

SHORT CIRCUIT

Cedar Rapids / Iowa City Area Ostomy Support Group #171, Inc. — an affiliate of UOAA, Inc.

www.iowaostomy.org

Serving ostomates of Eastern Iowa since 1972

DECEMBER 2007

Welcome!

The Cedar Rapids / Iowa City Area Ostomy Support Group is dedicated to providing information, advocacy and service to our members, their caregivers, and to the intestinal and urinary diversion community at large.

Our local chapter

We meet regularly to share experiences, provide mutual support and learn about the latest products and information for ostomy, urostomy and intestinal diversions.

Meetings are held at area hospitals, and involve informal round-table discussions on topics of interest, new product demonstrations, occasional guest speakers, and a question and answer session with one of the local WOC nurses. Families and friends of ostomy and intestinal diversion patients are always welcome to attend.

For more information about the local chapter, contact us at 319-337-6749, or at www.iowaostomy.org.

The U.O.A.A.

The United Ostomy Associations of America is a 501(c)(3) non-profit organization incorporated in New Jersey. The UOAA serves to unify and strengthen ostomy support groups in America.

UOAA services include: Advocacy • Non-profit Status • Conferences • The Phoenix magazine • Toll-free Help and Referral Line • Special Interest Groups • Ostomy Community Liaison

For more information the national organization, contact the UOAA at 800-826-0826, or at www.uoaa.org.

“Reborn from the ashes of disease”

Message from our Coordinator...

We had a great turnout at the October meeting at St Lukes Hospital in Cedar Rapids. Thanks to Susan Berns and Tammy Deitrich, WOC nurses from St. Lukes, who provided the room, some yummy snacks and beverages, and as always, expert ostomy advice! We also had a question and answer session with Valerie DuCharme and Sandy Rohr from Care Pro (formerly Fifth Avenue Medical), who chatted with us about insurance reimbursement issues.

Thanks are also due to Ellen Kelley and her daughter Colleen. Ellen is recovering from a stroke that she suffered in January, and we were delighted to have her join us at the October meeting. Many of you may remember that Ellen was an officer of this group for many, many years. Ellen has donated several boxes of new Convatec urostomy supplies to the group. Susan Berns volunteered to store the supplies for us. She's

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Season's Greetings!



Holiday Meeting - Monday DECEMBER 10, 2007, 6:30 p.m.

The December meeting will again be held at Bonanza Family Restaurant, 3505 16th Avenue SW in Cedar Rapids. The phone number at Bonanza is 319-396-1876.

Each person should order and pay for their food, and we'll eat together in their party room. Don't forget—Bonanza will automatically add a 12% tip to your total because we booked their party room on behalf of our support group.

We'll have a short business meeting after dinner, and then it's time for fun!! If you would like to participate in a gift exchange, bring a wrapped “white elephant” gift. The gift can be ostomy related or not — whatever you think your fellow ostomates would “love” to receive (the funnier, the better—but please, don't spend a lot of money!)

As always, family and friends are welcome to join us—the gift exchange game is appropriate for any age. Ho! Ho! Ho!

Message from our Coordinator continued....

(Continued from page 1)

going to use some of them for teaching urostomy care, but there are plenty, so if you are a urostomate or WOCN and would like to share in the use of them, please contact her at 319-368-5582 and she will be glad to arrange for you to pick them up. Leftover supplies that are not used locally are usually donated to either Osto-Group, an organization in California who provides low or no-cost supplies to U.S. ostomates without insurance, or to Friends of Ostomates Worldwide (FOW), who ships supplies free of charge to ostomates in developing countries.

Speaking of supplies, I brought some sample Convatec ostomy pouches to the meeting, and there are a few left for anyone who might like to look at them. I'll bring them along to Bonanza Restaurant, where we'll have our Holiday meeting and party on December 10th. If you have extra pouches at home that you not using, please bring them along to a meeting. It's always fun to see different products, and you never know when you might see something you'd like to try.

