas-producing activities: Chewing gum, drinking through straws, missing meals, talking while eating, chewing with mouth open, and snoring.

Odor-forming foods: Asparagus, beans, cabbage, chicken, coffee, dairy products, eggs, fish, garlic, onion, peas, and some spices.

Foods that prevent odor: Buttermilk, cranberry juice, cottage cheese, parsley, and yogurt.

Bulk forming foods (fiber foods): (Ileostomates must give special consideration before eating these foods because if not chewed well, these foods can block the ileostomy stoma). Celery, Chinese foods, coconut, coleslaw, corn, dried fruits, foods with seeds or kernels, meats in casings, nuts, popcorn, whole grain, whole vegetables, and wild rice.

Diarrhea-causing foods: Beer, broccoli, greens beans, highly seasoned foods, fatty and fried foods, raw fruits and vegetables, popcorn, nuts, caffeine beverages, and refined sugar.

Foods to control diarrhea: Applesauce, bananas, creamy peanut butter, white rice, tapioca, potatoes without skins, and cheese.

Actions / foods that control mild constipation: Increase fluids, increase fruit juices, increase cooked fruits and vegetables, 3 oz. prune juice at bedtime, or 4 or 5 dried apricots. ■

SOMETHING FOR EVERYONE . . . HELPFUL HINTS

For colostomates . . .

Way back before your surgery, did you go to the bathroom after a cup of hot coffee? Cold juice? A bourbon or beer? Milk? Well, whatever made you feel the need to go to the bathroom then can make you feel the need to go now. Check it out. For those who irrigate, see if your irrigation can be helped by some of the things you used to do. Of course, if you have been a colostomate for several years, your previous habits may not be the same ones you have now. But your body can be trained as it was before, and you can adapt yourself to certain habits which will help you to be in control.

For ileostomates . . .

Leave a little air in your appliance after emptying it. You may have a tendency to flatten the appliance as much as possible so it won't show under clothing, but there is always moisture in the pouch. Flattening it too much makes the walls of the pouch stick, leaving no room for the discharge to slip down. If discharge collects around the wafer, the pressure of the clothing will eventually cause it to break the seal and leak out. By just a little air, we mean just that. The pouch doesn't have to swell like a balloon but hold just a soft cushion of air to keep the walls free at all times. Allow a little air to enter by pulling the pouch apart before attaching the tail closure.

For urostomates . . .

Empty the urostomy pouch before it passes the half-full level. If the bag becomes too full, there is a chance of urine backup, risking kidney infection. Also a greater chance for a "spill."

When you hook up at night, leave enough urine in the pouch to fill the entire night-drain tube, eliminating air bubbles which prevent an even flow and can cause backup problems.

For every ostomate . . .

It is not necessary to use sterile supplies. Washcloths and cotton balls can substitute for gauze pads. The stoma and surrounding skin are not sterile and require only the same degree of cleanliness as the rest of the exterior body.

For every human being . . .

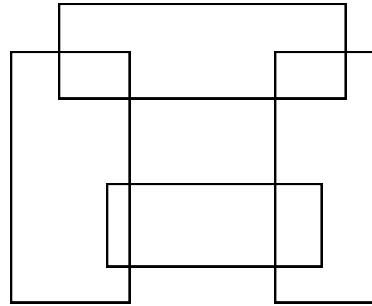
Drink at least two quarts of water or juices daily to maintain good health; flushing kidneys, preventing dehydration, providing fluid to all parts of the body. ■

**No man has ever been shot
while doing the dishes.**

SUDOKU

		3			2			9
9	4			6				
		1	9	8			5	4
8						3	1	
			8		5			
	7	4						8
1	5			7	9	6		
				1			8	5
6			3			1		

RECTANGLE "CENSUS"



How many rectangles of all sizes are formed by the lines in this diagram? Although there are fewer than 15 rectangles, many people count incorrectly when they try this puzzle. How will you do?

Hint: Label each separate region of the diagram with a letter and make a list of letter combinations that form rectangles.

Solution below

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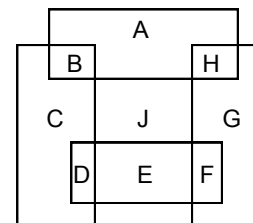
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I Wish for You . . .

Comfort
on difficult days,
Smiles
when sadness intrudes,
Rainbows
to follow the clouds,
Laughter
to kiss your lips,
Sunsets
to warm your heart,
Gentle hugs
when spirits sag,
Friendships
to brighten your being,
Beauty
for your eyes to see,
Confidence
for when you doubt,
Faith
so that you can believe,
Courage
to know yourself,
Patience
to accept the truth,
And love
to complete your life.

"The older we get, the fewer things seem worth waiting in line for."

Using this lettered diagram, the rectangles are:



ABH J
BCD E
DEF DE
FGH EF
B EJ
D
F

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MEMBERSHIP APPLICATION

Membership in the Ostomy Association of the Houston Area requires one easy payment. Please complete the following form and mail as directed with payment as shown.

Dues of \$25.00 per year are payable to: Ostomy Association of the Houston Area, Attention: Treasurer
P.O. Box 25164, Houston, TX 77265-5164

General Data:

Name: _____ Date: _____
Street Address: _____ Phone: _____
City: _____ State: _____ Zip: _____ E-Mail: _____
Surgery Date: _____ Birth Date: _____
Reason for surgery: ☐ Crohn's ☐ Ulcerative Colitis ☐ Cancer ☐ Birth Defects ☐ Other _____

Procedure or Relationship:

To help us complete our records, please answer the following. Check all that apply.

- | | | |
|--|--|---|
| <input type="checkbox"/> Colostomy | <input type="checkbox"/> Continent Ileostomy | <input type="checkbox"/> Parent of Child with procedure |
| <input type="checkbox"/> Ileostomy | <input type="checkbox"/> Continent Urostomy | <input type="checkbox"/> Spouse/Family Member |
| <input type="checkbox"/> Urinary Diversion | <input type="checkbox"/> Pull-Through | <input type="checkbox"/> Physician |
| <input type="checkbox"/> Other: _____ | | <input type="checkbox"/> Nurse |

_____ I would like to attend meetings with the (please circle one):

Central Group Baytown Group Northwest Group J-Pouch Group

_____ I would like to become a member but cannot pay dues at this time. *(This will be kept confidential)*

I learned about the Ostomy Association from

_____ ET Nurse _____ Physician _____ Newsletter _____ Surgical Shop _____ Website _____ Other:

I have enclosed an additional \$ _____ as a donation to support the association's mission of helping ostomates.

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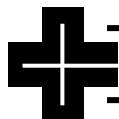
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