



The Austi-Mate Journal

Ostomy Association of Austin Monthly Publication
P. O. Box 143383 Austin, Texas 78714

www.austinstomy.org

Gethsemane Lutheran Church
200 West Anderson Lane, Austin, Texas 78752



Next meetings: Thursday, March 2, 2017 @ 7:00 pm

Thursday, April 6, 2017 @ 7.00 pm

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This bi- monthly newsletter is located on our website:

www.austinstomy.org

Printed Courtesy:
The American Cancer Society

Ostomy surgery is a lifesaving surgery that enables a person to enjoy a full range of activities, including traveling, sports, family life and work. [You Matter](#) ~ Come join us!

Spring is just around the corner! We hope all is well and if it isn't, let us know if there is something we can do to help.

Each month, we see so many faces, some who are there for every meeting, those who are new, and some who are able to join us once in a while. We are honored to have several Veterans with us and to take this opportunity to recognize and thank them for their service.



Left to Right:

Seated: Bill Ludwig, Joe Torn

Standing: John Duncanson, James Chandler, Dan Hall, Eddy Padilla, Dick Hartford.

Pictured: Vernon Emken



In January, Bella Singleton and Laurie Fryar, Pre-Planning Advisors and Veteran's Burial Benefits Specialists with Cook-Walden Funeral Homes presented to a full house.

In the spirit of Valentine's Day, we addressed intimacy and the Ostomate at our February meeting. We had great conversations and plenty of marshmallows!!

March 2nd Mtg @ 7:00

We will have a Question & Answer session giving our members the opportunity to ask our nurses and members anything on your mind.

Refreshments: Carol Laubach, Mary Meshbane, J.T. Boone

April 6th Mtg @ 7:00 pm

Physical Therapist Leslie Micus will be our guest presenter.

Refreshments: Board Members

Winter Travel to Fun and Sunny Places

Patti Burke, RN CWOON, ET UOAA



Preparing for Travel

1. Change your pouch 24 hours before departure to assure complete adherence.
2. Make a list of all supplies you use with their stock numbers. Take photocopies of the catalog that shows the products you use.
3. Call your manufacturer to obtain a list of suppliers in the area where you will be traveling.
4. Obtain a referral list of doctors and medical centers in the area where you will be traveling.
5. Check with your doctor about taking an antidiarrheal medication to treat any diarrhea that may occur.

Packing your Carry-on Bag

1. Change of clothes.
2. Bring pre-cut wafers/pouches that were prepared at home.
3. Rounded tip scissors can be packed in your carry-on bag. (Check with your airline to be sure.)
4. Pack Supplies in carry-on and checked luggage.
5. Take twice your normal amount of supplies. (Remember Murphy's Law.)
6. Pack baggies or plastic bags to dispose of used pouches.
7. Obtain a statement from your doctor about your need for ostomy supplies.
8. Urostomates need large plastic bags that zip closed for bedside overnight drainage. Attach the bag with a clothespin to a wastebasket and zip closed close to the drain tube.
9. Colostomates who irrigate should do so only with drinking water.
10. Take an insulated bag to store your supplies in extreme temperatures.

Swimming With An Ostomy

1. Empty your pouch before swimming.
2. Swim when the bowel is less active, usually in the morning. Use pink tape to "frame" your wafer for security.
3. Women should choose a patterned suit with a liner for a smoother profile.
4. Men can wear a tank shirt and trunks if the stoma is above the belt line.

Pass the...Herbs and Spices! Reducing Your Salt Intake can be Delicious.

Cleveland Clinic Wellness April 7, 2016

If a little is good, a lot is better, right? Not always.

Case in point: salt. Your body needs about a teaspoon a day, but too much salt can tip the scales toward serious health risks: high blood pressure, heart disease and, potentially, liver damage, according to the research. Unfortunately, the average American consumes double the recommended 1,500-mg daily limit. You don't even have to have your own personal salt lick to get too much. Processed foods and meats are loaded with salt, for its preservative properties as well as flavor, so steer clear of these foods and scour labels with an eagle eye. But there's a good side to this story: Start adding more herbs and spices to your menus and not only will you crave salt less, but you'll also embark on an exciting sensory (and health) adventure. Instead of salt's single note, you'll get a whole orchestra of flavor, along with vitamins, minerals, and anti-inflammatory phytonutrients. Sprinkle herbs on vegetables, fish, and meat; make curries with spices like turmeric, cardamom, and ginger; add fresh basil, cilantro, and parsley to salads (or make pesto!); and use garlic liberally. When you're swapping salt for herbs and spices, less (salt) really is more — flavor and health benefits!



Stoma Management of a Flush or Retracted Stoma

UOAA January 2015

The ideal stoma is one that protrudes above the skin, but this is not always possible and a flush (skin level) or retracted (below skin level) stoma may result. The surgeon may be unable to mobilize the bowel and mesentery (membrane that attaches organs to abdominal wall) adequately or to strip the mesentery enough without causing necrosis or death to the stoma. Some causes of stoma retraction after surgery may be weight gain, infection, malnutrition, steroids or scar tissue formation. Stomas that are flush or retracted can lead to undermining of the pouch by effluent (drainage). This continued exposure can lead to irritated and denuded skin, as well as frequent pouch changes. These problems can be very stressful and expensive. The inability to maintain a pouch seal for an acceptable length of time is the most common indication for a product with convexity.

