



The AUSTI~MATE Journal

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

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Gethsemane Lutheran Church
200 West Anderson Lane, Austin, Texas 78752
**Meetings are every first Thursday of the month @ 7:00 pm
(no July meeting)**
Next meeting: Thursday, May 7, 2015 @ 7:00

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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!

We had a full house at our April meeting. It was wonderful seeing so many members and welcoming new faces. Amy Nichols introduced group norms as we continue to grow. Kassidy Janik, Austin Representative for Coloplast, shared product information and graciously brought free samples for the taking.

Ostomy Care Nurse Carol Marshall Hanson shared a very touching vignette of her young patient at Dell Children's Hospital. One of the many "life lessons" she shared with us is from a very famous Doctor:

**Be who you are and say
what you feel, because those
who mind don't matter, and those
who matter don't mind.**

-Dr. Seuss

Our May meeting will be an open Question and Answer session. We learn so much from our Nurses and each other.

May 2015 Refreshments:

Leslie Callis, Jim Chandler, Pablo Del Rio, Genny Dalton,
John Palin - punch

The Four Phases of Recovery from Ostomy Surgery

via Tulsa Ostomy Association Newsletter UOAA Update, October 2014



Each patient, along with the family, usually goes through four phases of recovery following an accident or illness that results in loss of function of an important part of the body. Only the time required for each phase varies. Knowledge of the four phases of recovery is essential.

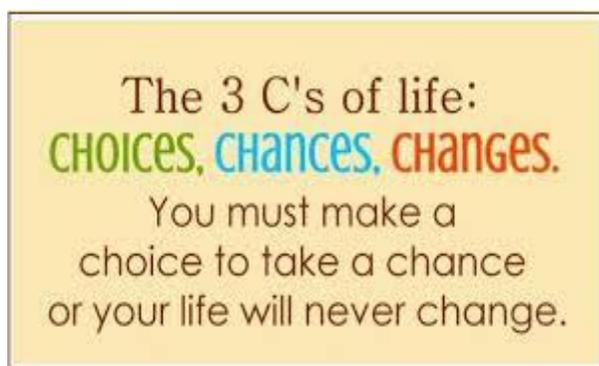
They are as follows:

The Shock Phase: The period of physiological impact. Probably, you remember nothing of this phase after your operation. Nevertheless, it is a phase that requires a lot of support.

The Defensive Retreat Phase: The period in which you defend yourself against the implication of the crisis. You avoid reality. Characteristics in this period are wishful thinking or denial, or repression on your actual condition. For example, an ostomate may believe that his/her entire colon is still there and will be connected later.

The Phase of Acknowledgment: In this period, you face reality. As you give up the existing old structure, you may enter into a period, at least temporarily, of depression, apathy, agitation, or bitterness and high anxiety. You hate your stoma. You hate yourself. You cry a lot, pity or condemn yourself. You may not eat, be unable to sleep or want to be left to die. In this phase, you need all the support that can be mustered.

The Phase of Adaptation: Now, you actively cope with the situation in a constructive manner. You adapt, during a shorter or longer period, to the adjustments that are necessary. You begin to establish new structures and develop a new sense of worth. With the aid of an ostomy nurse and ostomy visitor, you can learn about living with an ostomy. Aided by your physician, social workers, ostomy support group, and family, you go about rebuilding and altering the life that brought about the condition.



Correction: There was a typo in the April 2015 Newsletter. In the article “Infections in Urostomies”, page 4, the sentence “In the male, the length of the urethra, 60-80 inches long....” should have read 6-8 inches long.

(via Metro Maryland and Sterling, IL groups; St. Paul Pacesetter Newsletter March/April 2013)

Helpful Hints

AICM-Montreal Nov-Dec, 2014 Newsletter UOAA Update January 2015

Posture Matters: When you return from the hospital, you will be feeling sore and uncomfortable. You may be anxious about the front of your body getting bumped, or self-conscious about the stoma which can lead to a habit of hunching over to "guard" that area. Try to focus on keeping your head up and your back straight.

Walking Works: Don't lie or sit about all day. Walking helps restore lost muscle tone, gets your circulation going and just generally perks you up. Get up and walk several times a day.

Stomahesive Paste: If your stomahesive paste becomes hard and will not push through the end of the tube, heat a glass of water filled half way in the microwave for 45 seconds. Remove and place the tube cap down in the water. Let stand for a few minutes and dry. You should now be able to push the past out easily.

Vitamins: Vitamins should be taken on a full stomach. Otherwise, they irritate the lining of the stomach and produce the sensation of feeling hungry.

Diuretics: Try strong-brewed tea before the purchase of a "diuretic". Hot tea twice a day will wake up your sluggish kidneys.

Juice vs. Gatorade: Tomato juice provides as much sodium and 5 times more potassium and is a low cost alternative to Gatorade. Orange juice is another alternative providing the same amount of sodium and 15 times the amount of potassium to Gatorade.

