



# The Austi-Mate Journal

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

[www.austinosstomy.org](http://www.austinosstomy.org)

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

**Next meetings: Thursday, November 2, 2017 @ 7:00 pm**

**\*Thursday, December 7, 2017 @ 6:30 pm**

***\*Holiday Dinner & Gift Exchange***



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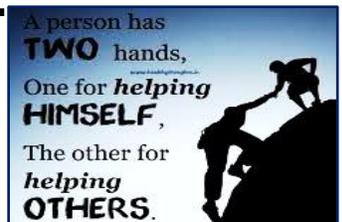
This bi- monthly newsletter is available on our OAA website

Printed Courtesy:  
The American Cancer Society

**Vision:** The Ostomy Association of Austin is a volunteer based Non-Profit Health Support group dedicated to providing mutual aid and education, information and advocacy for persons and their families who have had or will have ostomy surgery.

**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 an open conversation at our October Meeting. Members shared their incredible medical stories and personal journeys. As always, our meetings are very supportive, understanding, and collaborative. Thank you for sharing your stories with us!



## **November 2nd Mtg @ 7:00**

Our program will be presented by "Safe and Simple" Ostomy product representatives, followed by Q & A, as time allows.

**Refreshments:** John Bayer, Carol Marshall-Hanson, Karen Hollis, Carol Laubach

## **December 7 @ 6:30 pm**

## **Holiday Potluck Dinner & Gift Exchange (link)**

Our annual Holiday Dinner is in the upstairs gym; plan to park on the upper level. Due to budget constraints, we will **NOT** be providing BBQ meats this year and ask that everyone bring a dish to share.

Join us & bring:

- ✓ a dish to share
- ✓ a guest
- ✓ a wrapped holiday gift (re-gift or spend no more than \$10-15)
- ✓ canned good donations for the Church food pantry
- ✓ holiday spirit

Each person attending brings one wrapped holiday gift and then the fun begins! We have a "White Elephant" exchange: participants take turns picking a gift by number. Each person can open a new present or "steal" another's gift!

***Have you paid your dues yet?***

## Giving Thanks Can Make You Happier

Healthbeat online edited article; Harvard Health Publishing, Harvard Medical School

Have you ever noticed the days you begin with appreciation end with gratitude.

an inspired approach

November kicks off the holiday season with high expectations for a cozy and festive time of year. However, for many this time of year is tinged with sadness, anxiety, or depression. Certainly, major depression or a severe anxiety disorder benefits most from professional help. But what about those who just feel lost or overwhelmed or down at this time of year? Research (and common sense) suggests that one aspect of the Thanksgiving season can actually lift the spirits, and it's built right into the holiday — expressing gratitude.

The word gratitude is derived from the Latin word *gratia*, which means grace, graciousness, or gratefulness (depending on the context). In some ways gratitude encompasses all of these meanings. Gratitude is a thankful appreciation for what an individual receives, whether tangible or intangible. With gratitude, people acknowledge the goodness in their lives. In the process, people usually recognize that the source of that goodness lies at least partially outside themselves. As a result, gratitude also helps people connect to something larger than themselves as individuals — whether to other people, nature, or a higher power.

In positive psychology research, gratitude is strongly and consistently associated with greater happiness. Gratitude helps people feel more positive emotions, relish good experiences, improve their health, deal with adversity, and build strong relationships.

People feel and express gratitude in multiple ways. They can apply it to the past (retrieving positive memories and being thankful for elements of childhood or past blessings), the present (not taking good fortune for granted as it comes), and the future (maintaining a hopeful and optimistic attitude). Regardless of the inherent or current level of someone's gratitude, it's a quality that individuals can successfully cultivate further.

### Ways to cultivate gratitude:

Gratitude is a way for people to appreciate what they have instead of always reaching for something new in the hopes it will make them happier, or thinking they can't feel satisfied until every physical and material need is met. Gratitude helps people refocus on what they have instead of what they lack. And, although it may feel contrived at first, this mental state grows stronger with use and practice.

Here are some ways to cultivate gratitude on a regular basis.

