



Oostomy Association of the Houston Area

February 2006

PO Box 25164
Houston, TX 77265-5164
www.uoahouston.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: Ed Wood 281-493-5015
(ewood6@houston.rr.com)

Meeting: February 20th, Monday evening

Program: H. Randolph Bailey, MD

Dr. Bailey is a member of our Medical Advisory Board. Be sure to join us for his discussion about the various types of ostomy surgery.

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: February 21st, Tuesday evening

Program: Coloplast Representative

Diana Saufley, Coloplast Ostomy Sales Specialist, will join us for an informative presentation. See you at there!

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: February 20th, Monday evening

Program: Round Table Discussion

Join us for a discussion about ulcerative colitis and the J-Pouch connection.

Baytown Group

Monthly: Fourth Monday
Time: 7:00 p.m.
Place: Cancer Center Community Room
4021 Garth Road, Baytown
Contact: Cindy Barefield 281-420-8671

Meeting: February 27th, Monday evening

Program: Coloplast Representative

Diana Saufley, Coloplast Ostomy Sales Specialist, will be with us in February. Come join us for news about Coloplast products.

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.

Seventeen people ventured out on a dark, stormy night to attend our January meeting. We welcomed two visitors, Sue and Donna, and hope to see them at future meetings.

I would like to thank those who shared their "walk down the ostomy road" during our roundtable discussion. Everyone who hears your stories are inspired and helped. At least one person, who was in attendance this January, was thankful for help received at last January's roundtable discussion.

Many program ideas were expressed. If you have some ideas, contact Floyd Swinger who is working to set up our programs for the remainder of this year.

I would like to thank everyone for their generous support for our successful fundraising campaign and especially want to recognize Lorette Bauarschi and Kathleen Duplessis for their hard work. Look for Lorette's report on page 4.

We wish Shirley Mucasey, who faithfully does the phone calling prior to our meetings, well on her upcoming hospital stay. I know that she and Leon will be cruising soon after her recovery.

Most of us have received the first issue of the new quarterly magazine, the "Phoenix". This was a complimentary copy for those who were on the rolls of the United Ostomy Association. The "Phoenix" will be published quarterly by the new organization, United Ostomy Associations of America, Inc. (UOAA). There is a form for subscribing to the "Phoenix" on page 6. If the first issue is any indication, the magazine will be an outstanding source of ostomy information including inspiring stories. In this issue, it was announced that the Youth Rally will occur July 8-12 in San Diego in 2006. Forms and more information should be forthcoming on the UOAA website at www.uoaa.org.

The Board of Directors has voted to affiliate with the UOAA. This affiliation will cost us \$2 per member in 2007. We have currently declared 129 members of the Houston Area organization and all members will have voting privileges for the elections of the UOAA.

In January, 57 dues notices were sent to those who had joined in January-June of 2005.

Be sure to reserve Sunday, March 26, 2006 from 2 - 4 p.m. to celebrate the 50th Anniversary of an ostomy organization in the Houston Area. This is a huge milestone for any organization and we look forward to celebrating with those who have been a part of the organization in the past as well as those who are recent members. We will meet at the Czech Cultural Center Houston, 4920 San Jacinto Street, Houston, Texas. The Board of Directors continues to plan this celebration and more information will be forthcoming. Invitations will be addressed in February.

We have received a tax exempt number from the state

of Texas which allows us to be free from paying state sales taxes retroactive to September, 2005. Pine Forest Country Club has been gracious in allowing us to obtain a refund for taxes paid at the Holiday Dinner in December.

On February 20, 2006, we will be treated to a presentation from one of our Medical Advisory Board members, Dr. H. Randolph Bailey. He last visited us in October, 2000. We appreciate him coming out to talk to us.

I look forward to seeing you on February 20th.

