

SHORT CIRCUIT

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

www.iowaostomy.org

Serving people with ostomies in Eastern Iowa since 1972

FEBRUARY 2010

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, at www.iowaostomy.org, or look for us on **Facebook!**

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”



Please join us at our next group meeting on February 25th, 2010

Our next support group meeting will be Thursday, February 25th at 6:30 pm in Training Room B at Mercy Medical Center in Cedar Rapids.

Diane Morris, Mercy RN who will soon complete her WOCN specialty, will be on hand to answer any ostomy and skin care questions.

We will be collecting new, unused ostomy supplies to send to FOW-USA to replenish the stock they sent to Haiti (see article on page 3.)

Park in the 10th Street parking ramp, and enter through the ‘old’ front entrance near the gift shop. Take elevator B down to the basement level, and turn left. At the end of a short hall, turn right, and Training Room B is the second room on the left. Signs will be posted to help you find your way.

Mercy will provide refreshments, and as always, family and friends are welcome to attend. See you soon!

A Message from the Group Coordinator....

Our Holiday Party was held at Ryan Steak House in Cedar Rapids on December 3rd. It was very well attended, and everyone had a great time. Thanks to Wanda & Ken Gillmore for organizing the party and providing the decorations. Thanks also to Vicki and Jim Kee for facilitating our holiday gift-giving game. It was loads of fun!

At the meeting we held our annual elections. Elected for 2010 were: Group Coordinator, Carol Haack; Treasurer, Vicki Kee; Visitor Coordinator, Kimberly Cay.

Jeanette Ernst has volunteered to let the newspapers know about our meeting times and places. Thanks, Jeanette!

Mary Burbach has been keeping our phone list updated. If you have new contact information, please email Mary at info@iowaostomy.org, or call Carol at 319-530-6749.

Jan Monk is arranging for our Coloplast rep, Danette Brooks, to join us at our April meeting. Details to come.

continued on next page

Message from our Coordinator continued....

You may remember in the last Short Circuit there was an article on bathroom access, or "Ally's Law." I'm happy to report that Jan Monk has been working with Swati Dandekar, state senator from District 18 in Linn County, to have the bill introduced into the Iowa legislature this session. If you have the opportunity, please contact your state representative to give your support for the bill. The contact information for the Iowa legislators is listed in the December Short Circuit.

Finally, I had a message from Brenda Elsagher, author of **If the Battle is Over, Why am I Still in Uniform?** about her next book. She writes:

Hi friends,

I am looking for stories on when to tell the friend or person you are dating about the fact that you have an ostomy, any stories dealing with sex and the ostomate, and caregiver stories. I need to interview people and then write their stories.

They can be gay or straight, single or married, anonymous or not. Can you please put the word out for me? Please pass this on to anyone that may be interested. They can call or write me an email and I'll get back to them. These stories will go into a book coming out in May 2011 temporarily called, *It's All in the Bag, and Under the Covers*. (The inside scoop on friends, dating, sex and care giving for the ostomate.) Feel free to include this request in your newsletters. Thanks!

Brenda Elsagher
13425 Penn Ave So
Burnsville, MN 55337
brenda@livingandlaughing.com
www.livingandlaughing.com
952-882-9882

I hope you all have a great start on a happy and healthy 2010! See you at Mercy Hospital on Thursday the 25th.

Carol Haack

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.

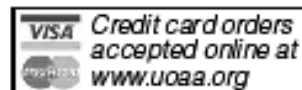
Money Back Guarantee!



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) \$ _____

WILL YOU HELP?

The Haitian people are dealing with the worst catastrophe in their lifetime since the devastating earthquake on January 12, 2010. They are in desperate need of water, food, security and medical care.

FOW-USA was able to respond quickly to a request for ostomy supplies. Thanks to FOW volunteers and the Catholic Medical Mission Board, who have an organization in Haiti to ensure the supplies to get where they are needed, three pallets of ostomy supplies are on the way to Haiti.

The Friends of Ostomates Worldwide-USA is a volunteer run, non-profit organization providing ostomy supplies and educational materials to ostomates in need around the world.

