



Ostomy Association of the Houston Area

"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.

P.O. Box 25164
Houston, TX 77265-5164
www.ostomyhouston.org

A Look at Science Behind Meditation

By Judy Foreman, The Boston Globe: *UOAA Update July 2015*

For decades, open-minded patients and doctors have been touting the medical benefits of meditation, an ancient practice that comes in hundreds, if not thousands, of different flavors, but consists basically of quieting the mind through contemplation, prayer, or focusing on something simple, such as breathing.

Dr. Herbert Benson, president of the Mind/Body Medical Institute and associate professor of medicine at Harvard medical School, has been a pioneer in the medical study of meditation. Considerable research suggests that regular meditation, or practicing what Dr. Herbert Benson calls the "relaxation response" for 10 to 20 minutes a day, can reverse many of the ill effects of stress.

The relaxation response has been shown to lower blood pressure, heart rate and respiration; to reduce anxiety, anger, hostility, mild-to-moderate depression, to help alleviate insomnia, premenstrual syndrome, hot flashes, infertility; and to relieve some types of pain, most notably tension headaches.

What nobody, until now, has ever come close to explaining is how meditation may work. That is, what mechanisms within the brain might explain why changing one's mental focus can have such large effects on mood and metabolism. Nor has there been until now, much collaboration between neuroscientists and experts in meditation such as Buddhist monks.

All that is changing—fast. A study published in *Psychosomatic Medicine*, is a significant first step in understanding what goes on in the brain during meditation. The study was led by Richard

Davidson, director of the Laboratory for Affective Neuroscience at the University of Wisconsin, and John Kabat-Zinn, founding director of the Stress Reduction clinic and Center for Mindfulness at the University of Massachusetts Medical School.

The underlying theory—one of many theories of depression—is that, in people who are stressed, anxious or depressed, the right frontal cortex of the brain is overactive and the left frontal cortex under-active. Such people sometimes show heightened activation of the amygdala, a key center in the brain for processing fear.

By contrast, people who are habitually calm and happy typically show greater activity in the left frontal cortex relative to the right, according to the theory. These lucky folks pump out less of the stress hormone cortisol, recover faster from negative events and have higher levels of certain immune cells.

Each person has a natural "set point," a baseline frontal cortex activity level that is characteristically tipped left or right, and around which daily fluctuations of mood swirl. What meditation may do is nudge this balance in the favorable direction.

To find out, they recruited stressed-out volunteers from the Promega Corp., a high-technology firm in Madison, WI. At the onset, all volunteers were tested with EEGs, or electroencephalographs, in which electrodes were placed on the scalp to collect brain wave information. The volunteers were then randomized into one of two groups—25 in the meditation group ("meditators") and 16 in the control group.

(Continued on page 3)

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.

Patient Visiting and Support Services
Doctors and WOC Nurses, please note:
Upon request from a doctor, nurse, or social worker, a specially trained visitor will be asked to contact an ostomy patient by phone or visit them in person before and/or after surgery. The visitor will be matched as nearly as possible according to sex, age, and type of ostomy. The visitor does not give medical advice, and there is no charge for this service. Please contact our Visitation Coordinator, Marian Newman at 713-392-5768.

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Central Group News

We were happy to welcome so many people, including some new faces, to our September meeting. We had a very informative presentation by Trina Boland, MS, RD, LD with Shield HealthCare. Ms. Boland works with Shield's Enteral Nutrition Support Program and provides advice to ostomates. She covered the types of nutrition that are advisable for ileostomates, colostomates and urostomates, and discussed the different kinds of foods and activities that can be gas-producing, odor-producing and odor-reducing. Ms. Boland recommended that all ostomates visit the UOAA website, ostomy.org, to review their Ostomy Nutrition Guide, which is very informative. It includes a food diary so ostomates (especially new ostomates) can track what they eat to see if any particular foods cause any problems. Ms. Boland also discussed some supplements and vitamins that could be helpful to ostomates, but cautioned that everyone should consult with their doctors and/or pharmacists before taking anything new. She also was kind enough to take questions after her presentation, and we had a lively discussion.

Our next meeting will be October 19. We will still meet at the American Cancer Society building at 6301 Richmond. Tabatha Schroeder with Coloplast will be our guest.

We have heard that the American Cancer Society will be moving locations in November. We anticipate having our November meeting at their new location, which remains to be named. We will keep you posted!

