



LETTER FROM THE EDITOR

If errors are noted in your name or address, please bring these to my attention. If you know of someone to add or delete from our mailing list, please notify me. I can be reached at 325-670-4302 or callen@hendrickhealth.org. We are now sending our newsletter electronically to those who request it be sent that way. **Please send me your email address if you would like a link to the newsletter.**

If you know of someone who would be a good speaker at one of our meetings, please contact us.

–Charlotte Allen, MSN, RN-BC, CWOCN



LAST MEETING

For the December meeting, we had our annual Christmas event. It was a wonderful time of fellowship with great people and feasting on good food. We had our gift exchange and fun activities. Let me just say, the attendees will never look at Saran Wrap the same way again!

Thank you everyone for making 2017 a great year!

NEXT MEETING

For the Jan. 8 meeting, we will prepare for the New Year with new thoughts/attitudes. Sound mysterious? Come on out and enjoy the group.

Everyone is welcome. Bring your spouse, a friend or come alone.

We meet in the Diabetes Center at 1742 Hickory St. (corner of Hickory St. and N. 18th St.) at 6:30 p.m. Hope to see you there!

CONTACT US

For more information, please contact us at 670-4302.

Newsletter Editor & Professional Advisor:

Charlotte Allen, RN, CWOCN
670-4302
email: callen@hendrickhealth.org

Antacid Users Beware

Via UOAA update via Ostomy Rumble Mid Georgia

Almost everyone has indigestion and heartburn occasionally, and it is probably alright to take an antacid pill now and then; but many health authorities warn that taking antacids regularly for more than two weeks may not be wise, especially for ostomates. Here's why: Magnesium hydroxide may cause diarrhea and reduced absorption of vitamins and minerals. Aluminum hydroxide may cause constipation, reduced phosphate levels leading to fatigue, poor appetite and bone loss. Calcium carbonate may cause acid rebound where, when the antacid wears off, stomach acid suddenly shoots up. It may also cause constipation, a potential disturbance in the body's calcium and phosphate levels called milk-alkali syndrome, which in turn may lead to nausea, headache, weakness and kidney problems.

All antacids may reduce absorption of certain medications such as iron, digitalis and tetracycline. Many antacids contain lots of salt, which can elevate blood pressure.

Impact of Abdominal Changes

By Arthur Clarke, CWOCN Via Middle Georgia The Rumble

Only a finite amount of bowel is eligible for use in the creation of a stoma. When you had your ostomy surgery, the surgeon was allowed -according to your personal physiology- only so much moveable bowel in the construction of a quality ostomy stoma. Once that piece of bowel was pulled through your abdominal wall, it was stitched to the inside of the abdominal wall and onto the outside of the skin. The length originally chosen by the surgeon will remain constant throughout the patient's life. Therefore, if the wall of the abdomen thickens: i.e., fat accumulates on the abdominal wall due to bowel segment used in the creation of the stoma will not change to accommodate the patient's increased girth. This being the case, one might expect the stoma to appear to be receding, since it and the peristomal skin cannot expand with the thickening abdominal wall all around it. This is in fact what happens. This condition is further exacerbated when the patient moves from a standing to a sitting position. This change in position causes the abdominal wall to move forward and down. However, the fixed dimension of the stoma bowel segment prevents the peristomal skin from shifting as much as the rest of the abdominal wall. The result is formation of a skin well around the stoma, especially when changing from one physical position to another. The welling effect and excessive stress on the peristomal skin will most assuredly result in difficulty developing and maintaining the integrity of the skin barrier's seal. Ultimately, this results in untimely and frequent leakage challenges.

There are two main approaches to resolve this issue. The ideal approach is for the patient to make a conscientious effort to maintain a constant and healthy weight, thereby returning the abdomen to the shape and wall thickness present at the time of the surgery. This approach would require regular exercising to firm up one's body as well as maintaining the correct weight for one's physical attributes.

If one is unsuccessful with this approach, an option in pouching management is to switch from one's current pouching system to a convex pouching system. Many have found that a skin barrier with a convex surface - this has the effect of pushing the skin down and popping the stoma out - works much better than the highly flexible flat skin barriers.

If you find yourself in a position where abdominal changes affect the integrity of your pouching system, there are positive solutions available. Should you experience any difficulty making the switch to a convex pouching system, enlist the aid of your local ostomy nurse. Convex pouching systems are being used successfully by people with ostomies with flat or retracted stomas, and they have been for a sufficiently long time to prove their worth.