Ed Wood
President

HINTS & TIPS...Old & New

Rounding off the square edges of a firm wafer will decrease the chance of a belt catching on the corners • Male ostomates who suffer painful collisions between the pouch tail clip and key organs, should try angling the pouch toward a pants leg instead of straight down • To slow down stoma activity before changing appliances, eat a tablespoon of creamy peanut butter or eat four or five marshmallows fifteen minutes before changing • Vinegar added to fish dishes helps to eliminate the traditional fishy odor, and also helps get rid of fish smells at clean up time • Skin Prep rubbed or sprayed on mosquito bites will seal the bite and take away the itch • Always take your ostomy supplies to the hospital with you. Designate someone else to do this if you cannot. If you have had serious medical problems, make up an emergency "bag" to be grabbed at the last minute • Sometimes a large teaspoon of bulk gelatin dissolved in water or lemon juice will help firm up a loose stool. It should be taken once a day • When ill with a virus and diarrhea, eat pretzels which can be kept down and the salt will help maintain liquid balance • Always remove the cotton from pill bottles after opening. Once you touch the cotton, it becomes contaminated with bacteria. Place that cotton in a bottle of peppermint oil (available at the pharmacy). Make sure the bottle has a good stopper. When changing your pouch, just remove the bottle top and pull some of the cotton out. It works like an air spray and has a pleasant odor that does not pollute the air • If it looks as if you are allergic to a certain product, try one made by another company and patch test it too. You will probably find one that works for you. Allergies are not as common as is irritation caused by the faulty use of a product. For this reason, always read the directions that come with a product. When in doubt, consult your ET nurse or physician. ♦

*"Change your thoughts
and you change the world."*

- Norman Vincent Peale

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 supplies of all kinds. Consider donating ostomy supplies that you no longer use to assist your fellow ostomates in the Houston area. Please contact Chuck Bayens at 281-497-7749 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 cekennedy@ev1.net or call 713-647-8029 for an appointment.

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.

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 (dewitt@houston.rr.com) 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.

UROSTOMY TYPING

by Victor Alterescu, RN, ET

Urostomy is the general word for any type of urinary ostomy. There are, however, several types of urostomies.

Some people have *ileal conduits*. In those cases, a piece of ileum (the last portion of the small intestine) is removed from the intestinal tract and the two ureters (tubes that carry urine from the kidneys to the bladder) are attached to the portion of the ileum. One end of the ileum segment is closed with stitches and the other end is brought out from the abdomen as a stoma. Very often, people who have ileal conduits think that they have an "ileostomy" because health-care personnel often incorrectly call this surgery an ileostomy. Remember that if urine is coming through your stoma, you do not have an ileostomy.

Sometimes the ileum is not used, and instead, a piece of the large intestine is used, usually from the sigmoid colon. In this case, the surgery is called a *colon conduit*.

Urostomies are formed for many reasons. In adults, the surgery is most often done to remove a cancerous bladder. For people with spinal cord problems, a urostomy of one sort or another may save someone from irreparable kidney damage. Sometimes after urostomy surgery, a bladder may be left in place, but if the bladder is diseased, it is usually removed.

Drinking fluids is essential for urostomates. Kidneys are happy when they have lots of work to do. Show me someone who does not produce much urine and I'll show you two unhappy kidneys! Drinking water may be the single most important thing that a person with a urostomy can do.

Urostomies are the most complex of the three major types of ostomies. They can be found in all age groups. They are performed for more varied reasons than the other two categories, and they can represent incredibly complex problems, but when they work right, they are winners! Remember, an ostomy is a cure, not a disease! ♦



"I have metal fillings in my teeth and my refrigerator magnets keep pulling me into the kitchen. That's why I can't lose weight!"

40 Years of Ostomy Experiences

by Terry D. Marriott



During 40 years of living with an ileostomy I have learned many things about myself, doctors, the various kinds of IBS, irritable bowel diseases, other people, and life itself.

In 1962 I developed what I now recognize as classic symptoms of Crohn's disease. I was able to complete my freshman year at Oklahoma State University in 1963, however my intestinal problem flared up after having an unwarranted resection of a fistula area and I was unable to continue attending college for two years. This is when I learned to question doctors more thoroughly, and seek second opinions.

At a doctor's suggestion, I talked with an ileostomate who relieved some of my apprehension about having such an operation and in September, 1965, an ileostomy with complete colectomy was performed at the Mayo Clinic. After 2 weeks in the hospital, I returned home but soon discovered that the blood supply to the top half of my stoma had apparently been trimmed off during surgery causing the top half to turn black (die) and drop off. Fortunately, the bottom half of my stoma remained intact and I was finally healthy enough to enroll for the spring 1966 semester at OSU.

I was about to graduate with a BS in Chemistry in 1969 when a subcutaneous abscess formed radiating from my stoma across the abdomen to the other side. After a small operation I was able to finish the semester. In order to be able to attend graduate school in the fall, however, I had to have surgery to remove the fistula/abscess and my stoma was moved to my left side.