Convexity Requirements:

- Shallow - for minor skin irritations and occasional leakage
- Medium - stoma in deep folds; severe undermining and frequent leakage •
- Deep - used when medium convexity is not sufficient, stoma is retracted or in deep folds, or leakage is very frequent and skin denuded.

Ways to Achieve Convexity:

- Convex Inserts: Can be applied to a two-piece system by snapping an insert into the ring of the flange. Outer diameter must match the flange size. This can be cost effective as this insert can be cleaned and reused.
- Pouches Designed with Convexity: These are available in both one and two-piece systems. They can be shallow, medium, Page 9 of 11 or deep. They come as either precut, cut or cut to fit.
- Addition of Skin Barrier Gaskets: These are used around the stoma and can be cut or purchased precut. You can use one layer or several layers.
- Barrier Ring/Strip Paste: These are products that can be pressed into shape around the stoma to protect the seal.

Other Ways to Increase Wear Time and Prevent Leakage:

- Ostomy Belt: Many ostomates find this product to be helpful. The opening should clear your stoma by one-eighth inch only to give the skin maximum protection.
- Ostomy Paste: Use this for "caulking" around the stoma. Always read and follow manufacturer's direction for product use.

You're Drinking Too Much Coffee When...(edited from internet)

You speed walk in your sleep.

You grind your coffee beans in your mouth.

Your eyes stay open when you sneeze.

You don't sweat, you percolate.

People get dizzy just watching you.

People can test their batteries in your ears.

Your Thermos is on wheels.

You don't tan, you roast.

You think CPR stands for "Coffee Provides Resuscitation."



A New Year to Exercise

UOAA Updates 2015



Was exercise at the top of your New Year's Resolution List only to be replaced with a set of excuses a week later? Well, let's see what those excuses may be: I Don't Have Time: One less cup of coffee in the morning and a few more minutes in your busy day taken from other less beneficial activities will add up. Say to yourself, "I am worth 30 minutes a day!" Boring, Boring! There are lots of different kinds of exercise to choose from. Find something you enjoy and you just might stay with it.

"I'm Too Tired" Studies have proven that exercise revs up the bloodstream, which produces energy. A brisk walk in the cool of the evening will relax and revive you - it may even add to romance!

"I'm Too Old" Oh, PLEASE!! Have you seen Sophia Loren lately? She may have been born beautiful, but staying there is no gift. But don't have unrealistic expectations. Just go at your own pace. You just might inspire some youth in your life to want to find out how you do it.

"Not Enough Space" All you need is enough room to lie down - but avoid drafts, which may cause muscle cramps. Or better yet, go walking outdoors, or in bad weather indoors works well too. Outdoor walking will use all your muscles and you get fresh air to boot! Indoor walking can be enjoyed at a local mall. You can window shop and get your exercise in at the same time.

"It's Too Expensive" You don't need fashionable regalia, high priced equipment, and/or an expensive fitness membership. If you plan on walking, a good, but not necessarily expensive, pair of shoes is all that is required.

Ten Questions to Ask Your Doctor or Pharmacist about a New Prescription

Via The Triangle. Pittsburg. via UOAA Updates

Prescription drugs are life savers but only if they're used correctly. In the US, nearly half of all medications aren't taken as directed. 14% of prescriptions never get filled; 13% are filled but never used and 29% are filled but not finished.

1. What's the name of the drug you're prescribing?
2. Is a less-expensive generic version of this drug available?
3. How much will I be taking and how many times a day?
4. What time of day is best to take the medication? Should it be taken with food or without?
5. Does the medication need refrigeration?
6. What side effects, if any, might I experience? What should I do if they occur?
7. Is it safe to take this drug with other drugs or supplements? Can I drink alcohol while I am on this medication?
8. What do I do if I miss a dose?
9. How long will I be taking the drug?
10. Do I need to finish the entire dosage you're prescribing for me? What do I do if I feel better before that?

And for those with an Ileostomy or Continent Ostomies:

1. Is the medicine easily digestible? Will it dissolve in approximately two hours?
2. Is it time release? Most ileostomates will pass medicine too soon for it to work well so medicine taken through the day works best.

Article Borders: **Yellow** - All Ostomy types **Red** - Colostomy-related;
Green - Ileostomy-related **Blue** - Urostomy related



How the Ileostomy Changes Digestive Function

UOAA Update November 2014



Some may wonder how it's possible to live without your colon (large intestine). The major functions of the colon and rectum are sorting intestinal contents, absorbing water and carrying waste to the outside. Although these functions are necessary for you to live, they can be taken over by the small bowel.