My Travel Experience

By Sue Rizvi, Metro Maryland Ostomy Association, 2017

I have been flying internationally every summer to London since my colostomy surgery 19 years ago. During that time, we have seen the arrival of the full body scanner. Many ostomates at first were very skeptical of it. I think most of us now feel it's an integral part of security at major airports. After being scanned (the wave scanners do pick up my ostomy), I tell the woman who will pat me down that I have an ostomy. Up until 2017, the only concern, especially at Heathrow Airport in London, was checking for any residue of possible explosive powder on my hands or clothing in the area of the ostomy. Only on two occasions did the women look questioning, so I rolled down my waistband slightly and they then were satisfied and sent me on. Heathrow is a busy international airport and London has had its share of terror attacks, so by 2017 things have become even more secure there. That is a good thing.

Twice this year at Heathrow, I have been asked if I would go to a room for a private search. Of course, I agreed and two women were present. I showed them my ostomy and they filled out a form and had me sign it. They were professional and kindly thanked me.

I watched as those in wheelchairs and Indian Sikh's turbans were swiped for residue. I would not be embarrassed to show my ostomy without having a private search, but I agree to be searched so that onlookers may not be offended. At the swimming pool when changing, I cover my ostomy for the same reason - not to offend.

International Security officers are much more knowledgeable and better trained these days. As suggested recently by Metro Denver OA, when traveling in a foreign country, have your critical information written in the local language, saving time and stress. Now, how do you spell ostomy in Urdu?

Travel Tips

A few travel tips with an ostomy:

Make sure you have **plenty** of extra ostomy supplies. If you think you have plenty supplies packed, add a bit more. Carry your supplies with you at **all** times. If you need to pre-cut anything, pre-cut a few pouches before you leave on your trip. Don't pre-cut all of them just in case your stoma changes size (can happen with a new ostomy) while you are on vacation. You never know, this could actually happen.

Get a letter from your doctor saying you need to carry ostomy supplies with you at **all** times. I always carry a copy of the letter from my doctor. This is an example of the letter my doctor wrote for me. It pretty much says that:

I have a medical condition that resulted in receiving an ileostomy. This requires her to carry multiple medical supplies at all times, including bags, scissors, and a possible spray bottle that allow for her medical pouching. She also requires frequent access to restrooms to empty the appliance she wears on her abdomen. When traveling, please allow her to carry all of these items on her person at all times and allow access to restrooms as she needs.

Don't forget to drink fluids. You don't want to dehydrate while you are on vacation.

If you are flying, carry a TSA TRAVEL COMMUNICATION CARD available for download at: http://www.ostomy.org/uploaded/files/travel_card/Travel_Communication_Card.pdf

Last but not least: Have a great time and just enjoy yourself!

Out of the Mouths of Babes (From the Book Bedpan Banter)

Medical Stories of Humor and Inspiration by Brenda Elsagher: Story by Joanne Heitzman via UOAA Update Fall/Winter 17

A few months after surgery, I got the courage to venture out into the real world again. I have both a colostomy and urostomy, which I must catheterize every four hours. I am so grateful just to be alive that I don't worry too much about all the little details and have learned to just go about my own business.

We had lunch out and I had to use the restroom. There, I need to stand facing the bowl to catheterize. A mom came into the stall next to me with a young child.

She said to her little one, "Just stay here with the door closed."

I was hoping the child would not appear under the partition. I broke out laughing when I heard the child ask her mom, "Why does the lady next door have her shoes on backwards?"

My shoes were facing the toilet rather than away-out of the mouths of babes. Who would ever have thought about it? If I could have, I might have wet my own pants laughing. I learned that you just have to laugh about most things.

Walk Yourself to Better Health

Medford UOA

Although recovering strength after surgery or an illness can be a challenge, walking is one of the best and simplest ways to build stamina, according to Marge Morris, Stanford University.

Begin by deciding on a manageable amount of walking. Plan to walk for a short amount of time, and walk slightly more briskly than is comfortable, in order to increase the heart rate slightly. Increase the time walked by five minutes each week.

Ignore the idea of distance walked; the amount of time spent in exercise is more important. Work up to a walk of 45 minutes, and do it three times each week to maintain stamina, or walk 20 minutes six days a week.

Walking is a common and automatic activity; almost everyone can do it to some degree. It makes you breathe deeply, which pulls oxygen into your lungs, making you feel energetic. It improves circulation, lowers blood pressure and generally strengthens your cardiovascular system.

In bad weather, try walking in a shopping mall. Some malls have formal walking programs. If you don't want to be part of a group, pick your own time and walk at your own speed.

If you cannot walk, do something else to increase your heart rate. Water aerobics classes are another good form of exercise, although the usual one-hour sessions are too long for some older people. If you take part in such exercise and are exhausted when you get home, you are overdoing it and should try something less strenuous.

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