**Write a thank-you note.** You can make yourself happier and nurture your relationship with another person by writing a thank-you letter expressing your enjoyment and appreciation of that person's impact on your life. Send it, or better yet, deliver and read it in person if possible. Make a habit of sending at least one gratitude letter a month. Once in a while, write one to yourself.

**Thank someone mentally.** No time to write? It may help just to think about someone who has done something nice for you, and mentally thank the individual.

**Keep a gratitude journal.** Make it a habit to write down or share with a loved one thoughts about the gifts you've received each day.

**Count your blessings.** Pick a time every week to sit down and write about your blessings — reflecting on what went right or what you are grateful for. Sometimes it helps to pick a number — such as three to five things — that you will identify each week. As you write, be specific and think about the sensations you felt when something good happened to you.

**Pray.** People who are religious can use prayer to cultivate gratitude.

**Meditate.** Mindfulness meditation involves focusing on the present moment without judgment. Although people often focus on a word or phrase (such as "peace"), it is also possible to focus on what you're grateful for (the warmth of the sun, a pleasant sound, etc.).





## Kidney Stones and the Ileostomate

By Jill Conwell, RNET, Corpus Christi, TX via Ostomy Association of Greater Orlando Newsletter

Kidney stones are fairly common medical problems. They occur in about 5 percent of the population. They are more common in men with a sedentary lifestyle and in families with a history of kidney stones. The average age of first occurrence is about 40, but they can occur at any age. For ulcerative colitis patients, the incidence of developing kidney stones is about double that of the rest of the population. For ileostomates, the incidence is 20 times greater.

There are two basic types of kidney stones; uric acid and calcium. Both may occur in ileostomates since the underlying cause is dehydration. Uric acid stones are more frequent. One reason for this is the chronic loss of electrolytes, producing acid urine. The stones may vary in size and shape, some being as small as grains of sand, while others entirely fill the renal pelvis. They also vary in color, texture and composition.

Symptoms during the passage of a kidney stone include bleeding due to irritation, cramping, abdominal pain, vomiting and frequent cessation of ileostomy flow. When ileostomy flow stops, distinguishing between an obstruction versus a kidney stone may be difficult since the symptoms are similar. Treatment of most kidney stones is symptomatic and in most cases the stone passes spontaneously through the urinary tract. Medication for the spasms is usually administered. The urine should be strained in order to collect the stone for analysis. Once the composition of the stone is determined, steps should be taken to prevent recurrence of an attack.

The physician will prescribe medication or dietary modifications depending on the type of stone. The best preventative measure is to drink plenty of fluids (8 glasses) every day. If the urine appears to be concentrated, increase fluids and use a sport drink that is rich in electrolytes to replace losses.

## Your Body is A Busy Machine

*via: Solano Ostomy News*



You probably pay little attention to the working of your body and take it for granted like most people do, as it keeps ticking away day after day over a 24 hour period:

- Your heart beats about 103,690 times.
- Your blood travels 168 million miles.
- You breathe 23,240 times. You inhale 438 cubic feet of air.
- You eat at least 3.25 pounds of food and drink 3 quarts of liquid.
- You activate 7 million brain cells. You speak 7,800 words (not all of them necessary of course).
- You use 750 muscles (many of them unconsciously).
- You turn in your sleep 25-30 times a night.

Did you ever consider how perfectly your body is tuned and controlled - how your blood pressure is normally regulated at just the right level? How a normal body temperature of 98.6 degrees is maintained? Why you breathe 12 times and the heart beats 72 times a minute? How the food you eat is digested chemically and the nutritive part transformed into body tissue, bone, muscle and fat, hair and nails, blood and skin, and properly distributed while wastes and poisons are eliminated with no ill effects? **THINK ABOUT IT** and keep your body healthy and fit!

## Reality ET: Dietary Considerations after Ostomy

By Mary Lou Boyer, BSEd, RN, CWOCN Part 2 of 2: Originally presented at Cleveland Clinic Florida



### Fear Factor: Diarrhea

What is normal? What is diarrhea? Diarrhea is having more liquid stools occurring more frequently than normal. It is caused by illness, stress, certain medications (e.g., antibiotic therapy, antacids containing magnesium), environmental factors, certain foods, chemo or radiation therapy

Foods that may cause diarrhea or loosen stool are: green beans, broccoli, cabbage, spinach, raw vegetables, raw fruit, milk, beer, excessive coffee or other caffeinated beverages, fruit juice, prune juice, grape juice, chocolate, licorice, large amounts of candy, diet candy containing sorbitol, large meals, and high volume of fluids with meals.

