# Houston Chapter United Ostomy Association

**August 2004**

*"We help ourselves by helping others to help themselves."*

Houston Chapter UOA
PO Box 25164
Houston, TX 77265-5164
www.uoahouston.org

**"UOA is 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 two locations for member convenience.***

## Central Group

Monthly: Third Monday
Time: 7:30 p.m.
Place: American Cancer Society Building
6301 Richmond Avenue, Houston
Contact: Ed Wood 281-493-5015
(ewood6@houston.rr.com)

**Meeting: August 16, Monday evening**

***Program: Dr. Margaret Waisman***

Dr. Waisman is a dermatologist and will speak on the topic of skin cancer and skin protection. This presentation will be of interest to all ostomates.

## Northwest Group

Monthly: Tuesday following the third Monday
Time: 7:00 p.m.
Place: NW Medical Professional Bldg. (The Cali Bldg.) 17117 Cali Drive (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: Bill Propst 281-320-8005 propst@neosoft.com)

**Meeting: August 17, Tuesday evening**

***Program: Dr. Mark Pidala***

Dr. Pidala is with Houston's Colon & Rectal Clinic. He will discuss the differences between various colon surgeries followed by a question and answer session. Be sure to mark your calendar now to attend this very informative and relevant meeting.

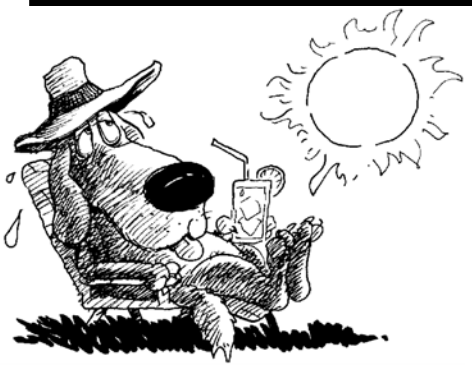
## J-Pouch Group

Monthly: Third Monday
Time: 7:30 p.m.
Place: American Cancer Society Building
6301 Richmond Avenue, Houston
Contact: Ron Meisinger 281-491-8220

**Meeting: August 16, Monday evening**

***Program: Round Table Discussion***

Ulcerative colitis and the J-Pouch connection.



*Dog Days of Summer*

### 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. Membership fees and donations are tax deductible.***

## Chapter News

Our July program was a talk from Dr. Robert W. Fayle about sleep disorders. First, he told us about the three stages of sleep and how they may be disturbed by certain medications. He gave some history and interesting information about the study of sleep. Dr. Fayle finished his talk with information about three sleep disorders: Sleep Apnea, Narcolepsy, and REM Behavior Disorders. If you missed the talk or want follow up information from the talk, you can go to the website www.robertfayle.com.

We had twenty people in attendance at our July meeting. We welcome Steven Goldman as a first time attendee. It was great to see Terry Marriott who is recovering from hip surgery. We wish a speedy recovery to Mary Lou Hartranft following her hospital stay.

We also wish the best for Erica Daniel, the young lady who was going to the Youth Rally this summer, as she recovers from her hospital stay. We will keep her ticket with hopes that she can go in the summer of 2005.

We were sorry to hear of the death of Tom Randall, husband of Charlene Randall. Charlene is a member of our Medical Advisory Board and has assisted our chapter in many ways. We send our sympathy to Charlene and her family. Should you want to make a contribution to UOA in memory of Tom you can find information in this newsletter about our Memorial Fund.

Due to receiving a check from Safeway (Randalls), we have just learned of the programs that many grocery stores have in this area for organizations such as ours. At this point in time we have received checks for $20, $30, and $50. If you shop at Randalls or Krogers, they have different plans which can mean money for our chapter. At Randalls you must have or apply for a Randalls card at their customer service window. Randalls program is called the "Good Neighbor Program". If you already have a Randalls card you must take it to the customer service window so that the number on your card will indicate the special charity number **3698.** This number is for the Houston Chapter of UOA. In about two weeks when you give the cashier your Randalls card, purchases automatically start counting in the program. When a total of at least $2800 is purchased by the combined members who are signed up, Safeway will send us a check for 1% of that amount.