In 1972 exploratory abdominal surgery ruled out a suspected lymphoma and, after seeing a different gastroenterologist, I was finally diagnosed with Crohn's disease. Various medications were used to try to control it, including prednisone, Imuran, and sulfasalazine.

In the mid-70's I began having occasional blockage problems resulting in diarrhea, extreme dehydration, and electrolyte imbalance requiring hospitalization to be re-hydrated. The problem was attributed to a "kink" at an adhesion, and surgery corrected the problem for approximately five years. However, I am now aware that I can have a very similar problem if I eat onions.

After graduating with a PhD in chemistry and working as a postdoc in mass spectrometry for two years, I moved to Houston in September, 1978, to work at Rice University.

While doing pull-ups in 1980, I developed a fissure at my mid-line scar. Apparently my intestine was adhered to both sides of the scar and pressure on the muscles caused a tear in my intestinal wall. The resulting fissure/abscess spontaneously healed and broke out several times over the next few years.

In 1985, I had a Crohn's flare up that caused partial blockage and Dr. William Redwine then surgically moved my stoma back to my right side and removed the fissure/abscess region of intestine. Following this surgery, my health improved dramatically. Only three weeks after surgery I went on a one-week conference trip and soon was back to my normal weight. This was my last intestinal surgery and hopefully it will not ever be necessary again because I don't have much gut left.

In 1990, while riding my mountain bike, I hit something buried in the sand and was thrown into a clay bank. I was

knocked unconscious, broke my collar bone, some ribs, and pushed the ball on my hip joint through its socket. I also had some torn adhesions that caused internal bleeding necessitating time in ICU. While in traction, I was asked to demonstrate changing my ostomy appliance to a group of nursing students interested in ostomy and wound care. A few days later my orthopedic surgeon put a plate behind my hip socket to pull it back together.

I attended conferences in many places within the United States and Mexico, and traveled to Germany and England in 1993 to investigate purchase of a new high resolution mass spectrometer. After it was installed at Rice University, I spent ten days in Germany learning how to operate and maintain it.

My wife, Mary, who is a graduate of clown school and was assistant director of a Montessori preschool, and I were married in Hawaii on July 22, 2000. We both enjoy music and have attended the International Choir Festival in Europe twice—in Switzerland and England. We retired in the fall of 2003 and enjoy volunteer ushering at the Hobby Theater Center and the Alley Theater, working at the First United Methodist Church, and traveling.

In 2003 while in the process of getting my hip replaced, doctors discovered a stag-horn kidney stone in my left kidney and decided it had to be removed before hip surgery. I had 3 kinds of kidney stone removal surgery and a resultant prostate surgery. My orthopedic surgeon then scheduled the hip replacement and things have been proceeding more or less pain free since then.

For 26 years I have been an active member of the Houston ostomy support group and have served as Treasurer and Membership Secretary during 10 of those years.

Editor's note: Condensing 40 years of life experiences into a short article is quite challenging. My hope is that everyone who reads Terry's story will be inspired by the undeniable spirit of a person who never gave up or let his condition or disease control him. Terry unselfishly donates his time and talent to the Houston ostomy support group so that new ostomates can face their own challenges with perseverance and hope. ♦

FUNDRAISER A HUGE SUCCESS

I am excited to report that we have received an outstanding response to our recent fundraising letter. To date, we have received gifts totaling \$4,730!

The Board of Directors is so very grateful to our wonderful members and friends for the generous support. Although we sent the fundraising letter to members, doctors, nurses and medical supply companies and manufacturers, the overwhelming response (more than 85%) came from our members. We take this as evidence that our members think that we are doing our job of providing support and education to our most important constituents – ostomates!

Please know that the Board is working diligently to use the funds raised to accomplish our mission of reaching out to all ostomates in the Houston area.

Thank you for providing us with this important financial support and for your vote of confidence.

Lorette Bauarschi
Fundraising Chair

BAYTOWN SUPPORT GROUP

The Baytown Support Group met Monday evening, January 22nd and had 12 in attendance. It is always a pleasure to have Jenny Jansson-Smith of Sterling Medical come by. She had a great presentation packed with good information for the group!

