



Oostomy Association of the Houston Area

May 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: May 15th, Monday evening

Program: Exercise & the Ostomate

Thomas Mathew with Northeast Rehab Center will lead a discussion and demonstration of stretching exercises.

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: May 16th, Tuesday evening

Program: ConvaTec

Tabatha Schroeder, ConvaTec Representative, will provide our program in May. Come join us!!

Happy Mother's Day

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: May 22nd, Monday evening

Program: Hollister Products

The Hollister Representative will join us to talk about new products and answer questions. See you 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: May 15th, Monday evening . . .
Reservation required. No obligation. Please call 281-491-8220 for reservation.

Program: Round Table Discussion

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

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.

Central Group News

We had 21 in attendance at our April meeting. Sherman Glass and Isabel Hickey were new in attendance and we hope they will join us again soon. Jenny Jansson-Smith, from Sterling Medical, presented an excellent program on Medicare guidelines relating to ostomy supplies. We appreciate Jenny doing the presentation. Dr. Marvin Baker and Clarice Kennedy handed out materials and discussed the availability of Stomocur products. A display of pictures which were taken at the 50th Anniversary celebration were passed around also.

We were sorry to hear of the passing of Ricky Cassel. He had been attending meetings during the last couple of years. Clarice and Ed had visited him when he had his first operation. He was a gentle soul and very supportive at the meetings that he attended. We extend our sympathy to his family. Ed and Clarice represented us at the funeral. At the funeral, the thankfulness for Ricky's love and friendship was expressed by his family members, ministers, fellow church workers, fellow US Postal workers, and one who served with him in Vietnam. When one of his sons greeted those in attendance before he was to read a poem, I recognized his smile as the same one Ricky displayed at our meetings.

The second issue of the new quarterly, *The Phoenix*, has just arrived. If you are interested in receiving this magazine from the new national organization, United Ostomy Associations of America, look at page 5 for more information. Both issues have had excellent information and articles.

Since we have now incorporated, we are limited to how much we can receive for advertising in the newsletter and on our website. Basically, we must try to stay under \$1,000 per year. We will be limited to two pages of advertising in the newsletter and the board of directors has set rates that will keep us under the \$1,000 limit. We are hoping to supplement our income with sponsorships for printing of the newsletter which averages about \$120 per month. Some companies and medical shops have said that they are willing to participate in those sponsorships. They would be acknowledged prominently in the newsletter for underwriting the printing.

We have been invited by the oncology nurses at MD Anderson Cancer Center to participate in their second annual "Cancer Survivor Program" which will be held on Sunday, June 25 from 12:30-5:30 PM. We will have a booth that will promote the Ostomy Association of the Houston Area and will allow us contact with medical professionals in the Houston area. We are looking for volunteers who can modify the display we will use and we'll also need volunteers who are willing to spend time at the booth during the 5-hour interval. This is an excellent opportunity for members to work on a worthwhile

project and get to know each other. Last year, they had excellent speakers and great food. Please contact Ed Wood 281-493-5015 if you can help.

We continue to have people who utilize the various ways of helping to financially sponsor our association. On page 3 under *Opportunities and Announcements*, you can find such things as Anniversary Gift, Memorial Fund, Donations of Supplies, Sponsorship of a member, and Using Shopping Cards when purchasing items at Randalls and Krogers.

Hollister has provided a form for ordering free samples of Hollister products (see the bottom of Page 7).

On May 15, our speaker will be Mr. Thomas Mathew who is with the Northeast Rehab Center. The link to his center is on our website. He will be speaking about and demonstrating the use of stretching exercises. I hope to see you there.

Ed Wood
President

SOMETHING FOR THE NEW OSTOMATE

via: Iowa City & Madison Newsletter & Evansville, IN Newsletter

Don't forget! Rome was not built in a day. If changing your appliance seems to take forever, with practice it soon will become a small part of your normal day. "Waste disposal" for you once again will become a private matter. DO LEARN to care for yourself from the start. You may not always have someone around to assist you. DO COME TO OSTOMY meetings where you can talk to others about your problems. You'll be surprised at the ease with which you can discuss problems once you're there. Bring your family members with you. It is also important to have them understand ostomy problems and their solutions. ■

CHEW GUM AFTER SURGERY?



One of the difficulties of colon surgery is that it causes a painful delay in the return of intestinal function—leading to longer hospital stays. A new study in the medical journal *Archives of Surgery* showed that chewing sugarless gum three times a day for an hour at a time cut hospital stays to 4.3 days versus 6.5 for the non-chewers. The researchers surmise that chewing stimulates the bowels. ■

*"Joy is contagious.
Commit to being a carrier!"*

- Kevin Harney

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.