The Krogers plan also requires that you have a Kroger's card. They are in the process of making a second card that will be specifically for those who want to donate to us. When I receive the cards in the mail I will arrange to get one to you. It will be a card that has our name and logo affixed to it. When you make a purchase at Krogers, you will give the clerk your regular Kroger card together with the special card. The clerk will swipe both cards. As I understand the Kroger program, for any purchase that you make, 1% will come to us quarterly. If you are interested in receiving one of these special cards I will place you on a mailing list or if you have any questions about either program you may call me at 281-493-5015.

We are grateful for both of these programs and will continue to search for monies which will allow us to continue the communication with members and the medical community. Declining advertisers and a shrinking number of members who pay dues has made the job of meeting the cost of operation more difficult. We have 45 members who are to pay dues this quarter. When you receive your notice please promptly send your dues payment to our treasurer, Chuck Bouse.

If you are on the National UOA mailing list you should have received information about the upcoming change for paying dues. Currently the National Office sends you a notification to remit $28 to our treasurer. Of the $28, we send $17.50 to the National Office as payment for your quarterly magazine and other services they provide and $10.50 is kept for our local operations. In the **new** billing process, which begins in December, 2004, the National Office will send you a notice once a year for the national dues. I am assuming it will still be $17.50. The **new local** process will be handled by the local treasurer and will be as follows:

December 2004 - Notices for December 2004 dues will be sent.
January 2005 - Notices for January 2005-June 2005 dues will be sent.
July 2005 - Notices for July 2005-December 2005 dues will be sent.

Because of the variety of local dues structures throughout the country, it was decided that National would be responsible for the national dues, and the local chapters would be responsible for their own dues. This means that the local chapter will incur costs for sending the local dues notices.

I have been contacted by Dawn Stoker who is a student at the University of Houston. She is a former ostomate who is writing a thesis in the field of Medical Anthroplogy. She is interested in talking to people who would be willing to share their experiences of living with an ostomy. It would be confidential and no names would be used. She hopes to be at our August meeting. If you want to contact her, she gave the following information:

Home: 281-648-4866 email: dawnstoker@yahoo.com

Another member of our Medical Advisory Board will present our August 16th program. Dr. Margaret Waisman will speak on "Skin Cancer and Skin Protection". I look forward to seeing you then.

*Ed Wood*
President

*"If you always give, you will always have."*
- Chinese proverb

## YOUR HEALTH….What You Can Do

**Via AARP Newsletter**

Although there's no sure way to prevent Alzheimer's disease, some of the following tactics might help reduce risk:

- Always use bicycle helmets and seal belts and slip-proof shoes to reduce the chance of injury. Head trauma is linked to a higher risk of Alzheimer's.
- Exercise and eat a low-fat diet rich in vegetables and fruits to keep your cholesterol low and to control your weight. (Recent studies show a correlation between being overweight and Alzheimer's. One study found that diabetes, which is exacerbated by excess weight, triggered a 65 percent greater risk of Alzheimer's in 824 participants.)
- Eat fish at least once a week.
- Get sufficient levels of folic acid and vitamins C, E, B-6 and B-12.
- Stay mentally active. Join a book club, join a bridge club, play chess or do crossword puzzles. Or sign up for a class at your local college.

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## Corral Your Cataract Knowledge

***How much do you know about this common condition?***

**Via *FRIENDS* Monthly Magazine**

1. Cataracts cause the lens of the eye to become _____ because proteins build up on the lens.
2. Factors associated with the development of cataracts are diabetes, _____, increased age, heredity, corticosteroid medications and excessive exposure to the sun's ultraviolet rays.
3. Symptoms caused by cataracts include cloudy or double vision and impaired _____ _____.
4. The only treatment for advanced cataracts is _____ which removes and replaces the lens.
5. Research is underway to investigate the effectiveness of _____ to control cataracts without surgery.

