

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 2009

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 319-530-6749, or at www.iowaostomy.org.

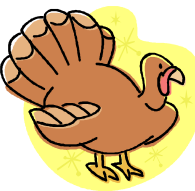
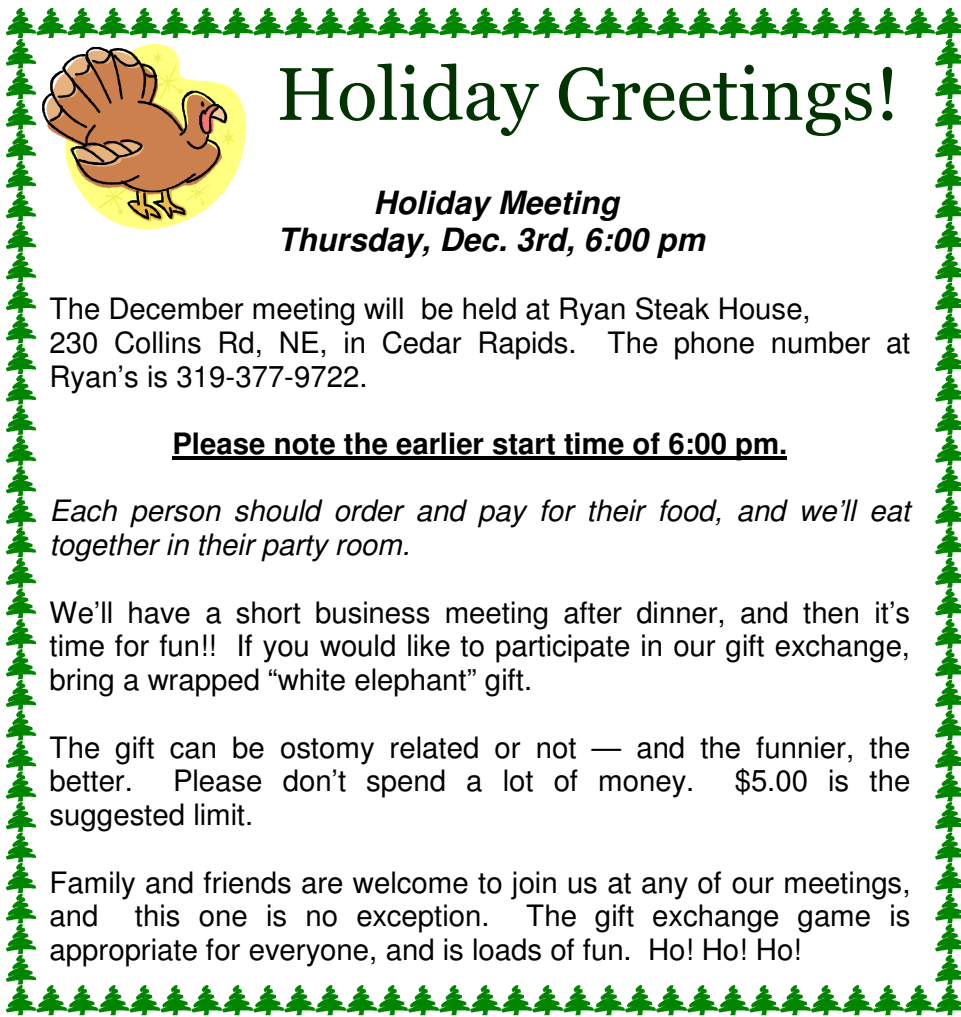
The U.O.A.A.

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.

“Seize the Opportunity”



Holiday Greetings!

Holiday Meeting
Thursday, Dec. 3rd, 6:00 pm

The December meeting will be held at Ryan Steak House, 230 Collins Rd, NE, in Cedar Rapids. The phone number at Ryan's is 319-377-9722.

Please note the earlier start time of 6:00 pm.

Each person should order and pay for their food, and we'll eat together in their party room.

We'll have a short business meeting after dinner, and then it's time for fun!! If you would like to participate in our gift exchange, bring a wrapped "white elephant" gift.

The gift can be ostomy related or not — and the funnier, the better. Please don't spend a lot of money. \$5.00 is the suggested limit.

