



# Oostomy Association of the Houston Area

April 2006

PO Box 25164  
Houston, TX 77265-5164  
www.oostomyhouston.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: April 17th, Monday evening**

**Program: Sterling Medical Supply**

Jenny Jansson-Smith of Sterling Medical will give a presentation on Medicare Guidelines. Come join us!

## 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: April 18th, Tuesday evening**

**Program: Stomocur Products**

Join us for an introduction to new ostomy products by Clarice Kennedy, CET, and Dr. Marvin Baker.



# Happy Easter!

## 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: April 17th, 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: April 24th, Monday evening**

**Program: Stomocur Products**

Join us for an introduction to new ostomy products by Clarice Kennedy, CET, and Dr. Marvin Baker.

## 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.*

The Ostomy Association of the Houston Area celebrated its 50<sup>th</sup> Anniversary March 26, 2006 at the Czech Cultural Center (see pictures on page 4). Among the 68 attendees were representatives from all groups who support our association. Members from the Central, Baytown, and Northwest groups were present along with doctors, WOCNS, and medical suppliers.

We wish to thank everyone who helped make this such a great celebration. The Site and Food Committee of Denise Parsons and Mary Harle did an excellent job and the Avalon String Trio, including Mary Beth Melvyn, who is a member of our association and a cellist, entertained with beautiful music.

At the celebration, Floyd Swinger read the resolution from Ken Aukett, President of the United Ostomy Associations of America. The text of that resolution was in the March 2006 newsletter. The members of the Board of Directors were recognized. Appointed coordinators were also recognized with a token of appreciation. Also, recognized were the efforts of Lorette Bauarschi who saw us through the legal aspects of incorporation and forms that had to be submitted to the state and federal government for non-profit status. Ed Wood recognized the corporate sponsors. Pat and Bob Young, Mary Lou Delhomme, and Terry Marriott were recognized as former officers who were in attendance. Clarice Kennedy recognized the attending doctors and WOCNS.

During the afternoon, attendees wrote messages to Clarice and the association on a quilt that was on display in the meeting room. Many thanks to our secretary, Denise Parsons, for conceiving the idea and creating the quilt which was presented to Clarice at the end of the day.

I met many people who I had corresponded with or talked to on the phone. It was nice to put a face with those people. We were delighted to see Bryan Washington and Marian Newman as they recover from their hospital stays and we are happy to hear the Shirley Mucasey and Marie Etterman are now recovering at their homes.

I know those who started a support organization in 1956 had no idea that it would be carried on for 50 years in some form. As we start the 51<sup>st</sup> year, we can only look at shorter horizons...of 55<sup>th</sup>, 60<sup>th</sup>, etc. and dare to wonder if at some point there will be people who will celebrate the 100<sup>th</sup> Anniversary in March 2056.

The Board of Directors will meet April 3<sup>rd</sup> to start planning the future direction of the Ostomy Association of the Houston Area.

We were delighted that Chris Robinson, Hollister Products, invited our association to be represented, and provide a booth, at Hollister's March 28<sup>th</sup> dinner and March 29<sup>th</sup> luncheon for WOC nurses and Home Health-care workers. It provided us an excellent opportunity to

meet those in attendance. We thank Hollister for the invitation and we appreciate Lorette, Clarice, Ed, Mary, and Dorothy for volunteering to represent us at the meetings.

Jenny Jansson-Smith, Sterling Medical Supplies, will present a program on Medicare Guidelines at the April 17<sup>th</sup> meeting. I hope to see you there.