*Answers: 1. cloudy; 2. smoking; 3. night vision; 4. surgery; 5. drugs*

### ATTENTION…
### Ostomates and Medical Personnel

Clarice E. Kennedy, Certified Enterstomal Therapist and Immediate Past President of the Houston Chapter, UOA, is available for consultations by appointment only at Spring Branch Medical Supply at 8700 Long Point Road, Houston, Texas. Clarice is an ostomate herself and has 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. The Houston area is fortunate to have such a dedicated individual available for personal consultations. Appointments can be made by calling Clarice at 713-647-8029.

**We encourage you to bring your spouse or significant other and members of your immediate family to our meetings.**

### MEMORIAL FUND

The Houston Chapter of UOA has established a Memorial Fund. Donations can be made to the fund to memorialize or honor individuals. All donations should be made payable to the Houston Chapter of UOA and sent to:

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

If you have ostomy supplies that you no longer use, please consider donating them. The Houston Chapter of UOA is contacted on a regular basis by individuals who are in need of donated supplies of all kinds. This is one way that you can assist your fellow ostomates in the Houston area. Please contact Ed Wood at 281-493-5015 with any questions.

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Amzanig huh?

**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.

## PARASTOMAL HERNIAS

**Via *The Re-Route*, Evansville, IN Chapter**

When a stoma is brought out to the surface of the abdomen it must pass through the muscles of the abdominal wall, thus a potential site of weakness is immediately created. In the ideal situation, the abdominal wall muscles form a snug fit around the stoma opening. However, sometimes the muscles come away from the edges of the stoma thus creating a stoma hernia where there is no muscle. Factors that can contribute to causing a stoma hernia to occur include coughing, being overweight, or having developed an infection in the wound at the time the stoma was made.

The development of a stoma hernia is often a gradual phenomenon, with the area next to the stoma stretching and becoming weaker over the passage of time. This weakness, or gap, means that every time one strains, coughs, sneezes or stands up, the area of the abdomen next to the stoma bulges, or the whole stoma protrudes as it is pushed forward by the rest of the abdominal contents behind it. As with all hernias, the size will increase as time goes by.

Stoma hernias are rarely painful, but are usually uncomfortable and can become extremely inconvenient. They may make it difficult to attach a bag properly and sometimes their sheer size is an embarrassment as they can be seen beneath clothes. Although a rare complication, the intestine can sometimes become trapped or kinked within the hernia and become obstructed. Even more seriously, the intestine may then lose its blood supply, known as strangulation. This is very painful and requires emergency surgery to untwist the intestine and prevent the straightened part of the bowel from becoming irreversibly damaged.

Regardless of inconvenience or pain, hernias are defects in the abdominal wall and should not be ignored simply because they might not hurt. There are surgeons who advocate that small stoma hernias that are not causing any symptoms do not need any treatment. Furthermore, if they do need treatment it should not be by operation in the first instance but by wearing a wide, firm colostomy/ileostomy/urostomy belt. This is probably true with small hernias, in people who are very elderly and infirm, or people for whom anesthetic would be dangerous (serious heart or breathing problems, for example.)

Operative repair of the stoma hernia may be given serious consideration to improve the quality of life, prevent progressive enlargement of the hernia with time, and make it easier to manage the stoma. [See your doctor if you have any questions about the management of your stoma hernia.]

"Getting old ain't for sissies." - Bette Davis
"Life is a long lesson in humility." - James M. Barrie
"Make yourself necessary to somebody." - Ralph Waldo Emerson

## FAMILY AND SPOUSE - THEIR NEEDS

**Via *New Life Newsletter*, Charlotte Chapter; by Donna Hoffman, LPN-ET**

Much has been said and written about the ostomate who has to undergo ostomy surgery, their recovery from the surgery and what is so important—recovery emotionally. But what about the spouse and children? They must suffer in their own way. In the hospital, doctors and nurses hurry around seeing to the ostomate's physical needs, the ostomy visitor sees to the emotional needs. But who is there for the family?

Spouses suffer just as much as the ostomate, if not more. They are the ones who have to put up with the outbursts of anger, despair and depression. They work to give love and support and have to go home to an empty house and wonder — what next? There is usually no one to help them through their anxious days of worry and uncertainty. "How will my loved one accept me? After all, I'm not the one that has an ostomy. Will he or she change or be the same?"