We welcomed three new ostomates and their family members at our October meeting. All of them had their surgery within the last few months, and were busy getting used to their new 'plumbing'. They had lots of questions, and I'm sure walked away with more answers than they could comprehend all at once! I want to extend my personal thanks to all of our long-term members who keep coming year after year and freely share their stories, feelings and ostomy tips. I'm still a new enough ostomate myself to remember how helpful it was to talk with ostomates who were living normal, everyday, successful lives. We all know how overwhelming it can be when you have ostomy surgery — quite apart from the pain of recovering from your hospital stay. So, I'd like to give a big **THANK YOU** to **YOU!**

Also at our meeting we voted for two of the candidates for the national board of directors of the U.O.A.A., our parent organization. Our group has 40 votes—the number of votes is based on the membership numbers we report to the U.O.A.A. each year. We decided to split the votes evenly between Steve Strizic and LeeAnn Barcus. I've printed their personal statements elsewhere in this newsletter. I think both will be excellent

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February '08 Meeting

The first meeting of 2008 will be held on Monday, February 25th at 6:30 pm at Mercy Hospital in Cedar Rapids.

Jane Korver and Vanessa Brehm will be our hostesses. We'll meet in Room # 1772, which is the first room you come to at the top of the escalators. Easy to find!

Discussion topics will include selling advertising in our newsletter. We'll also have our always lively question and answer session with the ostomy nurses.

Please join us!

Don't Miss An Issue!

The Phoenix is the official magazine of the United Ostomy Associations of America (UOAA).

It is America's leading source for bowel/bladder diversion articles, news and product information.

Each issue is 72 pages of education, information and inspiration.

Half of each subscription goes directly to fund the nonprofit U.O.A.A., who provides vital information, support and advocacy for ostomates.

The **SHORT CIRCUIT** is the official newsletter of the Cedar Rapids / Iowa City Area Ostomy Support Group #171, and is published 6 times per year. Many thanks to Valerie DuCharme, our editor, and to CarePro Home Medical (formerly Fifth Avenue Medical), which provides printing and postage.

If you have a newsletter suggestion or article, please send it to:

CR / IC Ostomy Support Group
CarePro Home Medical
Valerie DuCharme, editor
402 10th Street SE Suite 600
Cedar Rapids, IA 52403

You may also reach her by telephone at 319-298-0953 (local) 1-877-787-6790 (toll free), or by email at vducharme@careprohs.com

Officers of the Cedar Rapids / Iowa City Area Ostomy Support Group #171 are:

Carol Haack, Group Coordinator
319-337-6749 (home) or 319-530-6749 (cell)
cahaack@earthlink.net (email)

Vicki Kee, Treasurer and Visitor Coordinator
P.O. Box 133
Oakdale, IA 52319
319-335-4820 (daytime) or info@iowaostomy.org (email)

Our **WEBSITE** is **www.iowaostomy.org**. It contains helpful ostomy information, meeting schedules, archived editions of the **SHORT CIRCUIT**, ostomy-related books that we recommend, and a link to **Amazon.com**, which pays our group commission each time something is purchased from them through our website.

Message from our Coordinator continued....

(Continued from page 2)

choices to serve as Director-at-Large on the national board. Both have been active in local and national ostomy organizations, and both have a strong background of public service.

At the December meeting, you'll have a chance to vote for our local group officers. If you are willing to lend a hand in making this support group happen, please let Carol or Vicki know! The offices our group currently has are: Coordinator (Carol) and Treasurer (Vicki). Vicki is also serving as our Visitor Coordinator, and is maintaining our website, too. We are not limited to just two offices, however. We could add an "Assistant Coordinator", we could split up the Treasurer & Visitor Coordinator positions, and we could even create the position of "Webmaster". You do not need to be an ostomate to be a member or officer of our group—you just have to **like** somebody with an ostomy!

And, finally, the quickly approaching Holiday Season reminds me that just around the corner isIncome Tax Season! If you are looking for a tax deduction, look no further! Your very own Cedar Rapids / Iowa City Area Ostomy Support Group is now incorporated in the State of Iowa as a non-profit corporation. All donations are fully tax deductible ~ and very much appreciated!