Through Project **SHARE** (Sending Help and Rehabilitation Everywhere) FOW-USA collects new, surplus ostomy supplies from generous individuals and organizations in the United States and ships them to developing countries where ostomates do not have access to these vital supplies.

The donated products are sent to the FOW-USA warehouse space in the Louisville, KY, area at the donor's own expense. A team of volunteers gathers regularly at the warehouse to unpack the supplies, organize them, match the donations with needs, and repack them for shipment overseas.

A volunteer communicates with organizations in the receiving country, such as hospitals, clinics, and ostomy associations, to identify product needs and ensure that the supplies will be distributed free of charge to needy ostomates.

Right now, the critical need is ostomy supplies to replenish the stock that was sent to Haiti.

The FOW relies on supply donations and financial contributions to continue its important work. Right now, the critical need is ostomy supplies to replenish the stock that was sent to Haiti.

They need new, clean, current-stock ostomy supplies, preferably in the original packages. Partial boxes may be combined with other partial boxes. Loose pouches and barriers should be placed in plastic bags and marked with the brand and size.

They also accept other medical supplies, e.g., catheters, wound care products and continence products.

They do not accept any products that are beyond the expiration date because of customs rules. They cannot use any liquid supplies or prescription medications. They cannot ship aerosols due to security issues.

If you have unused supplies to donate to FOW-USA, please bring them to our next meeting at Mercy Hospital on February 25th at 6:30 pm. We will collect all the supplies, box them up and send them to FOW-USA.

If you prefer, you may ship them yourself to:

*FOW-USA Project SHARE
1500 Arlington Avenue
Louisville, KY 40206-3177*



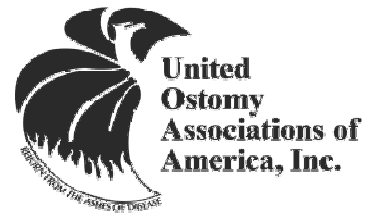
Treasurer's Report The current balance in our Treasury is \$623.06.

The 2010 Membership dues for the Cedar Rapids/Iowa City Area Ostomy Support Group #171, Inc. are \$10.00 and are due now. 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



The UOAA leadership received this letter from the Colon Cancer Alliance concerning **March into Colon Cancer Awareness Month**.

“It’s Not Easy Being Blue.”

Go Blue: A parody on Kermit the Frog’s plight of being green, nothing could be more true when speaking about the challenge of fighting colon cancer – a highly preventable and yet rarely talked about disease that kills nearly 50,000 Americans every year.

Let’s give colon cancer the attention it deserves this March by going blue to help spread awareness that you can reduce your risk for colon cancer simply by getting a screening test.

The facts: Colon cancer is 90% preventable and yet it is the second leading cause of cancer deaths in the United States.

Why? Colorectal typically has no symptoms until it has already hit stage IV – making the odds of beating it exceedingly difficult. And yet a routine colonoscopy every 10 years after the age of 50* could help save thousands of lives in this country every year.

The challenge: Colon cancer survivor Vicki Barrilleaux, of Fort Worth, Texas, knows the importance of awareness and screening. “After being diagnosed with colon cancer and learning that it is considered a preventable cancer, I became diligent in trying to convince others to be screened for this cancer. Several friends had colonoscopies and with each polyp removed there was a feeling of victory.

Unfortunately, close family members chose not to heed my advice. Last December, I lost my sister to colon cancer. Now awareness is my passion.” Read more personal stories on the Colon Cancer Alliance’s Web site: http://www.ccalliance.org/notalone_stories.html.

Nip it in the butt: Join the cause with the Colon Cancer Alliance (CCA) by participating in **Dress in Blue Day on March 5, 2010**. The fight takes place 365 days of the year, but by coming together on this one day we can bring the nation’s attention to the importance of getting a screening test. In addition, it’s important for survivors to have their cancer journey recognized.

The CCA is a national patient advocacy organization dedicated to ending the suffering caused by colorectal cancer. In order to increase rates of screening and survivorship, the CCA provides patient support, education, research and advocacy across North America.

