



SHORT CIRCUIT



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AUGUST 2006 ISSUE

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If you have specific topics that you would like to see in the "Short Circuit" newsletter, please contact Katie at

Fifth Avenue Medical.

Phone (319)298-0953

or Toll Free at (877)787-6790.

Email: katiedostal@careprohs.com

Website: www.fifthavenuemedical.com

Contact information for CR / IC Area Ostomy Support Group #171

Carol Haack

Home 319-337-6749

Cell 319-530-6749

email: cahaack@earthlink.net

*A Special Thanks to
Fifth Avenue Medical
for providing this newsletter.*

FUTURE MEETINGS & EVENTS:

***Please note that you can tune into the following stations if a meeting is cancelled due to inclement weather: Radio KXIC 800 AM or KCJJ 1630 AM in Iowa City and WMT 600 AM or KCRG 1600 AM in Cedar Rapids. KCRG-TV or KGAN-TV.

AUGUST

Meeting Date: Monday, August 28, 2006

Time: 6:30pm

Place: Marron Classroom at Mercy Hospital, Cedar Rapids. The Marron Classroom is on the first floor, near the parking ramp entrance. Thanks to Jane Korver, WOC nurse at Mercy, for hosting this month's meeting.

OCTOBER

Meeting Date: Thursday, October 26, 2006

Time: 6:30pm

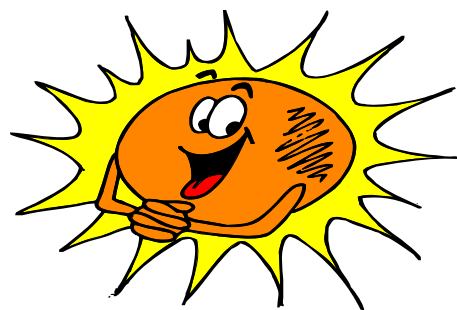
Place: To be determined

DECEMBER

Meeting Date: Thursday, December 14, 2006

Time: 6:30pm

Place: Bonanza Family Restaurant
3505 16 Avenue SW
Cedar Rapids, Iowa 52404
319-396-1876



☞ Medicare Coverage ☞
MONTHLY ALLOWABLES

- Drainable Pouches: 20 per month
- Urinary Pouches: 20 per month
- Closed pouches: 60 per month
- Irrigation sleeves: 4 per month
- Solid skin barriers and skin barriers with flange: 20 per month
- Ostomy belts: 1 per month

You are entitled to obtain 1, 2, or 3 months supply at a time if you live at home and 1 months supply if you are in a nursing home.

It is necessary to have a doctor's order or prescription in order to submit supplies to insurance.

If you need more supplies other than those allowed, you will simply be required to obtain a letter from your doctor explaining the medical reason for needing more supplies than the usual maximum quantities as listed above. Your supplier does not need to routinely submit this letter with your claim, but must keep it on file in your records as a copy may be requested.

From United Ostomy Association, "Medicare Policy for Ostomy Supplies Improved"



HELPFUL PHONE NUMBERS AND WEBSITES

AMERICAN CANCER SOCIETY 1-800-227-2345
www.cancer.org

CROHN'S & COLITIS FOUNDATION 1-800-343-3637
www.cdfa.org

CONVATEC 1-800-422-8811
www.convatec.com

CYMED 1-800-582-0707
www.cymed-ostomy.com

FRIENDS OF OSTOMATES WORLDWIDE (FOW-USA)
www.fowusa.org

HOLLISTER 1-800-323-4060
www.hollister.com

UNITED OSTOMY ASSOCIATION OF AMERICA
1-800-826-0826
www.uoaa.org

UOAA E-MAIL info@uoaa.org

WOUND OSTOMY AND CONTINENCE NURSES SOCIETY
1-800-224-WOCN (9626)
www.wocn.org

CEDAR RAPIDS/IOWA CITY AREA OSTOMY SUPPORT GROUP E-MAIL
cr_ic_ostomy@yahoo.com



Next Meeting we will be talking about....

Training for Visitor Programs, Visitor packets, and a round table discussion-please bring your favorite product, story or helpful hints for the new and experienced ostomates.