*Ed Wood*  
President

### How to Help Prevent Medical Errors

via *Stoma-Life Newsletter* Hemet-San Jacinto, CA

Get involved with your medical care and you will get better results ♦ Be certain your doctor knows all about the medications you are taking, including over-the-counter medicines, supplements, and herbs ♦ Inform your doctor of all allergies and adverse reactions to medications ♦ Make sure you can read a prescription ♦ Ask for an explanation of your medications in terms you can understand ♦ Make sure the pharmacy gives you the medicine that was prescribed ♦ Ask questions about directions, e.g., does "Four doses mean just in daytime or around the clock?" ♦ Ask the pharmacist for the best device to measure liquid medication ♦ Ask for written information about side effects if not provided ♦ Do not hesitate to ask hospital workers to wash their hands ♦ If you have a choice, choose a hospital and a surgeon that does a lot of the surgery you need ♦ On discharge from the hospital, be sure you understand your home treatment plan ♦ Be sure that you know and agree about what exactly will be done in your surgery ♦ Speak up if you have concerns ♦ Make sure that someone, such as your personal doctor, is in charge of your care if you have multiple health concerns ♦ Don't assume health professionals know everything you do about your care ♦ Ask a family member to speak for you when you cannot ♦ Find out if you would be better off without certain treatments or tests ♦ Don't assume that no news about a test is good news. ■

*"Courage is contagious.  
When a brave man takes a  
stand, the spines of others  
are stiffened."*

- Rev. Billy Graham

## 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](mailto: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.

## ADHESIONS

via *The Pouch*, Ostomy Support Group of Northern VA

**Definition** — An adhesion is scar tissue that binds together two anatomic surfaces, which are normally separated from each other.

**Description** — Adhesions are most commonly found in the abdomen, where they form after abdominal surgery, inflammation or injury. Lysis (destruction or dissolution) of adhesions is a surgery performed to free adhesions from tissues. Although sometimes present from birth, adhesions are usually scar tissue formed after inflammation. The most common site of adhesions is the abdomen, where they often form after peritonitis (inflammation of the abdominal lining) or following surgery, as part of the body's healing process.

Abdominal adhesions infrequently bind together loops of intestine resulting in intestinal obstruction. The condition is characterized by abdominal pain, nausea and vomiting, distention and an increase in pulse rate without a rise in temperature. Nasogastric intubations and suction may relieve the blockage. If there is no relief, an operation is usually required to cut the fibrous tissue and free the intestinal loops.

Although scar tissues within the abdomen can occur after any abdominal operation, they are more common after a ruptured appendix. Most adhesions cause no problems, but they can obstruct the intestine in about two percent of all patients. These obstructions can occur several years later. The adhesions can also block the ends of the fallopian tubes, possibly causing infertility.

### Questions to ask your doctor —

- ◆ How do you know the problem is the adhesions and not some other growth or condition?
- ◆ Is surgery recommended to remove the adhesions?
- ◆ What is the procedure?
- ◆ Will the adhesions redevelop? ■

*Growing old is mandatory; growing up is optional; staying young at heart is preferable.*



# 50th Anniversary Celebration March 26, 2006



## BAYTOWN SUPPORT GROUP

The Baytown Support Group had a small turnout on the March 27th. We want to let all our members know who were absent that they were missed! We hope that the fact that Spring is here will increase attendance next month!

The group shared some fun with "SIGNO" a Bingo type game that Cindy created to review information about Colorectal Cancer Screening. The gentlemen in the group protested that the ladies cheated but everyone had fun playing! The winners went away with a furry Easter friend!

Cindy updated the group on the 50th Anniversary Celebration on March 26th at the Czech Cultural Center.

The upcoming Relay for Life event scheduled for April 21st and 22nd was discussed. Details about the survivors lap are available on the website or from Sharon, one of our members.

Next month, we'll have a presentation on Stomocur products. These products have recently been introduced in the U.S. Come and learn about Stomocur from the manufacturer's local representative and a satisfied user... don't miss it!

*Cindy Barefield, RN, WOCN*  
281-420-8671

## IRRIGATIONS—To Be or Not To Be

By Susan Wolf, CWOCN

*The New Outlook*

Many people with a colostomy just do not like to irrigate. They find the whole procedure disagreeable, time consuming and often not very successful. In addition, despite irrigation, they still experience passage of stools one or more times a day.

Irrigation does not work for everyone. For one thing, your colostomy has to be in the descending or sigmoid colon. A colostomy in the ascending or transverse colon will not be able to be controlled satisfactorily with irrigations because the stool is too watery. One should never attempt to regulate an ileostomy with irrigation.

People who had a very unpredictable bowel schedule before surgery will probably continue to do so after surgery, despite efforts to achieve regulation with irrigations. On the other hand, some people whose bowel habits were irregular before surgery find that irrigation helps them achieve regularity. Some people have work schedules or lifestyles that do not permit them to irrigate at a consistent time each day. This too can cause irrigation to be unsuccessful or inconsistent.