Carol Haack

Due you know your Dues are Due?

No... that's NOT a song title from the 50's! It's a silly attempt to remind you to send in your yearly dues. Membership dues are used to help offset the cost of printing brochures and newsletters, and maintaining our website and educational materials. If you receive this newsletter, you are a member of our group!!

The 2008 dues for the Cedar Rapids / Iowa City area Ostomy Support Group #171, Inc. are \$10.00. Two dollars will be sent to our national affiliate. Eight dollars remains in our local treasury. Dues are collected using the honor system. If you cannot pay your dues at a meeting, please mail your tax-deductible check to:
CR / IC Ostomy Support Group #171, Inc.
c/o Vicki Kee, Treasurer
P.O. Box 133
Oakdale, IA 52319

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Treasurer's Report

'Tis the Season: Shop and Give — or Just Give!

Now that the holiday season and end of the tax year is here, you may have shopping and giving on your mind. If you want to know where your money is going and want to help us grow and do more, don't forget your local ostomy organization! There are several ways you can help. All can be done from our website www.iowaostomy.org, plus we accept donations any time at meetings or by mail. E-mail us or call us if you have any questions.

Shop and Give

Amazon.com: Click on the Amazon.com link on our website (or else we won't receive credit), make a purchase, and we receive a commission of 4% on most sales. It's that simple!

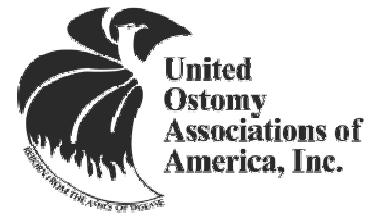
iGive.com: Go to our website and click on the iGive link to set up a free account with iGive.com. Select the Cedar Rapids/Iowa City Area Ostomy Support Group for the group you want to support. When you make a purchase from one of their almost 700 participating online stores (including Kohl's, J.C. Penney, K-Mart, Sears, Gap, Old Navy, Coldwater Creek, Barnes & Noble to name a few), a portion of your purchase is donated to us! You can even choose to get a tax receipt for the amount of your donation. The percentage we receive from each store varies by store, and some items are excluded, but they let you know the percentage and exclusions up front.

Don't have a computer? If you don't have a computer or don't shop online, you probably know many people who do. Tell your friends and family about this. All they need to do is go to our website www.iowaostomy.org and click on the links to get started helping us earn money.

Just Give

Donate through PayPal: From our website, you can choose to make a donation through PayPal. For a one-time donation, you don't even need a PayPal account.

Donate the old fashioned way: We'll take cash or checks at any meeting, or we'll accept checks by mail any time. You can send checks to CR/IC Ostomy Support Group, c/o Vicki Kee, Treasurer, PO Box 133, Oakdale, IA 52319.



Note: These are the two candidates for UOAA Director-at-Large that we voted for at our October meeting. We split our votes between the two.

STEVE STRIZIC

I had my ileostomy surgery in 1990 after 25 years of ulcerative colitis. It was an amazing experience for me and I realized I wanted to help others who would go through the same things I did. I joined my local UOA chapter and became a certified visitor. I continue to be very active in my local affiliated Support Group (ASG) and believe our local ASGs can be one of the best places for support and information for new patients and those who had their surgeries in past years. The strength of our organization is our ASGs and the strength of our ASGs is its individual members. Attracting new members, retaining experienced leaders and identifying new leaders will keep our ASGs vital and effective.

It is vitally important that the UOAA do everything it can to help our ASGs in their mission of supporting individuals. Our new Leadership Resource Program can be of great assistance in helping them with the resources they want to continue to educate the local medical community and the public at large and reach out to those individuals who are seeking our help. I am glad to be in a position to help make that happen and I will continue to work to make it the resource program the ASGs want from the UOAA. One of the main goals of our ASGs is help these individuals adjust to their new lives and getting back to living the best life they can. Another goal is in public awareness and educating the medical communities that we can and do help their patients.