Family and friends are welcome to join us at any of our meetings, and this one is no exception. The gift exchange game is appropriate for everyone, and is loads of fun. Ho! Ho! Ho!

A Message from the Group Coordinator....

Our October meeting was held at St. Luke's Hospital in Cedar Rapids. Diane Humphrey, our Hollister representative, was on hand to show us the latest products from their line of ostomy supplies. She brought many different types of ostomy pouches for us to see and feel, and arranged for us to receive free samples of anything we thought we might want to try out.

Also on hand to answer questions at the meeting was Susan Berns, the WOCN from St. Luke's. A big thank you to both Diane and Susan!

We welcomed two new members at the meeting, including one who has had her ostomy for just one month! Congratulations to these two people

continued on next page

Message from our Coordinator continued....

who, by attending a support group meeting, have chosen to take an important step on their way to their new life.

Almost without fail, when I visit a new ostomate in the hospital, introduce myself and announce that I have an ostomy, the patient is visibly relieved. They relax immediately when they find that I don't have a bag of poop hanging out of my clothes, nor do I have a scarlet "O" on my forehead. Not only do I look and act 'normal' (whatever that is), I'm generally pretty happy about having an ostomy.

I enjoy visiting with new ostomates, and letting them know that their lives can be just as rich and fulfilling as they were before they became ill.

There is tremendous value to be gained for the new ostomate, if they can see past their immediate surgical discomfort and emotional turmoil to a future that is free of disease and pain. There is also a good deal of value for those of us who are veteran ostomates, to be able to share our story. I gain a lot of satisfaction in knowing that I've helped someone on their path to recovery.

THANK YOU to all of the support group members that take the time to attend meetings, visit with new ostomates, answer questions and share tips and information. YOU are the reason this support group works so well!

Over the next three years, I will be working on the national level with the UOAA, as secretary of the Management Board of Directors (MBoD.) I'm excited to have the chance to make a difference in the quality of life for people across America who have ostomies. It allows me to give back some of the support that all of YOU gave to me, when I was just learning to live with a stoma.

I will continue to be active in our local support group, but I encourage all of you to consider whether you could take a more active role in our group in the coming years by serving as an officer.

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Don't Miss An Issue!

The Leading Ostomy Publication. *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 – it's all here and more.

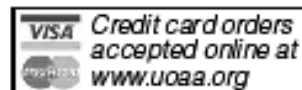
Money Back Guarantee!



More Than A Magazine. Half of each subscription funds the nonprofit United Ostomy Associations of America – the only national organization providing vital information, resources, support and advocacy for ostomates.



Annual subscriptions: \$25. Send check or money order to: The Phoenix, P.O. Box 3605, Mission Viejo, CA 92690. Phone/Fax: 949-600-7296. Published quarterly: March, June, September and December.



Name _____

Address _____ Apt/Suite _____

City _____ State _____ Zip _____

E-mail _____ UOAA Donation (optional) \$ _____

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Message from our Coordinator continued....

At the December 3rd meeting, we'll have a short business discussion before the gift exchange game begins, and you'll have a chance to vote for our local officers. If you are willing to lend a hand in making this support group happen, please put your name in the hat. You do not need to be an ostomate to be an officer of our group. (And – you need not be present to win!)

These are the officer positions for our group, and their duties:

Group Coordinator (currently Carol Haack)

plan, schedule & preside at meetings
provide minutes of the meetings for publication in the Short Circuit
represent and liaison between the group and UOAA
other duties assigned by the membership

Treasurer (currently Vicki Kee)

Reports on status of group finances
Keeps all financial records current
Pays bills, maintains checkbook; writes thank you notes for donations
Other duties assigned by the membership

Visitor Coordinator (currently Kimberly Cay)

Directs patient visits and Visitor training
Liaison to UOAA regarding visitor program
Other duties assigned by the membership

In addition to these officers, we could use some help with writing the Short Circuit newsletter (currently Carol), maintaining the website (currently Vicki), and selling advertising (currently Kimberly.)

If you are not able to serve in an officer position, but would be willing to plan a meeting, arrange for a guest speaker, sell some advertising, or visit a new ostomate either by phone or in person, please let one of us know.