You do not have to irrigate your colostomy. Your bowel will work anyway, irrigation or not. The purpose of irrigating a colostomy is to achieve regulation of the bowel so that no stool is passed between irrigations. The main reason for regulating the bowel is for the person with a colostomy to have an alternative in his/her ostomy management. If irrigating is not accomplishing regulation and is in fact making you more uncomfortable, you should not be doing it. ■

## NORTHWEST GROUP HAPPENINGS

Our March 21st meeting was canceled due to unforeseen circumstances but several members attended the 50th Anniversary celebration on March 26th.

The program for our next meeting will be a presentation of new ostomy products manufactured in Germany and recently made available in the U.S. These products have been tested in the local area. Clarice Kennedy from the Central group and Dr. Marvin Baker will make the presentation. Join us at 7:00 p.m. on Tuesday, April 18th.

**Tony Romeo**  
281-537-0681

## NOT EVERYONE KNOWS

By Sharon William, CWOCN

The experience of having a new ostomy can be quite frightening if one does not understand what is normal in stomal appearance and ostomy function and what is not normal. Although each person with an ostomy is uniquely individual, some basic generalizations can be cited in the post-operative 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.
- 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 amount 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 build-up etc. are not normal and should be reported to the nurse or physician. In individuals with colostomies and ileostomies who still have a rectum intact, it is normal to expel mucus through the rectum. The mucus 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 (the contractile motion of the bowel, which propels contents through the intestinal tract). However, a professional should check marked swelling, prolapse, or shrinking in size of the stoma.
- It is normal for some colostomates and ileostomates to feel as though they still need to have a bowel movement (phantom rectum sensations) even though the rectum has been removed.

In summary, become familiar with what is normal for you and your stoma. ■

## WHAT IS A SUPPORT GROUP

via Port Huron Ostomy Chapter, Marysville MI

- A place to go for specialized information about your particular problem.
- A group of special friends who are good listeners and care about you.
- A group of other people like yourself who share a common problem or who are vitally interested in a particular issue or need.
- A place where you can laugh at the ridiculous side of tragedy without being considered “odd” or “unfeeling”.
- A place to give and receive strength and understanding.
- A place where members can be assured of confidentiality.
- A gathering attended by people who share a common bond—the challenge of coping with a particularly difficult experience or ongoing situations. ■

**Our background and circumstances may have influenced who we are, but we are responsible for who we become.**

## KEEP A MEDICAL JOURNAL

via Ostomy Connection of Charlotte, NC

Often a problem has been nagging at your body for weeks or months. Sometimes, a piece of equipment doesn't work properly. When you finally break down and go to a doctor or consult a CWOCN or ET, you find that they ask questions about the history of the problem that you can't answer. As a result, their diagnosis is not based on complete information. To avoid a faulty or inadequate diagnosis, it is wise to write down the symptoms of the problem as they occur. Often you will find that by writing down these symptoms and events that precede them, you yourself can spot some obvious solutions—or at least causes. A medical journal can help you to avoid making false assumptions about your problems and it can also aid you when similar problems crop up in the future. Accurate information is always welcomed by your doctor and/or nurse. ■

### **Daffy-nitions:**

Crick—The sound a Japanese camera makes; Toboggan—Why we go to an auction; Oboe—An English tramp; Khakis—What you need to start the car in Boston; Incongruous—Where bills are passed; Alarms—What an octopus is; Dockyard—A physician's garden; Consciousness—Annoying time between naps; Cauterize—Made eye contact with her.

### **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: \_\_\_\_\_  
Phone: \_\_\_\_\_

Street Address: \_\_\_\_\_

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.

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Colostomy         | <input type="checkbox"/> Continent Ileostomy | <input type="checkbox"/> Parent of Child with procedure |
| <input type="checkbox"/> Ileostomy         | <input type="checkbox"/> Continent Urostomy  | <input type="checkbox"/> Spouse/Family Member           |
| <input type="checkbox"/> Urinary Diversion | <input type="checkbox"/> Pull-Through        | <input type="checkbox"/> Physician                      |
| <input type="checkbox"/> Other: _____      |  | <input type="checkbox"/> 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**