Regards,

Lorette Bauarschi

President, OAHA, 713-582-0718

Save the Date for our Annual Holiday Party!

Mark your calendars now for our holiday party.

When: Saturday, December 5, 2015

Time: Noon

Where: The Post Oak Grill, just north of the Galleria

More to come regarding menus and reservations.

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



The **United Ostomy Associations of America (UOAA)**
can be contacted at:
www.ostomy.org OR **800-826-0826**

Northwest Group News

Nine mates showed up for a double program event. We had a new mate with just two months under her belt and returning mates with decades between them.

Kayla Graves won the toss and went first. Ms. Graves is the Account Manager with Byram Healthcare. She detailed what her company did and then spent time answering individual questions. Although people with insurance usually buy supplies through Byram; she advised they offered a 40% discount to people without insurance.



Kayla Graves taking time to answer each question.

Next up was Heath Owens, National Sales Manager, with Safe n Simple. Mr. Owens revealed that Safe n Simple had expanded from just providing the stoma wipes products. He brought and shared supplies on all fronts including deodorants, wafers, seals, skin protectant and adhesive removers. Mr. Owens also addressed a customer concern whereby the stoma wipes reportedly dry out prematurely. They now have wipes in sealed foil pouches that can be used for travel and home in addition to the regular wipe product.

Our next program on October 21, 2015, is our **ANNUAL PICNIC**. All mates and their families/friends are invited. If you are a member of the Ostomy Association of the Houston Area, family to one or know one, come on down. Jay, Craig, Gen, Gay Nell, Silver, Suzanne, Christy, Cameron, and all the rest—we miss you and hope to see you.

This is the HOT social event of the season not to mention an awesome collection of diverse mates. Paul will be showing off his new books and there will be other fun surprises.

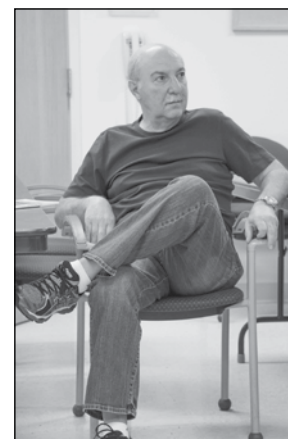
Contact Caleta Linn at cbyrd470@yahoo.com or 281-615-5193, by October 14, 2015, to name your side dish. We will be supplying the main BBQ entrees.

Tony Romeo

936-588-4031

Tony follows a discussion carefully. (right)

Caleta and Billy review the Byram catalogs. (below)



Baytown Group News

Baytown Ostomy Support Group met on September 14 because of the Labor Day Holiday. We had a great turnout and an unexpected opportunity for Roundtable. Our presenter for the evening had an important family event arise and needed to change his plans. He has graciously rescheduled for November.

With a new ostomate present, it was a wonderful opportunity for Roundtable. The conversation flowed with comments of encouragement and reassurance. Research tells us that the creation of an ostomy may create an emotional crisis and feeling of isolation. Despite the information and training that is given, it is the day-to-day management and coping that the “new” ostomate is seeking. Support group is where you find this! In an atmosphere of acceptance, an individual who just recently had surgery can ask any and all the questions they want to ask. They can share with those who have had similar experiences. Cross and Hottenstein wrote an article in 2011 about hospital support groups. They found that advice from peers may be more readily accepted than counseling from healthcare providers who have not lived with the disorder faced by the patient. It was also noted that there is more rapid movement through the stages of grief to acceptance of an ostomy with interaction with others who have shared similar experiences. I think the “take home” message here is come to support group! Come if YOU need support... but also come to support that person who just had surgery or WILL have surgery.... They need you!

In October we are back to our regular schedule and will meet on the first Monday, October 5. Program is tentative at this time. In November, we have Tony Thompson from Liberty Medical rescheduled for November 2.

I hope you will plan to join us.

Sincerely,

Cindy Barefield, RN, CWOCN
281-428-3033

WOC Nurse Directory

Cindy Barefield, RN, CWOCN (281) 428-3033
Houston Methodist San Jacinto Hospital
cbarefield@houstonmethodist.org

Charlene Randall, RN, CWOCN (713) 465-8497
Specialty Wound & Ostomy Nursing, Inc.
charlene@swoni.com

Pat Thompson RN, BSN, CWON (281) 397-2799
Pat.thompson@tenethealth.com

A Look at Science Behind Meditation

(continued from page 1)

The meditators took an eight-week course developed by Kabat-Zinn. At the end of eight weeks, both meditators and controls were again given EEG tests and a flu shot. They also got blood tests to check for antibody response. Four months later, all got EEG tests again.