While we're on that subject, I want to extend a big THANK YOU to Ken and Wanda Gillmore for arranging our Holiday meeting at Ryan Steak House.

And, finally, the quickly approaching Holiday Season reminds me that just around the corner isIncome Tax Season! If you are looking for an opportunity for a tax deduction, the Cedar Rapids / Iowa City Area Ostomy Support Group is incorporated in the State of Iowa as a non-profit corporation. All donations are fully tax deductible ~ and very much appreciated!

Carol Haack



Treasurer's Report

The balance in our Treasury is \$517.84.

We are a 501(c)(3) charitable organization, and your donations are fully tax deductible.

2010 Membership dues

The 2010 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, the United Ostomy Associations of America, Inc.

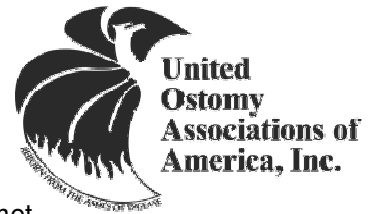
Eight dollars remains in our local treasury, and is used to maintain our website, to print and mail our newsletter, and for various other projects. In 2009, we were able to help sponsor one of our members to attend the national UOAA Conference in New Orleans.

Dues are collected using the honor system. Please either pay your dues at a meeting, or 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

As a new ostomate, you may be wondering just how long it takes to get used to everything. The answer is that everyone is different. Books and magazine articles can be very helpful and there is a lot of information about stoma management and ostomy products to be gained from them. On the other hand, to get a real-life perspective on "what it's like to live with an ostomy", you need to talk with others who are living that life.

The real value of a support group is that you have the opportunity to meet many people who have had a broad range of experiences dealing with the same issues that you have. It helps to know that someone else has had the same anxieties, the same concerns, the same questions, the same problems. Don't **ever** think you are alone!



NEW ORLEANS CONFERENCE PICTURES

Our Conference theme, "Let the Good Times Roll" is clearly evident in photos that were taken at this year's event in New Orleans. You can check them out by visiting UOAA.smugmug.com

In addition, one popular event of the Conference was the Fashion Show, coordinated by LeeAnn Barcus. For pictures of this "revealing" event visit **Hollister's C3Life website**, www.c3life.com and click on "What's New", UOAA Conference Fashion Show photos.

TAX CREDIT FOR "CLUNKERS"

Do you have an unwanted car, motorcycle, truck or boat?? Then donate to UOAA through DonateForCharity, Inc.



You, your family and friends can now donate a vehicle to DonateForCharity and UOAA will receive a percentage of the funds. To learn about the program visit www.donateforcharity.com

To get the required forms call 1-866-392-4483 or go to: <http://donateforcharity.com/jumpform.html?ID=United+Ostomy+Associations+of+America>

Once you receive the forms, provide the necessary information, sign them and mail them back to DonateForCharity. You will be notified when the vehicle will be picked up and asked to leave your keys in the vehicle on that day. Donations are accepted from any location in the U.S.

BATHROOM ACCESS OR "ALLY'S LAWS" We need your help!

If you've read the December 2007 issue of *The Phoenix* magazine, you already know about Ally Bain and her campaign to open up restrooms across the country to people with IBD or an ostomy.

When Ally, who suffers from Crohn's Disease, was in the eighth grade, she was denied access to a restroom while she and her mother were out shopping. The denial led to an embarrassing accident in the store.

As a result of that unfortunate circumstance, Ally

contacted one of her state legislators, whom she had met previously while on a school field trip.

A bill was written, and Ally testified before the Illinois senate amid much media attention. In August of 2005, the Restroom Access Act, commonly known as Ally's Law, was signed into law in the state of Illinois.

As of 2009, Ally's Law has been passed in nine states and its passage is pending in at least 10 others.