The major function of the small intestine is to absorb the body's nutrients and water. Enzymes released into the small intestine break food into small particles so that vitally needed proteins, carbohydrates, fats, vitamins and minerals can be absorbed. These enzymes will also be present in the ileostomy discharge and they will act on the skin the same way they work on foods. This is why the skin around an ileostomy must always be protected.

When the colon is present, the food you eat eventually reaches the large intestine, where it's stored and more water is absorbed. Many hours or perhaps days later, the mass is expelled through the anus in a formed stool. Peristalsis (muscle contractions of the colon) pushes the contents toward the rectum. When the stool reaches the rectum, the need to empty the large intestine occurs and nerve pathways from the brain initiate the process of defecation.

After removal of the colon and rectum, you no longer have control. Unlike the anus, the stoma has no shutoff muscle. Digestive contents pass out of the body through the stoma and are collected in an individually fitted pouch, which is worn at all times. Because the small intestine doesn't store and make intestinal contents solid, your stool will never get thicker than toothpaste. However, the soft stool in your ileostomy pouch should not be confused with loose stool and diarrhea.

Urostomy Care

UOAA Update 7/13



The urostomate should keep in mind that the stoma may shrink for several months following surgery. It is important that your appliance fits well so that the skin around the stoma does not become thick and white due to contact with urine. This crust may rub against the stoma, causing bleeding. To cleanse the pouch of crystals, soak it in a solution of 1 part vinegar to 2 parts water. Several glasses of cranberry juice each day will help restore the acid level in your body and there is less crystallization.

The urinary pouch should be emptied often. There is no odor when the pouch is kept clean. The portion of the intestine (the ileum) that is used to form the "conduit" is mucous forming, so it is not unusual or abnormal to see some mucous in the urine. Before attaching the night drain, leave sufficient urine in the pouch to fill the entire length of the tube. This eliminates air bubbles which prevent the flow through the tube and causes backup problems.

Please remember that for best results, you will want to change your appliance first thing in the morning before you eat or drink anything. This may give some breathing room for a few minutes (when your stoma will not be active) to get the skin dried off and the new appliance in place. If you bend over and try to be sure all stored liquid is forced out before you begin the change, it may also help give you a few minutes of inactivity to complete the change.

Yearly Anniversaries - 2017



March 2017

Carol Laubach, 49
Beth Mosley, 41
Alvin Leudecke, 29
Allen Scott, 12
Guy East, 5

April 2017

Bill Holcomb, 39
Frances Dupuy, 36
Walter Doerfler, Jr., 30
John Critchfield, 24
Marcella Hadler, 23
Bonnie Schneider, 5
Kellie Zullig, 19

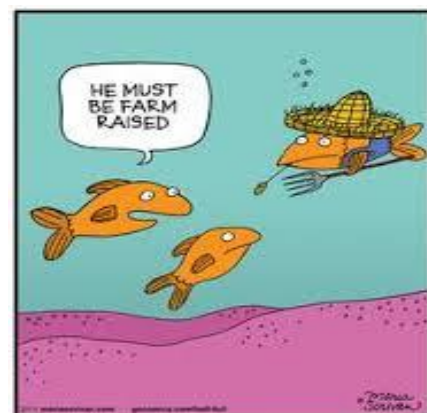


Thursday Meetings

May 4
June 1
No July Meeting
August 3
September 7
October 5
November 2
December 7

"This is a wonderful day; I have never seen this one before." Maya Angelou

When is your ostomy anniversary month and year? Please let us know!



Are you in need of donated supplies? We have **plenty** available! Please contact Carol Laubach, (512-339-6388) and indicate what type of ostomy you have, brand preference, size, and whether it's a one or two piece. This will help to get you the best fitting supplies possible.



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 their families. Membership fees and donations are tax deductible.

The information contained within our newsletters is for informational purposes only and may not be applicable to everyone. **Please do not follow any medical advice in our Newsletter without first checking with your physician or Wound Ostomy Continence Nurse.**



OAA Membership Application

Name _____

Ostomy Type _____ Surgery Date _____

Address _____

City _____ State _____ Zip _____ Phone _____

Year of Birth _____ Email _____

Spouse/Relative/Partner/Friend Name _____

Check one: I do ____ I do not ____ give permission for my name to be included in our newsletter or membership directory.

Signature _____

Date _____

Annual dues: Checks payable to: Ostomy Association of Austin

\$20 _____ Ostomate

\$12 _____ Spouse/Relative/Partner/Friend/Other

\$20 _____ Professional

Mail Application to:

Ostomy Association of Austin

P.O. Box 143383

Austin, TX 78714

Prefer a paper copy be mailed, check here

Bi- monthly newsletters are located on our website: www.austinstomy.org

Membership benefits include:

- Monthly support / informational meetings
- Social events
- The Austi-Mate Bi-Monthly Newsletters



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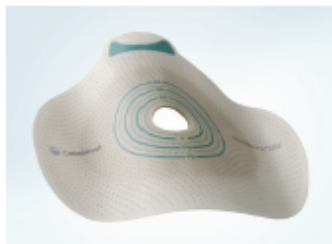
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