**See you on August 28th, 2006
6:30pm!**

Notes from our June 22, 2006 Meeting:

Here are a few tips and hints that our members shared at the last meeting. Have you tried any of these?

- Use the KISS principle – **Keep It Simple, Sweetheart** – when choosing ostomy products. The fewer pastes, lotions, powders and barriers you can get by with, the better.
- Use soap and water to clean around your stoma, or
- Use Cottonelle bathroom wipes to clean around your stoma. (Note: do NOT use baby wipes that contain lanolin. Your pouch won't stick well if there is lanolin on your skin.)
- Adhesive Remover wipes are helpful to use when taking off a barrier.
- Always have a travel bag put together with everything you need, so you can grab it at a moments' notice.
- Always roll back the bathroom rug before you change your bag. (If you are standing on a rug, it's a sure bet you're going to end

Email Information

Our group has its own email address! We've created an email address for our group, and will be printing it on our new brochure. The email address will make it easier for new ostomates – especially “younger” people to contact us for information. Carol has agreed to monitor the email address and respond to inquiries. If anyone else would like to do this task for a while, please let her know!

Here is our email address:
cr_ic_ostomy@yahoo.com

UOAA National Conference in Chicago August 16-18, 2007

Next year, the UOAA will convene its first National Conference at the Lincolnshire Marriott Resort situated 18 miles northeast of Chicago's O'Hare airport. There will be educational seminars, new product information and a social evening sponsored by one of the leading ostomy supply manufacturers.



**JOIN
US!**

Upcoming Cedar Rapids/Iowa City Area Ostomates' Meeting

Where: Marron Classroom at Mercy Hospital, Cedar Rapids. The Marron Classroom is on the first floor, near the parking ramp entrance. Thanks to Jane Korver, WOC nurse at Mercy, for hosting this month's meeting.

*When: Monday, August 28th
Time: 6:30pm*



Have you subscribed to the Phoenix?

The Phoenix is the official magazine of the United Ostomy Associations of America (UOAA). The UOAA receives a significant portion of its operating revenue from magazine subscriptions. The magazine contains regular features such as "Ask the WOC Nurse" and "Ask the Doctor", as well as informative and inspirational articles by and about ostomates. A one year subscription is only \$25.00.

NEED A RIDE TO THE NEXT MEETING?

Call Carol Haack at 319-337-6749
or
Vicki Kee at 319-338-2751

*October 7, 2006
World Ostomy Day*

To encourage global awareness of the Rehabilitation of Ostomates around the World.

Visitor Training for our Group:

One of the responsibilities of being affiliated with the UOAA is for each group to have a Visitor Program. Visits are made via telephone, in person at the hospital, or in the patient's home. Often a follow-up visit or two is required. We are kicking off our Visiting Program at our August 28th meeting.

We'll have a short video presentation, and go over some "Do's" and "Don'ts" for visits. Several members of our group have been trained as visitors in the past and they are willing to provide guidance as we develop our new Visitor Program. Please consider adding your name to our list of volunteer visitors. We'll need a pool of potential visitors, and we will try to match the visitor to the patient using the criteria of age, gender, type of ostomy and diagnosis.

Special Messages

THANK YOU and farewell to Jean Kluesner, WOC nurse at St. Luke's Hospital in Cedar Rapids. Jean has been a constant source of expertise and inspiration to ostomates and their caregivers in this area for many years. She has gone above and beyond the call of duty many times, giving selflessly to the support group, patiently answering our questions and always attending our meetings. Just this month she has donated to our group a copy of Brenda Elsagher's new book I'd Like to Buy a Bowel, Please! Ostomy from A to Z. Jean will be taking a new position in Madison, Wisconsin in the next few weeks. We wish her well in her new job, and thank her again for her devotion and support.

So Long to Lori Woods Drabek

Thank you and good luck to Lori Woods Drabek, WOC nurse at Mercy Hospital in Iowa City. Lori is moving back to central Iowa to be closer to her family. Her last day at Mercy is August 18th. Ricki Jones is the nurse who will be taking over at Mercy. She is an experience, certified wound/ostomy nurse. You may get in touch with Ricki by calling our contact at Mercy IC, who is Mary McCarthy in the Education department. Mary's phone number is 319-339-3662, or you may email her at mary.mccarthy@mercyic.org.