It has been passed in:

Illinois
Minnesota
Texas
Kentucky
Tennessee
Colorado
Ohio
Michigan
Washington
Oregon

The states where the legislation is pending, and the sponsoring legislator are:

Delaware - HB3, HR18; Senator Bebout
Indiana - SB191; Senator Deig
Wyoming -SB73; Representative Booth
Massachusetts - HB2121, SB1315; Representative Kafka, Senator Morrissey
New Jersey -SB823; Senator Ciesla
New York - AB10058, SB6669; Representative Paulin, Senator Padavan
Pennsylvania - HB1955, SB829, SR310, HB2085; Representative Grucela, Senator Greenleaf, Representative Evans
Rhode Island - HB7126; Representative Fellela
South Carolina - HB4406; Representative Huggins
Wisconsin - AB859; Representative Van Roy

If this legislation is pending in your state, first make sure it includes a reference to **ostomy** and then **please write a letter or call your respective state senator and/or state representative and express the importance of the bill being passed into law.**

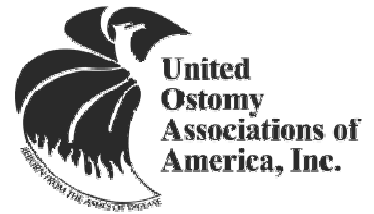
Add as much of your personal experience as you feel comfortable doing -- maybe you have been denied access or have had to make some mad dashes because of a full pouch.

If there is no legislation pending in your state, please do what you can to get it introduced.

The simple bill text, as it was introduced in the Pennsylvania legislature, is as follows:

AN ACT

Providing for restroom access for certain customers of retail establishments; and



imposing a penalty.

The General Assembly of the Commonwealth of Pennsylvania hereby enacts as follows:

Section 1. Short title.

This act shall be known and may be cited as the Restroom Access Act.

Section 2. Definitions.

The following words and phrases when used in this act shall have the meanings given to them in this section unless the context clearly indicates otherwise:

"Customer." An individual who is lawfully on the premises of a retail establishment.

"Eligible medical condition." A medical condition that includes Crohn's disease, ulcerative colitis or any other inflammatory bowel disease, any other medical condition that requires immediate access to a toilet facility or a condition that requires the use of an ostomy device.

"Health professional." A physician, osteopathic physician, physician assistant or nurse practitioner licensed or certified to practice in this commonwealth.

"Retail establishment." A place of business open to the general public for the sale of goods or services.

Section 3. Customer access to restroom facilities in retail establishments.

A retail establishment that has a toilet facility for its employees shall allow a customer to use that facility during normal business hours if the toilet facility is reasonably safe and all of the following conditions are met:

(1) The customer requesting the use of the employees' toilet facility suffers from an eligible medical condition and can provide the retail establishment with evidence of the customer's eligible medical condition to include a copy of a statement signed and dated by a health professional or a person acting under the delegation and supervision of a health professional that indicates the customer suffers from an eligible medical condition or uses an ostomy device.

(2) The retail establishment does not normally make a restroom available to the public.

(3) The employee toilet facility is not located in an area where providing access would create an obvious health or safety risk to the customer or an obvious security risk to the retail establishment.

(4) A public restroom is not immediately accessible to the customer.

Section 4. Liability.

(a) General rule.--A retail establishment or an employee of a retail establishment is not civilly liable for any act or omission in allowing a customer that has an eligible medical condition to use an employee toilet facility that is not a public restroom if the act or omission meets all of the following:

(1) It is not willful or grossly negligent.

(2) It occurs in an area of the retail establishment that is not accessible to the public.

(3) It results in an injury to or death of the customer or any individual other than an employee accompanying the customer.

(b) Physical changes to facility.--A retail establishment is not required to make any physical changes to an employee toilet facility under this act.

Section 5. Penalty.

A retail establishment or an employee of a retail establishment that violates this act commits a summary offense.

Section 6. Effective date.

This act shall take effect immediately.

One person CAN make a difference! If you are willing to make a difference to IBD patients and ostomates in Iowa, please send a note or email to your state senator or representative.