Foods that can thicken stool or slow diarrhea are: applesauce, boiled white rice, ripe bananas, creamy peanut butter, tapioca, bread, weak tea, mashed potatoes, oatmeal, cheese, yogurt, pasta, pretzels, ginger snaps, boiled milk, cream of rice, and marshmallows. It is very important to realize that you cannot slow or stop the bowel or bladder from working by not eating or drinking. If you have a colostomy and usually irrigate, stop irrigations until diarrhea subsides. Use a drainable pouch. Diarrhea can lead to severe dehydration and should be taken seriously. Return to a low residue diet while having diarrhea and try to prevent dehydration by replacing fluid and electrolytes. Contact your doctor if diarrhea persists.

Replacing Fluids and Electrolytes: A rule of thumb is to drink a glass of replacement fluid each time pouch is emptied. Try replacement drinks such as sports drinks, fruit or vegetable juices (V8), broth, or Cera Lyte. Electrolytes (sodium and potassium) are lost when the body loses a lot of water. Foods containing potassium are orange juice bananas and tomato juice. If diarrhea is caused by antibiotics or bacterial imbalance, replace the normal intestinal flora (bacteria) with yogurt, buttermilk, acidophilus, or VSL#3.

### Fear Factor: Dehydration

Dehydration occurs when you are losing more fluid than you can take in. It can result from: prolonged diarrhea, vomiting, excessive sweating from fever, hot weather or exercise. No matter whether or not you have an ostomy and no matter what type of ostomy you have you can get dehydrated.

Signs and Symptoms of Dehydration: Dry mouth, excessive thirst, abdominal cramping, low urine output, dry skin, fatigue or tiredness, headache, cramping or tingling sensation in hands or legs, muscle cramps, sunken eyes, nausea and vomiting, dizziness, feeling faint, shortness of breath or confusion.

Dehydration:

**What to do:** Increase your fluid intake, especially electrolyte replacement fluids such as Gatorade, Cera Lyte, soups, bouillon, or tea. Eat low residue foods that help slow stool output. Replace potassium with bananas or orange juice. Use a little extra salt on your food to replace sodium. Contact your physician who may want to start you on anti-diarrheal medications. Try this recipe for homemade electrolyte replacement: 1 tsp salt, 1 tsp baking soda, 1 tsp white Karo syrup, 16-ounce can frozen orange juice, Add water to make one quart, mix well

### Fear Factor Food Blockage:

A food blockage is an intestinal obstruction caused by eating high fiber foods too quickly or in large amounts. It is characterized by: cramping, abdominal pain, a thin watery output or flow of waste which may stop completely, increased odor of stool, abdominal swelling, stomach area swelling and/or vomiting.

Foods that may cause a blockage (high fiber foods) are: celery, coconut, corn and popcorn, chinese vegetables, dried fruits, foods with skins / peels, nuts, mushrooms, raw fruits, raw vegetables, seeds or kernels, meats with casings (skins), coleslaw, shrimp, lobster, oysters, clams, mussels, or other shellfish.

**What to do if you have a blockage:** Try taking a warm tub bath to relax abdominal muscles. Gently massage abdomen or around stoma area. Lie in a knee-chest position. If your stoma is swollen, remove your pouch and replace it with a pouch with a larger stoma opening. If you are able to tolerate liquids, increase fluid intake by sipping small amounts at a time. Gulping fluids too rapidly may push food mass more tightly together.

Notify your physician if: Your blockage symptoms persist; You are unable to tolerate or replace fluids; or if the signs and symptoms of fluid and electrolyte imbalance occur.

**Tips to Help Avoid Blockage:** Avoid high fiber foods for two weeks after surgery. Add high fiber foods to your diet one at a time. Chew food well to make it easier to digest. Avoid swallowing large bites of meat or vegetables. Remove skins of fruit if you are prone to blockage. Anything too tough to cut is probably too tough to eat. Corn kernels on the cob can be slit with a serrated knife before eating. Juice fruits and vegetables in a juicing machine. Consider taking a whole food concentrate such as Juice Plus+®.