The CCA helps hundreds of thousands of people each year through our help line and support networks. The growth and success of the organization is due in large part to caring volunteers who devote considerable time, skill and energy to achieving CCA’s vision. Find out more about the Colon Cancer Alliance by visiting www.ccalliance.org.

ELECTION RESULTS From UOAA update Dec 2009

The only contested seats on the UOAA Management Board of Directors in this Fall’s election were the 2 Directorships. The returns are now final and the two candidates that were elected are Susan Burns and Steve Strizic.

The 3rd candidate, Harvey Shatz, indicated that he will continue to be active in UOAA and will undertake any assignments that President Kristin Knipp wishes him to undertake.

UOAA’s Management Board of Directors effective January 1st, 2010 will be as follows:

President, Kristin Knipp
President-Elect, Dave Rudzin
Vice President, LeeAnn Barcus
Treasurer, Scott Bowling
Secretary, Carol Haack
Director, Susan Burns
Director, Lynne Kramer
Director, Bob Parish
Director, Steve Strizic

I know that you join with me in wishing the new MBoD well with the knowledge that their deliberations will serve the very best interests of UOAA, its affiliated support groups and their members.

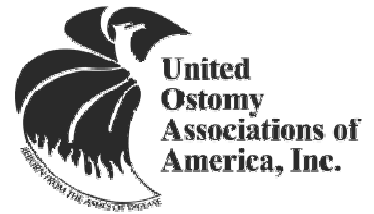
LETTER TO DIRECTOR OF GRAY’S ANATOMY From UOAA update Dec 2009

November 14th, 2009

To: The Executive Producers of **Grey’s Anatomy**
Shonda Rhimes, Betsy Beers, Mark Gordon, Rob Corn, Krista Vernoff, Mark Wilding

The Prospect Studios
ABC Television Center (West)
4151 Prospect Ave
Los Angeles, CA 90027

As a person with a colostomy, I would like to comment on the episode of **Grey’s Anatomy** that aired in Minneapolis. MN on Thursday Sept. 24th, 2009. Season 6, Episode 2. After managing Crohn’s Disease for over 40 years and having numerous bowel resections, I ended up with a permanent colostomy in 2003 due to surgeon error when she punctured my intestine. It was



discovered too late before my kidneys starting shutting down and an emergency colostomy was performed to save my life.

I was frustrated, disappointed and alarmed during that episode, because when confronted with surgery, the patient, who has a bowel infection asks, "What is the worst possible thing that could happen to me?" And Cristina responds, "You'd end up with a colostomy bag." The patient starts to cry and responds "No, no ... no poo bag for me! My Grand Dad had one of those! I won't do it!"

Later on in the show, Cristina is reprimanded by Dr. Bailey. Dr. Bailey says "Well, thank you very much for threatening my patient with a colostomy and talking her out of a life saving operation." She retorts back, "What was I supposed to say? How am I supposed to sugar coat a colostomy?" Once again, words like "threatening" and "sugar coating a colostomy" makes having a colostomy a negative image. I do give you credit for the exchange of words further into the episode where Dr. Bailey says to Dr Yang, something to the effect of it was a fragile situation and the patient needed time to accept it.

This short conversation sparked my anger and is the catalyst for this letter. The writers of the show obviously gave no thought whatsoever to the thousands of people who have colostomies.

We are not all "old Grandpas" like depicted in the patient's comment. We are mothers, spouses, children, young, old, sisters, brothers, co-workers and employers. We have survived colon cancer, Crohn's disease, colitis, inflammatory bowel disease, bowel resections, anal cancer, ileitis, trauma and birth defects.

It was disheartening to have the patient ask, "What the worst possible thing that could happen to me?" and to have the answer be "a colostomy". The WORST thing that could happen is that the patient could have died.

I sat in front of the TV thinking.....what about all the viewers out there that may be scheduled for an ostomy due to cancer, or others that have suffered years of inflammatory bowel disease that have finally decided to have the surgery, and then to hear that it "is the worst thing that could happen."