I am active in partnership with the Crohn's and Colitis Foundation of America and the American Cancer Society in my region and I will continue to work with all our healthcare partner organizations as a member of the Managing Board of Directors of the UOAA. Advocacy in legislative issues that affects healthcare both on the State level and National level is important for all of us and I will work in any way I can to help our members with insurance issues and access to healthcare.

I will work hard to make the UOAA a dependable organization for our member ASGs and all individuals who have or will have diversionary surgeries. I thank you for your support in my endeavors to serve you.

Sincerely, Steve Strizic

LEE ANN BARCUS

I would like to take a moment to fully introduce myself. My name is LeeAnn Barcus. I am a mother of two children, a wife, a crohn's patient, and an ostomate. I am also a nurse, though no longer working in a clinical setting. Since my surgery, I have realized that there are two choices I could make. I could choose to allow it to rule me, or I could rule it. For the most part, I am ruling it. I became active in my local support group within weeks of surgery and have not missed a meeting since. I have become very proactive in the ostomy community, trying to help others pre operatively as well as post operatively.

Since becoming a member of my local support group, I have instilled a program for the Young Adults in the group and plan outings for the group to socialize. I have become a visitor and have made several visits. I take part in the Relay for Life walk for the American Cancer Society each year as a member of our local support groups team. I am also, currently, a Director for the national UOAA. I have spoken at a CCFA educational symposium about the ostomy aspect of IBD and how to live with it, nutritionally, hydration wise, and mentally. I have also been a speaker at a national conference. I answer emails received from those concerned about living with their new ostomy, make calls to those who need someone to talk to and have made several face to face visits. I help with the distribution of unused supplies from my local group, as well as work closely with the representatives from manufacturers on programs and details to better help the ostomates. I have traveled to Washington DC and lobbied with the DDNC for increased funding for the NIH and research for IBD and other issues. I help moderate several message boards for ostomy patients. I am a moderator/administrator on the UOAA website message board.

Since being elected to the Board of Directors for this last year, I have had the opportunity to go and help a group in West Virginia with some issues they were having concerning their group and some concerns with affiliation with the UOAA. This trip was a successful one, as the questions were answered and the group affiliated; this was very rewarding to me.

Now that I have said a bit about all that I do, I would like to take a moment to tell you all a bit about who I am. It is easy to put on paper what one has done, but more difficult to 'introduce' oneself. This group means the world to me and it is very difficult to say just how much. This group has shown me how to be myself, a person with an ostomy, as well as how to regain my 'self in it all. I am where I am today due to a strong will and a desire to 'pay it forward'. If I can give back just a tenth of what has been shown to me, it still will not be enough. Some of my desires as a member of the board are to continue to make a difference and help others who feel they are lost. I want to see the word ostomy come out of the closet. I would like to see the ostomy supplies more readily available, financially, to all. I strive to ensure that no one ever feels alone in their journey. My goals are to see that each individual who seeks help or support gets it. I will fight to see that each person in need of insurance can get it as insurability is a big issue with me. I will continue to fight and speak up for those who have health issues and continue to be an advocate in anyway I can. I have the advantage that I have been on both sides of the fence, so to speak. Being a healthcare provider, has given me insight to the workings of the hospitals as well as a better knowledge of how things should be done. Being a patient, has shown me where these areas lack. I strive to ensure that each patient is treated fairly and on a personal basis. I feel I have a lot to offer the group as I know a lot of the ins and outs of insurance companies and have the ability to advocate for one who is ill in a way that many are to ill to do for themselves. I am a person who has been given a second chance at this journey called life. I would love to run with it and take the UOAA as far as I can while I am on my journey.

Thank you for your time.

LeeAnn Barcus

This and That... news and notes from our local chapter and around Eastern Iowa

Congratulations to Pat Pezzella, Iowa's WOC Nurse of the Year for 2007! Pat practices at University of Iowa Hospitals and Clinics, and has hosted our meeting there many times. Kudos to you, Pat.