Maintaining Health and Wellness: "Diet Talk" is everywhere. Be careful with fad diets and fad foods. Eat a well- rounded diet. Moderation is the key. Natural vitamins are more beneficial than are artificial. Make sure supplements are readily absorbed. Be careful with herbal preparations. Take only medications prescribed for you. Tell your pharmacist, dentist and any physician that you have had bowel resections so they can prescribe or dispense the right kind of medication for you.

## Not Everyone Knows

By Sharon Williams, RNET (via The Mail Pouch, Mesa, AZ May 2015)



The experience of having a new ostomy can be quite frightening if one does not understand what is normal in stoma appearance and ostomy function and what is not normal. Although each ostomate is uniquely individual, there are some basic generalizations which can be cited in the postoperative period.

For example, the normal, healthy stoma is bright red in appearance, resilient to the touch and may bleed slightly if rubbed when the peristomal skin is being cleansed. A marked change in stoma mucosa color or appearance should be reported to the physician or enterostomal therapist. Also, bleeding from inside the stoma (whether urinary or fecal) should signal a call to the physician for further testing.

It is normal for an individual with an ileal conduit or sigmoid conduit urinary diversion to have some mucus in the urine. Drinking sufficient amounts of water (8-10 glasses per day minimum) will help to keep the urine and mucus diluted.

It is normal for the skin surrounding the ostomy to be in the same condition as the skin on other portions of the abdomen. Redness, rashes, urine crystal buildup, etc., are not normal and should be reported to the enterostomal therapist or physician. In individuals with colostomies and ileostomies who still have a rectum intact, it is normal to expel mucus through the rectum. The mucous membrane lining the rectum will continue to produce mucus, even though an individual is "re-routed."

It is normal for the stoma to change slightly in shape and size due to peristalsis (contractile motion of the bowel which propels contents through the intestinal tract). However, marked swelling, prolapse, or shrinking in size of the stoma should be checked by a professional.

It is normal for some colostomates and ileostomates to feel as though they still need to have a bowel movement (phantom rectal sensations) even though the rectum has been removed. The sympathetic nerves responsible for rectal control are not interrupted during surgery and therefore the sensations are still present. Knowledge of this fact may alleviate anxiety. In summary, get to know your stoma and what is normal for you. Only by recognizing the norm can one know when and if a problem develops.

Article Borders:

**Yellow** - All Ostomy types

**Red** - Colostomy-related;

**Green** - Ileostomy-related

**Blue** - Urostomy related



# LET'S CELEBRATE!

## Yearly Anniversaries - 2017

### November

Carolyn Marshall, 50  
Charles Wright, 35  
Amy Nichols, 27  
Jim Walker, 16  
Pablo del Rio, 7  
Diane Hall, 6

### December

Max Melton - 36  
Charles Wright - 35  
Annette Perrone - 12  
Sam Twining - 11

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

*Wishing you a very happy and healthy holiday season ~ We appreciate you!*

*Your Ostomy Association Board*



Back: Amy Sloan-Nichols, Carol Laubach, Carol Marshall-Hanson, Bonnie Hartford

Front: Mary Meshbane, Karen Hollis, Kellie Zullig, John Duncanson



### Thursday Meetings

November 2  
**December 7 ~ Holiday Potluck Dinner**  
January 4, 2018  
February 1  
March 1  
April 5  
May 3  
June 7  
No July Mtg  
August 2  
September 6  
October 4  
November 1  
December 6

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 501(c)(3), 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

\$25 \_\_\_\_\_ Ostomate

\$14 \_\_\_\_\_ Spouse/Relative/Partner/Friend/Other

\$25 \_\_\_\_\_ Professional

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Membership benefits include:

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



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# Fits Right. Feels Right.

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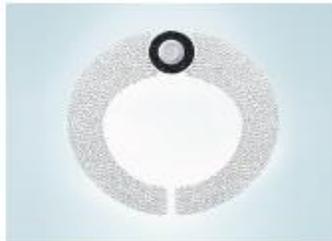
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people

program

products

services



Heinrich Köberle, Germany



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