By the end of the study, the meditators' brains showed a pronounced shift toward the left frontal lobe, while the control group's brains did not, suggesting that meditation may have shifted the “set point” to the left. The meditators also had more robust responses to the flu shots.

The new work fits with data suggesting that certain drugs mimic the effects of meditation on the brain, said Dr. Solomon Snyder, director of the department of neuroscience at John Hopkins Medical School. “It’s reasonable to assume,” he said, “that meditation may increase serotonin, a calming neurotransmitter, in the brain.”

No one has been more fascinated by this kind of research than the Dalai Lama, the leader-in-exile of Tibetan Buddhism. The Dalai Lama spent five days in March 2000 meeting with other Buddhists monks, philosophers and neuroscientists at a retreat in Dharmaśala, India, that is chronicled in a book called “Destructive Emotions” by Daniel Goleman, author of “Emotional Intelligence”.

In addition to lots of debate, the conference had a practical outcome. One participant, Paul Ekman, professor of psychology at the School of Medicine at the University of California at San Francisco, invited several monks to visit his California lab so he could study them.

One meditator, a 60-year old Frenchman who has been a monk for nearly 30 years, appeared able to suppress the startle reflex while meditating—a stunning display of control over a basic, biological response to stimuli such as a sudden loud noise. Meditation is, Ekman said cautiously, “an exercise for the brain that could be of some benefit.”

So, what does it mean? Obviously, a few studies on several dozen meditators is not the final answer as to how meditation procedures affect changes in mood and biological functions. Though it’s “a wonderful tool”, no one should expect meditation to work miracles, cautioned psychologist and medical sociologist Barrie Cassileth, chief of the integrative medicine service at Memorial Sloan-Kettering Cancer Center in New York. It “cannot bring about levitation. It cannot control cellular activity in the sense of getting rid of disease. It’s not going to let you fly to Europe on your own without a plane.”

But what these preliminary studies do suggest is that, at long last, the subjective experience of meditation may prove capable of being understood objectively as well.

Dehydration and the Ileostomy

By Terry Gallagher, UK (Edited & Excerpted): UOAA Update March 2015

In someone with a working colon, the colon is responsible for absorbing most of the water we drink and that is contained in our food. In addition, electrolytes such as sodium and potassium, essential to maintaining good health, are absorbed there. Removal or disconnection of the colon immediately causes the first problem because of the removal of the ileo-valve. This valve is between the ileum (or small intestine) and the colon where the appendix is attached. Its purpose is to hold back the food in the ileum to enable it to be absorbed better.



As an ileostomate, when we lost this valve, food and water pass through our digestive system faster, so less is absorbed, often accounting for weight loss when a person first recovers from the surgery. The ileum does absorb more water to compensate, but still absorbs much less than the colon did. Waste from the ileum normally has about 30% of the water remaining, while waste from a colon has about 10% remaining - quite a difference. In addition, the ileostomate loses ten times as much sodium and potassium as someone with a colon.

Because of all this, anything which upsets the balance in our bodies has a much faster effect, as well as happening much quicker than in a person with a working colon. A typical example is gastroenteritis. A person with a working colon with the same degree of infection may be sick and have diarrhea for a couple of days, whereas someone with an ileostomy may well end up in the hospital as an emergency. This may apply to other problems which upset the digestive system's balance as well as gastroenteritis. When these occur, a person with a working colon experiences nausea, vomiting, fever, abdominal cramps, sometimes bloody diarrhea and signs of dehydration (including the veins on the back of the hands and elsewhere becoming visible).

Those of you with an ileostomy may fill up very rapidly with fluid. On emptying, the pouch can refill in minutes. You may feel nauseous and develop abdominal discomfort. You may rapidly begin to experience the symptoms of dehydration, with dry mouth, decreased or virtually non-existent urine output, heart irregularities and dry skin. In many cases, you can see urine out has ceased. This is a medical emergency!

If hospitalized for dehydration, the ileostomate may expect IV solutions to be given. The fluid given will be saline, potassium, or potassium and glucose to replace those essential electrolytes lost as

mentioned earlier. Expect an EKG (to check for heart problems), bloods to be taken and stool and urine samples (to check for infection), and abdominal x-rays. Dehydration can also lead to kidney damage, which may be permanent, requiring lifelong dialysis or a transplant.