For Colostomies: If you use just a pad instead of an appliance, use a little K-Y Jelly over the stoma to keep things soft and lubricated. If you irrigate, allowing too much water to enter the stoma too quickly may cause a sudden evacuation of waste, leaving much of the feces still in the colon, along with most of the water. Periodic evacuation may follow. This is not diarrhea, but is simply a delayed emptying of the colon.

For Ileostomies: Usually ileostomates experience hunger more often than other people. When this happens, they should drink fruit juice or water, eat soda crackers followed by a meal as soon as possible. If you do need to eat a snack at bedtime or during the day in order to ward off nausea, try to cut down on calories somewhere else in the daytime or you will gain weight. Never skip meals in order to lose weight. An ileostomy keeps working whether the ostomate has eaten or not.



YOU place a special mark in our world. What is your ostomy anniversary month and year? Please let us know!

May Anniversaries

Jim Ellisor, 31 years

Joe Russell, 8 years

Linda Schmeltekopf, 31 years

YOU were given this life because YOU are strong enough to live

Acidic Urine and its Importance for Urostomates

Ostomy Nutrition and More by Allen & Price via West Texas Group UOAA Update 08/2014

Urine odor from the urostomy pouch indicates possible infection. More often this is due to stale alkaline urine residue (or poor hygiene), although some medications or foods will produce odor in the urine. Acidic urine tends to keep bacteria down, thereby reducing the incidence of infection, and decreases urine.

In chemistry, "pH" defines the degree of acidity or alkalinity of substance. When food you eat is burned in the body, it yields a mineral residue called "ash." This ash can be either acid or basic (alkaline) in reaction depending on whether the food burned contains mostly acidic or basic ions.

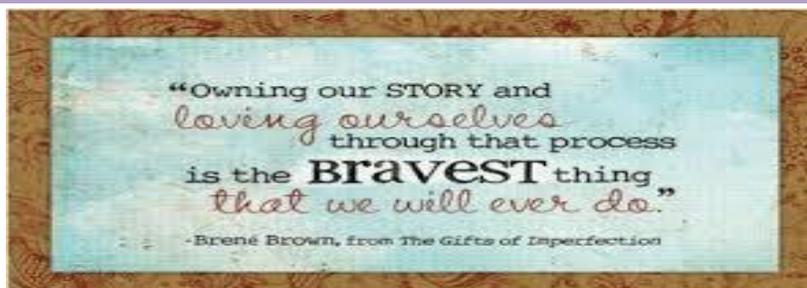
The reaction of urine can be definitely changed by foods. Most fruits and vegetables actually give an alkalinized ash and tend to alkaline the urine. Meats and cereals will usually produce an acidic ash that will acidify urine. By taking Vitamin C (ascorbic acid), one can acidify urine pH. The normal dosage is 20 mg. four times daily. Do not take the total daily amount all at once. Several doses a day gives the best result. High alkaline urine may cause stoma stenosis or the narrowing of the stoma opening, often caused by bacteria in alkaline urine. High alkaline may also cause blockage of urine and subsequent ureteral and kidney damage.

Persons with urostomies should maintain acid urine with a pH of 5.5 to 5.0. This range can be determined by dipping nitracine (litmus) paper into a drop of fresh (not from the pouch) urine that has come directly from the stoma. Never take a urine sample from urostomy pouch. Stale urine is almost always alkaline.



Everyone has a story to tell...what's yours?

Tell your story and share your journey in one of our future Newsletters. Contact Amy Nichols, Newsletter Editor, for information. (512) 869-6638