Need a ride to the next meeting? Door-to-door service at no charge to you!!

Call Carol Haack 319-337-6749 or 319-530-6749 or Vicki Kee 319-335-4820.

Do you enjoy reading the Short Circuit? Our mailing list has gotten a little out of hand over the years, and we want to be sure we are reaching the people who will find it helpful. Please let us know that you would like to continue to receive our newsletter by sending an email, dropping us a line, or giving one us a call. Contact info is at the bottom of page 2.

We'll have officer elections at the December meeting! Our officers currently are Group Coordinator, Carol Haack, and Visitor Coordinator and Treasurer, Vicki Kee. If you or someone you know would like to serve as one of the officers, please submit the name at our December 10th meeting.

Need a past Short Circuit newsletter? Previous newsletters are maintained on our website at www.iowaostomy.org. With just a few clicks, you can download or print out past issues of the Short Circuit. If you don't have access to a computer, just let Carol know and she can print them out and mail them to you.

New in our Lending Library is a DVD entitled "Farang Ba". It is a documentary that tells the story of an attorney from New York, who ended up living and working in Thailand. In the process, he also became both an ostomate and a champion boxer! "Farang Ba" means "crazy white foreigner" in Thai. It's a fascinating story!

Information sheets that were available at the October meeting included:

- October 2007 articles from the UOAA - 10 articles including tips, advice, quotes, inspiration and funny stuff sent to us by our parent organization. We don't have room for all of it in this newsletter!
- A list of suppliers for pouch covers, intimate wear, and pouch support systems. The list includes phone numbers, addresses and website information.
- Contact information for Advocacy for Patients with Chronic Illness, Inc.
- Brochure and contact information for Osto-Group, who supplies low and no-cost ostomy supplies to people without insurance coverage.
- "Things to Remember in Relation to Body Image and Self Esteem" - from Aileen Gould, a licensed Mental Health Counselor, motivational speaker and ostomate.

Please remember — the ostomy care tips, information and health notes that we print from time to time are intended to supplement the information given to you by your WOCN (wound, ostomy, continence nurse) and surgeon. Not every tip works for every ostomy. Use your common sense — and be sure to check with your health care professional if needed.

Contact information... looking for information on ostomy products or ostomy – related organizations?

Manufacturers - most have an ostomy nurse on staff to answer your questions about products. They'll even send you free samples to try!

Coloplast	888-726-7872	www.us.coloplast.com
ConvaTec	800-422-8811	www.convatec.com
CyMed	800-582-0707	www.cymed-ostomy.com
Hollister	800-323-4060	www.hollister.com
Marlen	800-321-0591	www.marlenmfg.com
Nu Hope	800-899-5017	www.nu-hope.com

Suppliers - will send a free catalog featuring many brands of ostomy supplies. A great way to compare products!

AOS Medical Supply	800-858-5858	www.mmsmedical.com/aos
Byram Healthcare	877-902-9726	www.byramhealthcare.com
Duke Medical Supply	888-678-6692	www.dukemedicalsupply.com
Edgepark Medical	800-321-0591	www.edgepark.com
Liberty Medical	888-844-2651	www.libertymedical.com
SGV Medical	800-395-6099	www.sgvmedical.com

Organizations

American Cancer Society
800-227-2345 www.cancer.org

Crohn's & Colitis Foundation
800-343-3637 www.ccf.org

Friends of Ostomates Worldwide
www.fowusa.org

United Ostomy Associations of America
800-826-0826 www.uoaa.org

Wound, Ostomy and Continence Nurses Society
800-224-9626 www.wocn.org

Articles of Interest... Newsletter articles provided by the U.O.A.A. National organization. Please check with your health care provider before using these tips.

THE FLU AND WHAT TO DO

The flu brings with it headaches, upset stomach, diarrhea, muscle aches and pains. The advice to drink plenty of fluids and rest in bed remains sound medical advice for your general attack of the virus. But if your case of the flu includes diarrhea, the following may be helpful.