If you become ill with diarrhea, vomiting and fever that persist and you find yourself with a pouch which is filling and refilling with fluid and start to develop a dry mouth with abdominal pains, seek emergency treatment immediately. Normal people may sneer that we're making a lot of fuss for a simple "tummy ache", but we're not! It can be much more serious for us than for people with a working colon.

World Ostomy Day is October 3, 2015

The aim of World Ostomy Day is to improve the rehabilitation of ostomates worldwide by bringing to the attention of the general public and the global community the needs and aspirations of ostomates. Please take this time to share your positive experiences as successful ostomates with your friends and family!



Get Ostomy Answers!

The Phoenix is the leading national magazine for ostomates, their families and caregivers. Each issue contains 72 pages of inspiration, education and information including new products, medical advice, management techniques, personal stories and more.



Subscriptions directly fund the nonprofit United Ostomy Associations of America – the only national organization providing vital information, resources, support and advocacy for ostomates.

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11/11 SG HLFAC

Central Group

- Monthly:** Third Monday
Time: 7:00 p.m.
Place: American Cancer Society Building
 6301 Richmond Avenue, Houston
Contact: Denise Parsons 713-824-8841
 rockynme2@aol.com
Meeting: **October 19, 2015**
Program: **Guest Speaker: Tabatha Schroeder** with Coloplast

Baytown Group

- Monthly:** First Monday
Time: 6:00 p.m.
Place: Community Room in Lobby of Houston Methodist
 San Jacinto Hospital
 4401 Garth Road, Baytown
Contact: Cindy Barefield 281-428-3033
Meeting: **October 5, 2015**
Program: **To be determined**

Northwest Group

- Monthly:** Third Wednesday of the month
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 936-588-4031
 sa1tmr@sbcglobal.net
Meeting: **Wednesday, October 21, 2015**
Program: **ANNUAL PICNIC**—All mates and their families/
 friends are invited.

J-Pouch Group

- Monthly:** Third Monday
Time: 7:00 p.m. or by Appointment
Place: American Cancer Society Building
 6301 Richmond Avenue, Houston
Contact: Ron Cerreta 832-439-1311
 Ron Meisinger 281-491-8220
Meeting: **October 19, 2015**

Monthly support and information meetings are held in three locations for member convenience.

Opportunities and Announcements

Use Those Shopping Cards

Kroger and Randalls return a percentage of your purchases to the Ostomy Association on a quarterly basis. For information about shopping cards, please visit the website:
<http://www.ostomyhouston.org/>

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 to the ***Ostomy Association of the Houston Area*** and sent to the Treasurer at the address shown below.

Memorial Fund

Donations can be made to our Memorial Fund to memorialize or honor individuals. Checks should be made payable to the ***Ostomy Association of the Houston Area*** and sent to the address below. When sending a donation, be sure to include the name of the person being honored so that acknowledgement can be sent.

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 Ron Cerreta, Treasurer, at 832-439-1311 or texasronc@aol.com or send your request to the provided address below.

For Anniversary Gifts, Memorial Donations, Mailing Changes, or Sponsorships, please send all correspondence to:

Ostomy Association of the Houston Area
 Attn: Ron Cerreta, Treasurer
 P. O. Box 25164
 Houston, TX 77265-5164

(When sending a donation, please include the name of the person being honored so that appropriate acknowledgement can be sent.)

Sponsorship

You can sponsor a member of our ostomy support group with a tax-deductible donation to cover the cost of their membership. Please make the check in the amount of \$25.00 payable to ***Ostomy Association of the Houston Area*** and send to the treasurer's address above.

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.

The Uncontrolled Colostomy

Montreal, Canada & Ostonoma News, *CA: UOAA Update March 2015*

Some people in the medical and nursing professions are under the impression that people who have colostomies have very little difficulty in managing them, in comparison to people with ileostomies or ileal conduit. Very often a patient is told that in time, he can learn to train the bowel to evacuate once every 24 to 48 hours. This, they are told, can be achieved by either irrigation of the colon or by diet, and then all that is required is a dressing over the colostomy or a piece of colostomy equipment if more protection is desired.

While the above situation is true in a large number of cases, there are those who find it an impossibility to regulate the bowel no matter what method they try. These people often become discouraged, especially after hearing other colostomates report how well they manage with a minimum amount of care, with no problems at all.