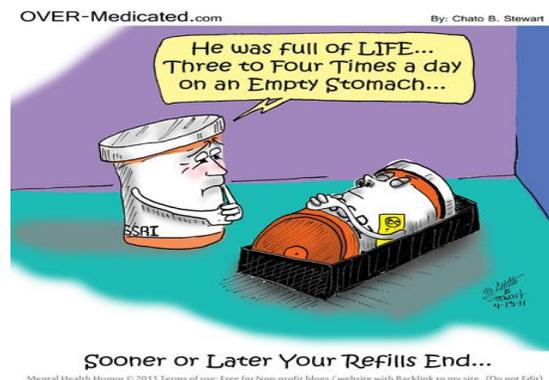
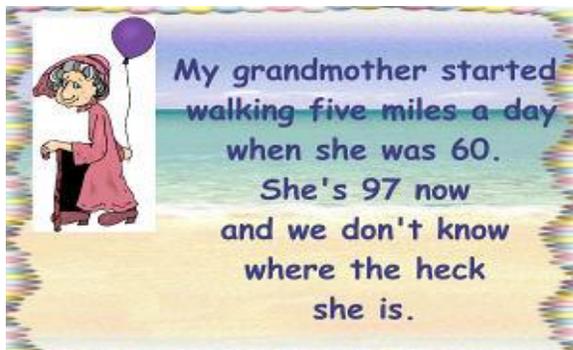
- Always have a change of clothes and an extra ostomy supplies at work.
- Set out your supplies on the counter when it is time to change your appliance before you remove the old one.
- When travelling, always take 3 times as many supplies as you think you will need.
- Keep a list of all important phone numbers, product codes of your supplies (and sizes), name of your ET, if you have one, and a step by step note of how to change your appliance in case you are unable to.
- On an airplane, always carry your supplies with you. Lost luggage is an all too common occurrence.
- When travelling in a vehicle, never store your supplies in the trunk or glove compartment. Excessive heat and cold can greatly affect your wear time. Keep them in a soft sided cooler in the car, use an icepack if the interior of the car gets too hot (making sure that the icepack is in a plastic baggie as not to get your supplies wet).
- Skipping meals will cause your pouch to fill up with gas.
- Drink 8 glasses of water a day. Ostomates get dehydrated very quickly.
- Medications that are time released or long lasting are not effective in ostomates. Ask your pharmacist or doctor for liquid or chewable form.
- Make sure a family member or friend knows where you store your supplies at home, in case they need to get them for you in an emergency.
- Always take your own supplies to the hospital with you.
- Hernias are very dangerous for ostomates. Never lift more than 20 lbs if possible and always lift with your legs. When shoveling snow, use your hips as leverage against the shovel, not your abdomen. Better yet, let someone else do it for you!
- When swimming for longer periods of time, use a skin barrier wipe on the paper tape of your flange to make it waterproof.
- Itching under the flange is one of the first signs of a leak. If you detect a bit of odor along with the itching, then you can almost be sure that the seal is starting to break down.
- Don't wait until you run out of supplies before you order more. Your supplier might be out of stock and then you are really in trouble. a general rule of thumb could be, when you reach half of the box, order more.
- When using a public restroom, attach the pouch clip to your watchband or belt loop. There is nothing more frustrating than having to fish it out of the bowl. It is also a good idea to carry an extra clip in your purse or pocket for that very reason.

Continued on next page

- A small amount of mouthwash in your pouch after emptying will keep it odor free for the next time when you have to empty it.
- Eating a few large marshmallows may slow down output, which is helpful when it is time to change the appliance.
- Chew, chew, chew your food to avoid blockage.
- The first sign of blockage is either no output or very liquid output. Severe abdominal pain and vomiting will almost always accompany a blockage. Go directly to the Emergency Room if you have all these symptoms.
- Leg cramps are a sign of not having enough fluids.
- Wearing pants that are too tight for a long period of time will affect the wear time of the appliance.
- Keep a diary of when you last changed your appliance in order to know whether the time has come when you should change it again.
- To protect your skin from damage, don't wait until your pouch starts leaking. Try to figure out how many days you usually get out of your appliance and change it before you get a leak.
- Remember that your stoma might change its' size and shape over time. Periodically check it with a mirror to make sure that your flange fits properly. The hole in your flange should be no more than 1/8" larger than your stoma.
- Try to avoid bending over at the waist for long periods of time. This might cause some discomfort and might also affect the seal of the appliance.
- If you notice large amounts of blood in the pouch, **see your doctor immediately**. Your stoma will bleed a little while you are cleaning around it, but it should stop within a minute or so. If it doesn't then keep an eye on it and let your doctor know if the bleeding continues.
- Your stoma should be a bright red color, if it starts to look pale or grey, you should seek medical advice.

Products and methods mentioned may not be suitable for everyone. Consult your doctor or ET nurse before deciding to use any of them.

It's in the Bag...Just for Laughs!





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Difference

Details. Details. That's where you'll find the signature of Hollister Ostomy. From the first pouch we developed nearly 50 years ago, to today's ongoing innovations in function and design, Hollister Ostomy remains committed to quality products and quality of life. We're dedicated to providing reliable, high-performing solutions for individuals with ostomies — and helping them to enjoy peace of mind and fulfilling lives.

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Ostomy Type _____ Surgery Date _____

Address _____

City _____ State _____ Zip _____ Phone _____

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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

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P.O. Box 143383
Austin, TX 78714

Membership benefits include:

- Monthly support / information meetings
- Social events
- The Austi-Mate Journal
Monthly Austin Newsletter

Newsletter Preference: Email digital copy Postal Mail paper copy

Are you in need of donated supplies? We have **plenty** available! Please contact Carol Laubach or Kellie Zullig 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 now have our monthly newsletter sent via email in addition to regular mail. If you would like to receive your newsletter by email, send your current email address to ostomyaustin@gmail.com or call 512-339-6388.

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.

****Please do not follow any medical advice in our Newsletter without first checking with your physician or Wound Ostomy Continence Nurse.**

*Sometimes your joy is the source of your smile, but
sometimes your smile can be the source of your joy."*

Thich Nhat Hanh