THOUGHTS FROM A COLOSTOMATE

Excerpted from Metro Maryland News Review & Evansville Newsletter

I awoke from surgery for cancer and was told that I was expected to live a long and healthy life, but I would have a “rosebud” for the rest of my life. Now one of the mixed blessings about this scenario was that there was no time for a pre-op education about that brand new word to my vocabulary—colostomy. My ostomy nurse undoubtedly labeled me her worst patient and with just cause I might add. I was a slow learner, wallowed in all kinds of self-pity and psychologically felt as badly as was my comprehension of this completely new system. Fortunately, she did not give up on me. Although my role as host left a lot to be desired, my ostomy visitor from the Ostomy Association did not give up on me either. She tolerated me, sympathized with me and left me some very helpful literature. Now it took me a couple of years to feel comfortable talking with others about a colostomy. Finally, I felt quite good about visiting other patients, offering support, extending a listening ear and sharing information I have gained from experience. You know, there seems to be as many different colostomies—and how to handle them—as there are persons who have them. No two of us are the same, although we are so much alike that we can learn a great deal from sharing with each other. There is a perspective that only “one who’s been there” can convey. And sharing is caring. My message is, I suppose, that when you see a “Dr. Livingston type” approaching with a scalpel and magnifying glass in hand and exploration in his eyes, check out his back-up facilities. The ostomy nurse, the follow-up and the local ostomy association may help you as much as the surgery itself. Then, you in turn may want to seek the opportunity to serve other new ostomates. That is what the local ostomy association, and indeed life, is all about. ■

*If you want to leave footprints
in the sands of time—don't drag
your feet.*

**... on this diet , you can eat anything
you like ... as long as it's rutabaga!**



Mother's Day

Anna M. Jarvis (1864-1948) loved her mother dearly. It was Miss Jarvis who first suggested a national day to honor all mothers. At a memorial service for her mother in 1908, Anna gave a carnation to each person in attendance. On May 9, 1914, by an act of congress, President Woodrow Wilson proclaimed the second Sunday of May as Mother's Day. It is customary to wear white carnations in honor of departed mothers and red carnations to honor the living.

A Tribute to Grandma



*Each Mother's day we pause to pay
Due honor to our mothers,
We all agree our own dear Mom
Is best above the others.
There are tributes read to mothers,
And those to daughters, too.
But, what about our Grandma,
She deserves a line or two.
So, let's think about our Grandma
As we celebrate this year,
She is someone very special
We will always hold most dear.*



WHAT TO DO IN CASE OF A FOOD BLOCKAGE

By Sharon Williams, RNET

It may happen around midnight, that severe cramping sensation coupled with cessation of ostomy flow or watery projectile flow. When the cramps strike, the memory of having consumed some problem food follows soon afterward. What is the appropriate course of action for the ostomate?

Food blockage is an experience that many ostomates will have at one time or another. The enzymes of the digestive tract cannot digest cellulose or foods with high fiber content. Nuts, corn, popcorn, coconut, celery, Chinese vegetables, fruit pits, and tough cuts of meat are a few foods that may cause blockage problems. Ileostomates who chew their food poorly, eat rapidly, do not drink sufficient liquids or have dental problems will be more prone to having food blockage. When food blockage occurs, a post-op pouch should be applied. The size of the opening should be a little larger than normal because the stoma may swell and with a clear post-op pouch, the action of the stoma may be observed. The next step, if no nausea or vomiting is present, is to start forcing liquids... coke, tea, or whatever liquid produces a rapid peristaltic movement is best. A few crackers may be eaten as a pusher. Sometimes a change in body position, such as assuming a knee chest position, may encourage movement of the bolus of food. Massaging of the abdomen may also produce the same effect. Diarrhea may follow the blockage and it is necessary to replace fluids. Gatorade may be used for replacement of both fluids and essential electrolytes. Cheese, bananas and peanut butter help slow the diarrhea. It is normal to have a sore spot in the abdomen following an episode of blockage. A low residue diet should be followed for one or two days to allow the intestine to rest. If nausea and/or vomiting occurs with the food blockage, it is necessary to go to the emergency room immediately. ■

THE TREE THAT CAN SAVE A LIFE

via *Blue Water Reflections*, Port Huron, MI Ostomy Association

Knowledge of the medical conditions that have affected your relatives for generations will enable you to make more informed medical decisions about your own health. When you know you are at increased risk for developing a disease, you can take steps for prevention and early detection. Here are some tips for compiling a family history tree:

1. Research the health histories of your parents, siblings and children as well as aunts, uncles, cousins and grandparents.
2. Interview relatives by phone, email, at a reunion.
3. Remember that any information from allergies to sleep disorders can prove helpful. Be sure to get ages.
4. Organize your tree to view several relatives side by side.
5. Share your completed tree with your doctor and your family members. ■

PUSH THE SKIN, DON'T PULL THE TAPE!!

via S. Brevard, FL Ostomy Association

Damaging the skin around the stoma (or anywhere else), is asking for infection. Don't peel your pouch away from your body. Take hold of an edge of the adhesive section or tape, and PUSH THE SKIN AWAY FROM THE TAPE. In older people and babies with thin skins, you can peel their skin off by pulling on tape. Take a good look at what is happening when you pull tape. The tape is pulled upwards, dragging the skin with it until it is pulling hard enough to break loose. It even looks painful. Owie! Owie! Now look at what happens when you push the skin away from the tape. It doesn't hurt and the outer layer of skin is not torn off, which sometimes happens with pulling. And these people who think yanking it fast is best, ought to take a good look at the skin afterward. If you have skin damage, digestive enzymes in the discharge will excoriate your damaged skin quicker, and deeper than if your skin is okay, or protected with some sort of skin preparation. The farther away from the rectal area the stoma is, the stronger the digestive enzymes in the discharge are, and the sooner your skin will become excoriated. Learn to treat skin gently!! ■

BAYTOWN SUPPORT GROUP

We had a great meeting on Monday, April 24th opening with a lively Roundtable discussion about our recent Relay for Life event. Many of our members participated in the Survivor Lap and others helped raise money for this annual event which raises money for the American Cancer Society. We also welcomed a new member.

Although we had a smaller turnout than we would have liked, everyone enjoyed hearing about the new product line from Germany. Dr Marvin Baker and Clarice Kennedy did a great job informing the group about *STOMOCUR*.

Coming in May, updates from Hollister! Don't miss it!

Cindy Barefield, RN, WOCN
281-420-8671

Hints & Tips...

- Club soda is an extremely effective cleaner for feces and urine spots.
- Don't be afraid to take a shower without your appliance. Soap cannot hurt your stoma. Just rinse well.
- Spray air freshener **BEFORE** emptying the pouch to dispel odors.
- Carry an extra tail closure or rubber band with you in case yours goes down the drain or toilet.

To pray is no small thing. It is nothing less than a sacred pilgrimage into the heart of the whole world.

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

The Phoenix Annual Subscription - \$25

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NORTHWEST GROUP HAPPENINGS

Our April 18th meeting was attended by 15 members and visitors. Everyone enjoyed the *STOMOCUR* products presentation by Clarice Kennedy and Dr. Marvin Baker and signed up to try the new products.

"Thank you" to Barbie Barron who provided refreshments of delicious Banana Bread and healthy fruit salad. Jane Price will provide refreshments for our May meeting which will be a presentation by Tabatha Shroeder, ConvaTec Representative.

Hope to see you then.

Tony Romeo

281-537-0681

Common sense is just about the most uncommon thing there is.

ARE YOU DRINKING ENOUGH?

via Hemet-San Jacinto, CA Ostomy Association

Water suppresses the appetite naturally and helps the body metabolize stored fat. Studies have shown that a decrease in water intake will cause fat deposits to increase while an increase in water intake can actually reduce fat deposits. This happens because the kidneys can't function properly without adequate water. When the kidneys don't work to capacity, some of their work load is dumped on to the liver. One of the liver's primary functions is to metabolize stored fat into useable energy for the body. If the liver has to do some of the kidney's work, it can't do its own job efficiently. As a result it metabolizes less fat, more fat remains stored in the body, and weight loss stops. Drinking enough water is the best treatment for fluid retention. When the body does not get adequate water, it perceives this as a threat to survival and begins to hold on to every drop. This stored water shows up in the form of swollen feet, hands, and legs. Diuretics offer a temporary solution at best. They force out stored water along with essential nutrients. Again, the body perceives this as a threat and will rapidly replace lost water. Thus, the condition quickly returns. The best way to overcome the problem of water retention is to give the body what it needs—plenty of water. Only then will excess stored water be released. If you have a constant problem with water retention, excess salt may be the problem. The more salt you eat, the more water your system retains to dilute it. But getting rid of unneeded salt is easy—just drink more water. As it is forced through the kidneys, the water washes away excess sodium. An overweight person needs more water than one who is thin. Larger people have greater metabolic loads. Water helps maintain proper muscle tone by giving the muscles their natural ability to contract and by preventing dehydration. It also prevents the sagging skin that usually follows weight loss. Make sure you drink about 2 quarts of water daily. ■