To contact your IOWA legislators:

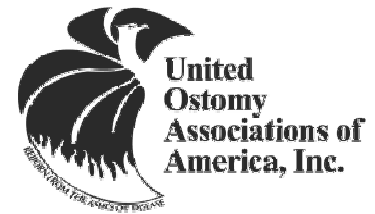
Joe Bolkcom, Johnson County Senate District 39
Email: joe.bolkcom@legis.state.ia.us
Home address: 728 Second Ave Iowa City, IA 52245

Swati Dandekar, Linn County, Senate District 18
Email: swati.dandekar@legis.state.ia.us
Home address: 2731 28th Ave, Marion, IA 52302

Robert Dvorsky, Johnson County, Senate District 15
Email: Robert.dvorsky@legis.state.ia.us
Home address: 412 Sixth St. Coralville, IA 52241

Rob Hogg, Linn County, Senate District 19
Email: rob.hogg@legis.state.ia.us
Home address: 2750 Otis Rd. SE, Cedar Rapids 52403

Wally Horn, Linn County, Senate District 17
Email: wally.horn@legis.state.ia.us
Home address: 101 Stoney Point Rd SW, Cedar Rapids



David Jacoby, Johnson County, House District 30
Email: david.jacoby@legis.state.ia.us
Home address: 2308 Northridge Dr., Coralville, IA 52241

Vicki Lensing, Johnson County, House District 78
Email: Vicki.lensing@legis.state.ia.us
Home address: 2408 Mayfield Rd, Iowa City, IA 52245

Mary Mascher, Johnson County, House District 77
Email: mary.mascher@legis.state.ia.us
Home address: 40 Gryn Count, Iowa City, IA 52246

Tyler Olson, Linn County, House District 38
Email: tyler.olson@legis.state.ia.us
Home address: P.O. box 2389, Cedar Rapids, IA 52406

Kraig Paulsen, Linn County, House District 35
Email: kraig.paulsen@legis.state.ia.us
Home address: 1305 Cress Prkwy, Hiawatha, IA 52233

Renee Schulte, Linn County, House District 35
Email: renee.schulte@legis.state.ia.us
Home address: 1734 Chestnut Ln NE Cedar Rapids 52402

Dick Taylor, Linn County, House District 33
Email: dick.taylor@legis.state.ia.us
Home address: 2721 31st St. SW, Cedar Rapids, IA 52404

Todd Taylor, Linn County, House District 34
Email: todd.taylor@legis.state.ia.us
Home address: 1416 A Ave NW, Cedar Rapids, IA 52405

Nick Wagner, Linn County, House District 36
Email: nick.wagner@legis.state.ia.us
Home address: 2785 Lansing Ct, Marion, IA 52302

Nathan Willems, Linn County, House District 29
Email: nate.willems@legis.state.ia.us
Home address: 110 W. Market, Lisbon, IA 52253

We CAN make a difference for ostomates in Iowa!

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. It is edited by Carol Haack. Copies are emailed to members, and are also available on our website at www.iowaostomy.org. We will gladly mail copies to anyone without internet access.

If you have a newsletter suggestion or article, please email it to info@iowaostomy.org, or send it to:

CR / IC Ostomy Support Group
c/o Vicki Kee
P.O. Box 133
Oakdale, IA 52319

Our WEBSITE is www.iowaostomy.org. It contains helpful 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 a purchase is made through our website.

GREAT COMEBACKS AWARDS

As one of the sponsors of **The Great Comebacks Program**, UOAA applauds the four 2009 Regional Award recipients: Dennis Donovan, Tampa, FL; Tony Bell, Harveyville, KS; Scott Bowling, Annapolis, MD; and Sylvia Hebert, Park City, UT.

It is not too soon to start thinking about those persons who can be nominated for 2010 Awards. Awards will be made to people in four geographic Regions of the US (East, Central, South and West). In each of these regions the following Awards will be presented:

- A Great Comeback Award to the most deserving person who shares their story that will provide hope and encouragement to others with similar medical conditions;
- An Ina Brudnick Award (given in memory of the pioneering stoma care nurse),
- A 1,000 scholarship, given to a young adult who has an ostomy, Crohn's Disease or ulcerative colitis to assist in their plans to pursue a higher education;
- and, a Comeback Kids Award that recognizes a young person who is living an active, productive life while managing an ostomy or other bowel or bladder disorder.

If there is someone in your support group that has an inspiring story that merits national attention, please do not hesitate to talk with this person and start the nomination ball rolling. For more detailed information about the Great Comebacks Program, visit: www.greatcomebacks.com.