Usually the person who had an irritable colon prior to surgery will experience problems post-op. Irrigations are recommended in these cases, to help regulate the colon. Persons in this category should consider being measured for a good appliance, one that will keep them clean, dry and odor free. This is a possible solution to this particular problem at the present time.

Note: There are some cases where a large amount of the colon and or ileum (small bowel) has been removed. In that case, a colostomy can act more like an ileostomy, and therefore CANNOT be controlled. Best to check it out with your doctor.

Simple Yet Profound Words From a Five-Year-Old

*By Kathy Ward, Admin. Asst.-UOAA
UOAA Update 08/2014*

When my granddaughter was five, she had many problems with her digestive system. Her surgeon placed a stoma over her stomach so that a feeding tube could be inserted.

One day, she looked at me and said, "Grandma, did you name your stoma?"

I replied, "Yes, I did. I call it Rose, because it looks like a flower to me. Did you name yours?"

"Yes," she said. "But I named mine Jack."

Thinking this was an odd name for a little girl to name her stoma, I had to ask, "Why did you name it Jack?"

Her response, "Because Jack is the name of the lifeguard at the beach and my stoma saved my life."

Urostomy Review

Via GAOA Newsletter: UOAA Update March 2015

Diet: There are no eating restrictions as a result of Urostomy surgery. (If the kidneys have been severely impaired, your physician will monitor your protein and salt intake, but the functions of your kidneys are not affected by the surgery.)

The urinary tract and digestive tract are separate. A few foods and certain medications may cause urine odor or a change in urine color (such as asparagus, fish and certain spices). Drink plenty of liquids each day following the health care team's recommendations.

Mucus: You normally have some mucus shreds in your urine. If the amount increases, if the urine changes color and has a strong odor, it may signal that you have a urinary tract infection. Be sure to drink six to eight glasses of liquid a day, unless your physician instructs you otherwise. Drinking fluids helps to decrease the amount of mucus in your urine.

Acidic Urine: Drink cranberry juice in place of orange juice or other citrus juices which tend to make the urine more alkaline. Take vitamin C daily (if approved by your physician). Keeping your urine acidic may help to: (1) prevent urinary tract infections, (2) prevent damage to your skin, and (3) decrease odor. Check the pH of your urine about twice a week to be sure the urine is acidic, with a pH of less than 6.0.

Most fruits and vegetables actually give an alkalinized ash and tend to alkalinize the urine. Meats and cereals will usually produce an acidic ash. Unless otherwise indicated, the urine should be maintained in an acid state.

Fluid & Infection Management: People with urinary diversions no longer have a storage area, a bladder, for urine. Urine should flow from the stoma as fast as the kidneys can make it. If your urinary stoma has no drainage after even an hour, it is of serious concern. The distance from the stoma to the kidney is markedly reduced after urinary diversion surgery. Any external bacteria have a short route to the kidney. Since kidney infection can occur rapidly and be devastating, prevention is essential.

- Wearing a clean pouch and frequent emptying are vital.
- Adequate fluid intake, particularly fluids that acidify the urine, will decrease problem odor.
- In warm weather, with increased activity or with a fever, fluids should be increased to make up for body losses due to perspiration and increased metabolism.
- It is important that you be aware of the symptoms of kidney infection. Elevated temperature, chills, low back pain, cloudy bloody urine and decreased output. If you experience these symptoms, see your physician.
- Urine samples should never be collected from an existing pouch. The best way to collect a urine specimen is for a medical professional to obtain it by catheterizing the stoma under sterile conditions.



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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

Date: _____

Name: _____ Phone: _____

Street Address: _____

City: _____ State: _____ ZIP: _____ E-mail: _____

Surgery Date: _____ Birth Date: _____

Reason for surgery: Crohn's Ulcerative Colitis Cancer Birth Defects Other _____

Do you speak a foreign language? Yes No Foreign language spoken: _____

Procedure or Relationship:

To help us complete our records, please answer the following. **Check all that apply.**

- Colostomy
- Ileostomy
- Urinary Diversion
- Other: _____
- Continent Ileostomy
- Continent Urostomy
- Pull-Through
- Parent of Child with procedure
- Spouse/Family Member
- Physician
- Nurse

*Membership benefits include:
Monthly Support/Information
Meetings, Social Events,
Monthly Newsletter*

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

- WOC Nurse
- Physician
- Newsletter
- Surgical Shop
- Website
- Other: _____

I am interested in volunteering. Yes No

I have enclosed an additional \$_____ as a donation to support the association's mission of helping ostomates.