During our organization update, 2 members completed Houston Area membership applications "on the spot" along with requests for the new "Phoenix" publication and Cindy mailed them off!

Our Roundtable discussion was enjoyed and filled with thoughts of 2005 and plans for the coming year. Cindy made a special plea for everyone to put the 50th Anniversary Celebration on their calendars for March. It will be a great trip into Houston to the Czech Cultural Center.

We are looking forward to a presentation in February from Diana Saufley, our Coloplast Ostomy Sales Specialist.

For more information, contact:

Cindy Barefield, RN, WOCN
281-420-8671

BRAIN BUILDERS

Play your way to a more powerful memory

- ♥ Sit on an exercise ball to challenge two parts of your brain and strengthen the connections that help you store and retrieve information
- ♥ Use your nondominant hand in activities such as toothbrushing or dialing the phone
- ♥ Juggling increases gray matter for processing and storing visual information
- ♥ Square dancing protects against dementia
- ♥ Card games sharpen brain connections. Play with people you don't know. "Novelty is like vitamins for the brain." ♦

NORTHWEST GROUP HAPPENINGS

Fourteen members and guests attended our January meeting. We enjoyed a round table discussion regarding programs for the coming year and hope to have presentations on those topics which are of primary interest to all members.

The program for our next meeting will be presented by Diana Saufley, Coloplast Sales Representative. Join us at 7:00 p.m. on Tuesday, February 21st.

Tony Romeo
281-537-0681

KEEP A CLEAN MEDICINE CHEST

via *The Courier*, Tucson, AZ Chapter

It's a good idea to clean house in your medicine chest once a year. Medicines that our outdated or deteriorated should be disposed of properly which means flushing them down the toilet after they have been removed from their packaging.

- ▶ Throw away all medicines which have passed their expiration date.
- ▶ Throw away all left over antibiotics.
- ▶ Throw away all aspirin which smells like vinegar.
- ▶ Throw out any medicines you don't recognize and any that isn't clearly marked.
- ▶ Throw away eye drops which aren't clear and any creams which have become discolored.
- ▶ Throw out any drugs you haven't used in the past year.
- ▶ Medicines should be stored in a cool, dry, dark place. Keep in a locked cabinet if small children are around. ♦

Mark your calendar now!!

50th Anniversary Celebration
Ostomy Association of the Houston Area
Sunday - March 26, 2006

2 p.m. - 4 p.m.

Czech Cultural Center
4920 San Jacinto Street
Houston, Texas

NON-OSTOMY USE FOR OSTOMY PRODUCTS

via Evansville, Indiana Chapter

For quite a while now I have thought we ostomates have an advantage over other mortals: In addition to all the uses for our myriad of ostomy products, I seem to be finding quite a few unconventional ones. For instance, nothing seemed to take off the goo left after removing a bumper sticker until I thought of my ostomy adhesive remover. It worked like magic! It's also good for removing tar from feet when you are at the beach, and it takes off the sticky goo left by price stickers or stickers left on the windshield. My tape has been used many times for kid's bandages. It is so much less "ouchy" than ordinary adhesive tape. Then there's the dial on the TV that needed to be stuck back on, not to mention the plastic rear window on my old convertible. Whenever I lend my tape for human kinds or repair, I also lend my Skin-Prep (or similar product) to be sprayed under it. This makes peeling off the tape much easier. Did you know that spraying Skin-Prep on your hands before gardening can help prevent blisters? One ostomate reports sticking an extra pouch on his wife and hiding their money in it. Another ostomate told of using tubing from his irrigation kit to siphon gas. Just think of all the advantages you have!!! ♦

To subscribe to the *Phoenix* magazine (which replaces the *Ostomy Quarterly*), return your payment and this form before 2/11/2006.

The Phoenix

The official publication of UOAA

Annual Subscription - \$25

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You can also
order online at
www.uoaa.org

NEWSLETTER ADVERTISING:

Please contact the newsletter editor for sponsorship and advertising opportunities.

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.

Colostomy Continent Ileostomy Parent of Child with procedure

Ileostomy Continent Urostomy Spouse/Family Member

Urinary Diversion Pull-Through Physician

Other: _____ 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.

**MEMBERSHIP BENEFITS INCLUDE: MONTHLY SUPPORT / INFORMATION MEETINGS,
SOCIAL EVENTS, MONTHLY NEWSLETTER**