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

Carol Haack, Group Coordinator
319-530-6749 (anytime)
info@iowaostomy.org (email)

Vicki Kee, Treasurer
P.O. Box 133
Oakdale, IA 52319
319-335-4820 (daytime)
vicki-kee@iowaostomy.org (email)

Kimberly Cay, Visitor Coordinator
319-363-3630 (evenings)
info@iowaostomy.org (email)

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

Important Dates:

Holiday support group meeting: **Thursday, Dec. 3rd** at Ryan Steak House in Cedar Rapids. **6:00** pm. Family & friends are welcome to attend. Bring an inexpensive (\$5) wrapped gift if you want to participate in a gift exchange game.

Thank you:

To Ken and Wanda Gillmore for their generous donation of unneeded ostomy supplies.

To Diane Humphrey, our Hollister rep, for the free samples she distributed at our October meeting.

New website for IBD:

www.Myibd.org is dedicated to providing people with ulcerative colitis and Crohn's disease and their families with accurate information about these inflammatory bowel diseases (IBD) and their treatments. If this is something you are interested in, but don't have access to a computer, contact Carol or Vicki and we will print out the information for you.

New books in our Library:

- **Rolf Benirschke** has released Great Comebacks from Ostomy Surgery, a book about 15 people who share their heart-wrenching and heartwarming stories about how they dealt with challenging circumstances that led to their ostomy surgeries.
- **Brenda Elsagher's** third book, Bedpan Banter, offers stories from across North America about people who found humor or inspiration in the medical issue that impacted their lives. Some stories are a few paragraphs, while others are a few pages. All of them are heartfelt and worth reading.
- **Tracy Lea Carnes'** fiction book, Excess Baggage, invites us to share the heartfelt journey of a woman's search for happiness—conquering her own health and personal adversities— and inevitably finding that happiness as an ostomate.

Future meeting dates (all meetings begin at 6:30 p.m.):

Regular support group meeting: Thursday, Feb. 25th, 2010, Mercy Medical Center, Cedar Rapids

Regular support group meeting: Monday, April 26th, 2010, St. Luke's Hospital, Cedar Rapids

Regular support group meeting: Thursday, June 24th, 2010, Mercy Hospital, Iowa City

Regular support group meeting: Monday, Aug. 23rd, 2010, Mercy Medical Center, Cedar Rapids

Regular support group meeting: Monday, Oct. 25th, 2010, St. Luke's Hospital, Cedar Rapids

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.ccfaf.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 obtained from various sources. If necessary, please check with your health care provider before using these tips.

PERISTOMAL SKIN PROBLEMS/TREATMENTS

UOAA UPDATE 9/09 by Judith Pagano RN, ET

One of the first things every ET (WOCN) and ostomy patient is taught is to keep the skin around the stoma healthy. Good skin care is an important part of ostomy care. Addressing problems quickly prevents unnecessary worry and discomfort.

The most common problem occurs when effluent, stool or urine, come in contact with the skin or when adhesives are used incorrectly. This can begin as skin irritation which can lead to future breakdown. The appearance is red, weepy, sometimes denuded skin, with occasional bleeding present.

The treatment is to wash and pat dry the area. Then apply a skin barrier powder, such as stomahesive powder and seal the powder in with a skin prep. Use a no-sting prep or one without alcohol to avoid burning of the skin.

Another common problem can be caused by the removal of hair from the follicle, either by incorrect pouch removal or by aggressive adhesives, which result in irritation or infection of the hair follicle called folliculitis.

Folliculitis is evident by the reddened areas at the base of the hair follicle. Treatment consists of clipping the hair with a scissors or shaving of the area with an electric razor, and then following the treatment outlined above for skin irritations. Occasionally, an antimicrobial powder, sealed in with a barrier prep, may be needed. To avoid folliculitis caused by incorrect pouch removal, adhesive removers may be necessary to loosen the pouch without damaging the skin.

A third problem is a fungus or yeast rash caused by persistent skin moisture, or from antibiotics. The resulting in fungal overgrowth has the appearance of a red rash with itching present and several satellite lesions. This is called macular popular rash.