Looking for a Place to Donate Old Ostomy Products that you no longer have a use for?

Friends of Ostomates Worldwide (FOW) accepts donations of new, unused pouches, flanges (face plates), skin barriers, skin wipes, past, tapes, belts, pouch deodorant, pouch covers, scissors, wrapped soap (small hotel soaps are good), and pediatric supplies. FOW cannot ship flammables, liquids, aerosols, or used equipment. When donating, FOW asks that you include the donor's name on both the inside and outside of the carton. A letter of receipt that can be used for tax purposes is mailed to each donor.

Donations can be sent to:
FOW-USA Project S.H.A.R.E.
4304 Regency Drive
Glenview, Illinois 60025-5200

For more information, you can contact FOW at info@fowusa.org



TO LIVE A LONG TIME AND TO DIE HEALTHY

It is now possible for the first time in history to live to the full human life-span of ninety to ninety-five years. The challenge is to live in good health throughout that time. This means learning about and understanding the conditions of health. It also means assuming a whole new dimension of personal responsibility. Within the lifetimes of many who are still alive, advances in medical science have virtually eliminated many of the historical causes of death. Many diseases once lethal either no longer exist or are easily treatable. Trauma care and surgical interventions have advanced to the point where injuries and systemic failures which were once invariably fatal can now be remedied. The medical system of hospitals, clinics, physicians, nurses and technicians is not, however, a real "health-care" system. Few of the billions of dollars invested in medical care today go to the creation and maintenance of health. The primary focus of medical care is to keep patients alive. It is up to each individual to do what is necessary to build and maintain health and wellness. Today, we can examine the impacts of the medical system and how it has extended life expectancy in the United States from fifty-four in the nineteen thirties to nearly eighty today. Today's system emphasizes the critical fact that the American Medical system provides medical practitioners no financial incentives for health. It is a system designed to cure sickness and to repair trauma and to keep patients alive. The challenge and opportunity of living in good health thus falls to each individual, who through personal life-style decisions has primary responsibility for the maintenance of health through the full human life-span of ninety to one hundred years. The American medical system must also change. In the twenty-first century, patients and physicians must become partners; working together and sharing knowledge. The American medical system will become a true "wellness system" only when patients assume responsibility for their own health and learn to utilize the skills of physicians, nurses and others in the medical system as vehicles for health rather than mechanics who fix the things that go wrong. The focus on the new system will be on prevention of disease and trauma and the maintenance of health.

That Guynurse.com Via: Green Bay Area Ostomy

BACTERIA IN THE SMALL INTESTINE

Bacterial overgrowth of the small intestine can be a hidden, unsuspected cause of chronic bowel problems such as indigestion, bloating, abdominal pain, gas, and irregularity. Normally, far fewer bacteria inhabit the small intestine than the ample growth found in the colon. The secretion of gastric acids and the rapid movement of digested foodstuffs through the intestines (called "intestinal motility") normally keep the small intestine relatively free of bacteria. A wide range of abnormalities and malfunctions, however, can encourage bacteria to multiply in the small intestine. There, the bacteria ferment carbohydrates, producing gases such as hydrogen and methane. These gases cause the gas and bloating seen in individuals with carbohydrate intolerances and, over time, can lead to irritations of the intestinal lining. The most common causes of bacterial overgrowth of the small intestine usually relate to a decrease in gastric acidity or digestive enzymes, which create an un-sterile environment for the small intestine. Other possible causes of bacterial overgrowth of the small intestine include intestinal obstructions caused by Crohn's Disease, adhesions, radiation damage and lymphoma. Treating bacterial overgrowth of the small intestine has been shown significantly to alleviate chronic symptoms, such as diarrhea and abdominal pain, in patients with Irritable Bowel Syndrome. For this reason, healthcare experts recommend that a laboratory evaluation for small bowel bacterial overgrowth be performed in patients with IBS when indicated by their history. The "Bacterial Overgrowth of the Small Intestine Breath Test" measures breath hydrogen and methane gases in response to lactulose challenge. Because both gases may be produced in the intestine, testing for both hydrogen and methane is considered more sensitive than testing for hydrogen only. Without proper detection and treatment, bacterial overgrowth of the small intestine can eventually go on to cause health problems more serious than chronic indigestion. By inhibiting proper absorption, bacterial overgrowth of the small intestine can lead to systemic disorders such as altered permeability, anemia and weight loss, osteomalacia and vitamin deficiency. The incidence of bacterial overgrowth of the small intestine increases with age, particularly in people aged 80 or older. Elderly patients may develop malabsorption

in the elderly and linked to the "failure to thrive syndrome" seen in older patients.