After the ostomate comes home from the hospital, the family and spouse has to put up with inconveniences such as pieces of skin barrier stuck to the bathroom floor, cement spilled on a favorite brush or comb, irrigating tubing hanging in the bathroom, and having to learn to leave the bathroom free at a certain time of day. And of course, the frequent pit stops when traveling.

Spouses frequently ask, "What about our sex life? Will it be the same? Will it be worse, better, or maybe none at all?" Spouses and families need the same support during the hospitalization phase and recovery at home as the ostomate. They need to be included in the teaching of ostomy care, to feel they are still wanted and needed. Children should have the surgery explained to them so Mom or Dad will seem the same and love them all the more. They will not think anything of it if explained in a simple understanding way.

An ostomy is nothing to be ashamed of and the ostomate should not be treated any different than someone who has to take insulin or wear prosthesis. Spouses should also have the option to talk to another spouse who has had ostomy surgery in the family.

*Note from the Editor:* As the spouse of an ostomate, I found myself in need of emotional support and also needed help finding answers to the many questions that both my spouse and I had regarding his surgery, recovery, and all the accompanying adjustments. Fortunately we were purchasing supplies from one of our Chapter advertisers who introduced us to an ET. Through that connection we began attending local meetings and have been blessed with answers to our questions as well as receiving emotional support and friendship from Chapter members. I strongly recommend that couples attend meetings to learn all they can as soon as possible after surgery. You may find, as we did, that your lives are truly blessed!

## A COLLECTION OF IDEAS THAT MAY BE HELPFUL

**Via *New Life Newsletter*, Charlotte Chapter and *The Ostomy News Review*, Green Bay Area Chapter**

- ☑ If you are beginning new medication for any reason, keep a close eye on your stoma discharge. Contact your doctor if you suspect the medicine is going in and straight out.
- ☑ If you still have your rectum and have pain or a full feeling, you may have a collection of mucous which should be washed out. Check with your doctor regarding this.
- ☑ Discard expired medications to prevent any potential adverse effects. Aspirin can be toxic to the kidneys just two or three months after expiration. The same is true for tetracycline. Many drugs just lose their effectiveness.
- ☑ Ileostomates should not give blood because they are always about a pint low on bodily fluids anyway. There is a high risk of becoming dehydrated and/or developing kidney stones after blood donations.
- ☑ Eating foods like apricots, bananas, kidney beans, potatoes, oranges, spinach, and tomatoes provides excellent sources of usuable potassium which can decrease blood pressure and eliminate cramping of muscles.
- ☑ Gas from carbonated drinks can distend the bowel to a point where kinking can occur. Too many soft drinks thus can produce a painful bowel obstruction.
- ☑ Lack of bulk in colostomates' diet can be part of the difficulty in elimination. This may be caused by eating too much highly refined food and not enough bulk, like bran.
- ☑ Some applesauce with breakfast may control stoma noise, and the pectin in it may have a thickening effect on a too liquid output.
- ☑ Your attitude about your image will affect the attitude of your family, friends, and the people around you. Be happy….you've been given a new life.
- ☑ Sometimes the littlest things in life are the hardest to take. You can sit on a mountain more comfortably than you can sit on a tack.
- ☑ For colostomates, tranquilizers may make the colon lazy. It can be the cause of incomplete evacuation.
- ☑ Laughing is healthy for your body as well as your mind. When you laugh, you exercise your heart, lungs, and adrenal glands. You also breathe more deeply, increasing the body's oxygen flow. Laughter may ease physical pain by triggering production of endorphins, natures' pain killers.
- ☑ Bring your problems and questions to chapter meetings. Don't be afraid or embarrassed to ask questions.

"Patience and passage of time do more than strength and fury."
"Wrinkles should merely indicate where the smiles have been."
"You can only become wise by noticing what happens to you when you aren't."
"Cheerfulness and contentment are great beautifiers and are famous preservers of youthful looks."

## NORTHWEST GROUP HAPPENINGS

We welcome two new people to our group. Sherry Batts and Kristie Huerta both had their surgery earlier this year. We hope they will come back and join us as members. We have Pat Thompson to thank for making Sherry and Kristie aware of our group.