For those with a colostomy, it is usually wise not to irrigate during this time. Your intestine is really washing itself out. After diarrhea, you have a sluggish colon for a few days, so "leave it alone." Start irrigation again after a few days when your colon has had a chance to return to normal. For those with an ileostomy, diarrhea is a greater hazard. Along with the excess water discharge, there is a loss of electrolytes and vitamins that are necessary in maintaining good health. This loss is usually referred to as a loss of fluid, which in turn, brings a state of dehydration. Therefore, you must restore electrolyte balance.

First, eliminate all solid food.

Second, obtain potassium safely and effectively from tea, bouillon and ginger ale.

Third, obtain sodium from saltine crackers or salted pretzels.

Fourth, drink a lot of fluids, including water.

Cranberry juice and orange juice also contain potassium, while bouillon and tomato juice are good sources of sodium. Increased water intake in the ileostomy patient results in increase urine output rather than increase water discharge through the pouch.

Vomiting also brings the threat of dehydration. If it is severe and continuing, your doctor should be notified.

You should also know that diarrhea may be symptomatic of partial obstruction or acute gastroenteritis. Since the treatment of these two entities is entirely different, a proper diagnosis should be sought immediately. It is very important to determine whether the diarrhea is caused by obstruction or gastroenteritis. If you do not know, check it out with your doctor. Do not guess—always call your physician unless you are 100 percent certain what you are doing.

For those with a urostomy, be sure to keep electrolytes in balance. Follow the general instruction for colostomies and ileostomies.

No ostomate should take medicine for pain or laxative without a physician's order. Do not use antibiotic for cough or flu unless ordered by doctor.

When returning to a normal diet, use fiber-free foods at first, then gradually increase to a regular, normal diet.

Prompt attention to symptoms of distress of colds and flu could bring a happier, and hopefully healthier winter.

OVER 50? LIVE IN THE NORTH? TAKE VITAMIN D THIS WINTER

Boston, Philadelphia, Chicago, Minneapolis, Boise, Seattle. If you're over 50 and live in or near any of these cities, or anywhere else in the northern third of the country, you're probably not getting enough vitamin D this winter. Generally speaking, 90 percent of our vitamin D is made in our skin upon exposure to sunlight. But during the winter months, the sun's rays are not strong enough to initiate vitamin D synthesis in northern climates.

Worse still, hardly anyone middle aged or older takes in the 10 percent of our vitamin D that the diet is supposed to provide. The most convenient food source is fortified milk. But each cup contains only 100 units of D. Granted, the recommended allowance for someone through age 50 is just 200 units. But for someone 51 to 70, it is 400 units; an entire quart worth. Anyone 71 or older should be consuming 600 units daily.

It's a serious problem. Vitamin D is needed for absorption of calcium so that the mineral can take its place in bone and shore up the skeleton against fractures. Hip fractures alone occur in 300,000 people a year, causing complications that end in death for one in five of them.

We suggest that people older than 50 who live where winter feels like winter take a supplement containing vitamin D, at least through February. If you drink a fair amount of milk, a pill with 200 units of D is probably enough. Otherwise, a supplement with 400 to 600 units is in order, certainly for those over 70. (*Tuff University Newsletter*)

Articles of Interest... Newsletter articles provided by the U.O.A.A. National organization. Please check with your health care provider before using these tips.

A HISTORY OF WOC(ET) NURSING

The world's first enterostomal therapist was Norma N. Gill-Thompson who also served as the cofounder of the Rupert B. Turnbull, Jr. School of Enterostomal Therapy Nursing at the Cleveland Clinic Foundation in Cleveland, Ohio. Norma served as the pioneer for what was to become the nursing specialty known as ET (enterostomal therapy). She was perfectly suited to serve as an ostomy leader and teacher of patients at the Cleveland Clinic because she personally endured horrible complications as a client with ulcerative colitis which eventually resulted in her requiring ileostomy surgery (Turnbull, Erwin-Toth, & Krasner 1999). Although Norma functioned as the first enterostomal therapist, she was not actually a nurse. She was, however, a key player in the development of the first ET nurse education program which opened in 1961 (Gray & Mawyer, 2000). The focus on enterostomal education at that time involved caring for patients with urinary and fecal diversions prior to and following surgery.