The treatment consists of keeping the skin clean and dry and applying an antifungal powder. One containing miconazole 2 percent works best. Use it with a prep sealant over the powder before pouch application. Repeated treatment is necessary until condition clears.

Lastly, an allergic reaction to any product can also create a problem. The appearance is one of red, moist, denuded skin with itching, burning and stinging present with an outline generally corresponding to the allergic product.

A patch test will be needed to determine the allergen to be eliminated. It may be necessary to see your ET nurse or physician if you are not able to "patch test." Also, a corticosteroid agent may be needed to control the itching.

Preventing skin problems is better than treating them, and some basic steps that can help minimize these problems are:

- Begin with proper pouch removal, which means gently peeling the pouch away from the skin while pressing down on the skin, thus preventing a shearing or friction injury of the skin.
- Proper cleansing and rinsing of the skin after using solvents of any kind, and the use of proper skin protection products, such as preps, powder and paste.
- Proper cleansing consists of using warm water and if soap is used, rinsing thoroughly to remove residue to prevent dermatitis. Also, allowing the skin to dry adequately before applying pouch.
- Shaving should be done routinely if the personal skin is hairy, to prevent folliculitis. Shave from the stoma out and cover the area that the pouch rests on.
- When routine care warrants using a powder whether it be stomahesive powder or an antifungal powder, it is to be applied sparingly and the excess powder brushed off and blotted with a skin prep.
- Readjustment of the size of the flange may be necessary to prevent leakage of stool or pooling of urine. If shrinkage of the stoma has occurred, as in the first year of surgery, or if you have gained or lost weight, a change in the size of the flange may be necessary or a new system may be needed.

In summary every ostomy patient needs to know that a complete change is necessary anytime the skin begins to itch or burn, or if the pouch leaks. If a problem persists or if you need help with a new system you need to consult your physician or your ET nurse for further assessment.

URINARY DIVERSIONS

UOAA UPDATE 9/09 VIA Evansville, IN Re-Route

The bladder is a hollow muscle which performs two important functions.

It acts as a storage device for the accumulating urine, relaxing as the volume increases. But it also acts as a pump as it contracts, squeezing out the urine through the urethra to the outside of the body.

Accident or illness may dictate the removal of the bladder, thus necessitating the introduction of alternate methods or devices to dispose of the urine. Such devices (or substitute bladders) should provide the following:

Articles of Interest... Newsletter articles provided by various sources. If necessary, please check with your health care provider before using these tips.

A low pressure system to assure continence and prevent damage to the kidneys.

Be continent, preventing leakage and associated physical and social problems.

Be non-flexing, thus preventing recirculation of urine to the kidneys.

Be easily emptied.

Should avoid certain metabolic/electrolyte salt chemistry problems that configuration of the intestines can impart.

Prior to 1950, the removal of a damaged or diseased bladder allowed few alternatives. One procedure brought the ureters out to the skin individually.

Since the ureters are very small in diameter, often no larger than the thickness of the lead of a pencil, problems with narrowing of the ducts, even occlusion, as well as infections were frequent occurrences. Furthermore, the employment of appliances to collect the urine was difficult and generally inefficient.

In 1950, the ileal conduit was devised by Dr Bricker in a procedure which attached the two ureters to a section of the small intestine and then brought the intestine out through the abdominal wall to form a stoma.

The procedure had the advantage of assuring unimpeded flow of urine through the stoma as well as the more effective and practical use of an appliance to collect the urine.

Bricker's ileal conduit has remained a favorite procedure throughout the years, even though it is still subject to infection and reflux to the kidneys and requires that a prosthesis be worn at all times.

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.

* **Look for us on *FACEBOOK!*** *
* *Both Cedar Rapids / Iowa City Ostomy* *
* *Support Group, and United Ostomy* *
* *Associations of America are now on* *
* **FACEBOOK.** *

**Cedar Rapids / Iowa City
Area Ostomy Support Group #171, Inc.
P.O. Box 133
Oakdale, IA 52319**



**Next MEETING is our HOLIDAY PARTY.
We'll be at Ryan Steak House, 230 Collins Rd.
N.E. in Cedar Rapids.
Thursday, December 3rd
Note the earlier start time: 6:00 pm.
*Family and Friends welcome!!***