We had 11 people at our July meeting which is a good turnout considering the hot summer vacation weather. We did not have a speaker but had a good group discussion of problems and solutions. Thanks to everyone who participated. These discussions are always good.

Dr. Mark Pidala with the Colon & Rectal Clinic will be the speaker for our August meeting. He will present a program discussing the differences between various colon surgeries. There will be a question and answer session following his presentation. This is your opportunity to ask questions and get answers from an expert. See you at the meeting.

Regards,

**Bill Propst**
Coordinator Northwest Group

## LIVE WITH ENTHUSIASM

**Via Charlotte *New Life* Newsletter & Kentuckiana Chapter UOA**

Youth is not a time of life. It's a state of mind. It's a temper of the will, a quality of the imagination, a vigor of the emotions, a predominance of courage over timidity, of the appetite for adventure over love of ease.

Nobody grows old by merely living a number of years. People grow old only by deserting their ideals. Years wrinkle the skin, but to give up enthusiasm wrinkles the soul.

Worry, doubt, self-distrust, fear and despair - these bow the head and turn the growing spirit back to dust.

Whether 60 or 16, there is in every being's heart the love of wonder, the sweet amazement at the stars and the star-like things and thoughts, the undaunted challenge of events, the unfailing chilling appetite for what-next, and the joy of the game of living.

You are as young as your faith, as old as your doubts; as young as your self-confidence, as old as your fear; as young as your hope, as old as your despair.

So long as your heart receives messages of beauty, cheer, courage, grandeur and power from the earth, from man and from the infinite, so long are you young.

When the wires are all down, and all the central places of your heart are covered with the snows of pessimism and the ice of cynicism, then, and only then, are you grown old indeed, and may God have mercy on your soul.

Live every day of your life as though you expect to live forever.

- General MacArthur's Credo

## SOME OF THE BEST BASIC OSTOMY HINTS

**Via Austin, Texas Chapter UOA**

- Don't behave as if having an ostomy makes you less of a person or some freak of nature. There are lots of us and most of us are glad to be alive!
- Build a support system of people to answer questions when you have a problem.
- Don't wait until you see the bottom of your supply box before ordering more.
- Don't get hung up on odors. There are some great sprays and some internal deodorants. Remember everybody creates some odors in the bathroom. Don't feel you are an exception.
- Hydration and electrolyte balance is of vital importance. Be sure to drink enough fluids to maintain good hydration.
- Read and learn all you can about ostomies. You never know when you may find an opportunity to educate someone about the life-saving surgery that has extended so many lives. Learn to be matter of fact about this and never embarrassed.
- In the beginning after surgery, almost everyone experiences some depression. But it need not be a lasting condition. Try something as simple as long walks.
- The bottom line is: We are alive!! We've been given a second chance! Actively celebrate LIFE and all it has to offer.

## THE POWER OF THREE LITTLE WORDS

***Enrichment for Every Relationship*** **Via the Internet**

"I'LL BE THERE" - The best we can give...ourselves.
"I MISS YOU" - A powerful affirmation.
"I RESPECT YOU" - Conveys equality.
"MAYBE YOU'RE RIGHT" - Humility.
"PLEASE FORGIVE ME" - Admission of mistakes and asking for forgiveness.
"I THANK YOU" - An attitude of gratitude.
"COUNT ON ME" - Loyalty...emotional glue that bonds people.
"LET ME HELP" - See a need and try to fill it.
"I UNDERSTAND YOU" - Accept and understand.
"GO FOR IT" - Encourage others uniqueness.
"I LOVE YOU" - Special words for special people.

## Actual Excerpts From Hospital Charts

- The patient refused autopsy.
- The patient has no previous history of suicides.
- The skin was moist and dry.
- Occasional constant infrequent headaches.
- Patient was alert and unresponsive.
- Rectal examination revealed a normal-size thyroid.
- The lab test indicated abnormal lover function.
- Skin: somewhat pale but present.
- Patient has two teenage children, but no other abnormalities.