It was not until the late 1970s and early 1980s that enterostomal therapists became interested and involved in skin and wound care. There was a call to broaden the role of the enterostomal therapist. In the clinical setting, ET Nurses were often being called upon to pouch and contain drainage from all types of wounds and fistulas. Often, ET Nurses had to learn about skin and wound care conditions through on-the-job training and by applying peristomal skin guidelines that they had learned while carrying for ostomates (Turnbull, Erwin-Toth, & Krasner, 1999).

In order to meet the changing educational needs of enterostomal therapists, WOC (Wound, Ostomy, and Continence) Training Programs have changed over the years. The requirements for training as an ET have grown from an initial interest in ostomy care in the 1960s to the current requirement that attendees at a WOC(ET) Program have a nursing degree and a bachelor's degree (Gray & Mawyer, 2000). Today, WOC Nurses work with patients who have stomas, fistulas, draining wounds, vascular ulcers, pressure ulcers and urinary and fecal incontinence. In 2000, there were more than 3,400 nurses functioning worldwide as WOC nurses (WOCN Nurses Society, 2002).

The following areas are just a few examples of the WOC nurse's scope of practice:

Stoma care: It's estimated that 70,000 ostomy surgeries are performed annually in the United States and Canada.

The WOC nurse provides pre- and postoperative education, stoma site selection and discharge care.

Pressure Ulcer Prevention: New cases of pressure ulcers each year result in approximately 60,000 deaths. Many WOC nurses are involved in evaluating and treating patients with pressure ulcers.

Urinary and fecal incontinence: This is a growing problem particularly for the elderly in our country because the average life expectancy continues to rise. Urinary incontinence affects approximately 10 million Americans, and up to 50 percent of clients in nursing homes have fecal incontinence (WOCN Nurses Society, 2002).

Needless to say, the roles of the WOC nurse have dramatically expanded over the years. Some WOC Nurses specialize in only one area of practice such as urinary and fecal incontinence. Other WOC nurses are involved a little in all scopes of practice. Roles that the WOC Nurse assumes are primarily defined by the needs of the patient population served.

Norma Gill-Thompson, the pioneer of ET Nursing, died October 25, 1998, after an extended illness. She remained very involved in ET Nursing over the years and was recognized as a worldwide leader and pioneer in ostomy care. Today, individuals functioning as WOC nurses have Norma Gill-Thompson to thank for this wonderful nursing specialty. (by Major Melissa W. Kaufman, Dwight David Eisenhower Army Medical Center, Ft. Gordon, Georgi))

WALK AWAY FROM DIABETES

Overweight, middle-aged people who don't exercise are at high risk for type 2 diabetes, but modest exercise alone can improve their odds. That's the word from University of Florida researchers who followed 18 previously sedentary, overweight subjects for six months. Researchers say risk factors declined just by adding exercise into their routines and not improving diet. Even though the subjects did not lose weight, their insulin sensitivity improved nearly twofold after being involved in the study.

The better a person's insulin sensitivity, the lower the risk of getting type 2 diabetes, which now affects about 8 percent of U.S. adults. The more insulin-resistant a person is, the higher the risk. The Florida research follows a study released last year in *The New England Journal of Medicine*, in which more than 3,000 subjects reduced their risk of type 2 diabetes by 58 percent after they adopted intensive lifestyle changes, including a low-fat diet and daily exercise. The more recent study suggests, however, that exercise alone may be a good start. (Mission Hospital Newsletter, Mission, Viejo, Jan-Apr 2003)

**Cedar Rapids / Iowa City
Area Ostomy Support Group #171, Inc.
c/o CarePro Home Medical
402 10th St. SE, Suite 600
Cedar Rapids, IA 52403**

Reminder: HOLIDAY MEETING

Date: Monday, Dec. 10th

Time: 6:30pm

See page one for details!