Editor's note: Normally, there are 300-400 types of known bacteria in the colon with a concentration of roughly one trillion bacteria for every milliliter of stool. However, the small intestine should have less than 1,000 bacteria per milliliter of stool.

The greater Cincinnati Ostomy Association

FOR THE LADIES KEEPING COOL

Wow? Temperatures in the 90's and up. So how to keep cool in the good old summertime? I don't claim to be an expert, but during the past five summers since my ileostomy surgery, I have given the problem a great deal of thought. The first thing I discovered about summer was that if I got too hot and perspired, I scratched. Look out skin? A great revelation came to me-I must keep this area cool and dry. First of all, you must use an absorbent barrier between your skin and the appliance. You can buy fancy pouch covers or make your own. Use 100% cotton material. Make several and keep one in your purse for a change when the one in use gets damp from perspiration. A sprinkling of baby powder under the pouch may help also. Something, I've learned about dressing this summer is: Throw away the polyester knit. Polyester doesn't breathe, so it's hot in the summer (and cold in the winter). The natural fabrics, like cotton, linen, and silk are the most comfortable for summer wear. If the fabric is a blend, the higher percentage should be the natural fiber. Cotton is the best-it's cooler, takes no special care, is less expensive, and is "in style." I like to wear an undergarment that will support the weight of the appliance. Support or control top pantyhose are great for this in the fall and winter. In summer, I wear a brief that is 65% cotton and 35% polyester that supports my appliance and keeps it smooth under shorts or pants. So, next time you're out shopping for summer wear, give as much attention to the fabric as you do the style and color. It will make a difference in your summertime comfort.

Ostomy Newsletter, S. Brevard, FL

ASSORTED OSTOMY TIPS

If odor is a problem, try rinsing the pouch with water containing a small amount of mouthwash (Scope works well), or antibacterial soap, when emptying the pouch.

If you use a two-piece appliance and rotate pouches, the pouch not in use can be soaked in denture cleaner.

For rinsing the pouch when emptying it, a small watering can with a curved spout works very well. Smith & Nephew cement improves the seal obtained with some ostomy appliances.

A transparent pouch may help you change your appliance better by allowing you to see what you're doing. (Editor's note: Not all "transparent" pouches are equally transparent. CanvaTec's are extremely transparent; Hollister's are more translucent.)

If your pouch fills with gas, remember to empty it just as you would empty more liquid or solid contents. If you use a two-piece appliance, you can partially open the flange to "burp" the pouch, and avoid complete emptying protocol. You can also avoid gas build-up by using a pouch with built in gas filter.

It has been reported that barrier wipes should not be used with Hollister appliances. Actually, there's an incompatibility between barrier wipes and Hollister's newest (Flexend) barrier material. But there's no problem using barrier wipes with Hollister's older appliances.

Perhaps the most important advice: Learn all you can about managing your ostomy, but also be somewhat skeptical of the advice you hear and read.

Via: Stillwell-Ponca City, OK

Welcome to Katie Dostal

Our new Short Circuit newsletter editor is Katie Dostal, Katie is the Marketing Territory Manager for Fifth Avenue Medical in Cedar Rapids. If you have an item for our newsletter, please call her at 319-363-4554 ext. 311, or you may email her at katiedostal@careprohs.com.

**Cedar Rapids/Iowa City
Area Ostomates
c/o Fifth Avenue Medical
402 10th St. SE, Suite 600
Cedar Rapids, IA 52403**

Reminder: August Meeting
Date: Monday, August 28th
Time: 6:30pm
Look inside for details!