I understand that Grey's Anatomy is just a TV series. But as successful as it is, and the number of viewers it can have an impact on, I would have thought you would have taken the opportunity to have Cristina say, "A colostomy will save your life. It may take some adjusting to, but you can have a long and healthy life with it." But, instead, the writers portrayed it as something negative and undesirable.

We, as ostomates, are trying so hard to erase the stigma that goes with it and that episode certainly didn't help. I'm sure you are aware, in real life, ostomies have saved 1000's of people's lives who are now leading productive, healthy and successful lives.

As a patient who endured a surgeon's error and must live the rest of my life with a colostomy I would encourage your writers

to think twice about what is written and to reflect whether anything in the script will have an impact on a certain group of people.

After my surgery I turned my anger into being pro-active and being involved in something positive. I am a patient advocate and I speak not only for myself but for others about this episode.

I do hope it will make a difference in how you write and how you view a colostomy....that it is NOT the worst thing that can happen to you! None of us really wanted one, but it became a necessity for some people who have had years of enduring pain and/or cancer.

If a person had an artificial limb or a hearing aid, or a wheelchair other people would freely accept that, but when it comes to such a personal part of a person's bodily function such as an ostomy, it is more difficult to accept and to talk about.

*I am trying to increase awareness of having a colostomy and not being ashamed of it. Your episode made me feel ashamed again. But it should really be the writers of **Grey's Anatomy** that should feel ashamed of how you made some of your viewers feel.*

Sincerely,

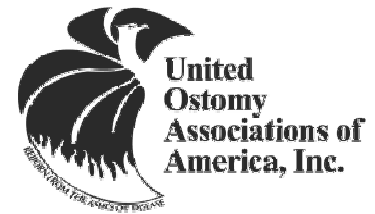
*Darlene Hafner
Minneapolis Chapter of the United Ostomy Associations of America.*

The ostomy group and I would appreciate and welcome any comments any of you might have.

IN CONCLUSION **From UOAA update Dec 2009**

Linda and I would like to convey our warmest wishes to you, your fellow support group leaders and your members, for a joyous Holiday Season ... and please be careful, with all of the kissing and hand shaking associated with this time of good will, remember the flu is lurking out there to attack you when you least expect it!

Ken and Linda Auhett
UOAA Co-Founders



YOUTH RALLY 2010

Youth Rally provides a non-threatening environment where adolescents with bladder or bowel dysfunction receive education and psychosocial support that encourages independent living.

It is a 6 day Camp, held at a different college campus in the US each July. The 2010 YOUTH RALLY will be the 32nd year of supporting 11 to 17 year olds who have:

- ostomy procedures such as a colostomy, urostomy or ileostomy
- Continent procedures such as a J-pouch, Koch pouch, Cecostomy or Bladder augmentation
- Ulcerative Colitis or Crohn's Disease
- Who are bladder or bowel incontinent for any reason

Activities for the campers include:

- Educational sessions on personal hygiene, sexuality, self-esteem and self-care
- Formal and informal discussion groups
- Swimming, softball, volleyball, skating and other sports
- Dances, picnics, crafts, outings and other recreational activities
- Peer support and sharing

Counselors, many who are also former campers, volunteer their time to share with the Rally campers that the only thing limiting them is their attitude, not their medical challenges.

They facilitate peer discussion groups and other

activities that give each camper the opportunity to seek advice from those who have faced similar situations.

Discussions range from dealing with their medical conditions, social issues and making wise choices as a teen. The counselors also make sure that there are plenty of camp activities to enjoy: swimming, softball, arts and crafts, shopping, karaoke, field trips to amusement parks and beaches, to name just a few.

WOC Nurses are available to assist campers with self-care and lead the Rally educational sessions. They assist campers with any problems they are experiencing and offer suggestions and techniques to the campers to improve the management of their medical conditions.

Laura Phearman, WOCN at University of Iowa Hospitals and Clinics, has donated her time to Youth Rally for many years.

The Youth Rally is a non-profit organization, and strives to provide as many Scholarships as possible for campers with financial need.

You can find out more information by calling April Gimlen at 510-769-9295 or by visiting their website www.rally4youth.org

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.

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

Look for us on Facebook!

Social Networking is the broad term used to describe all of the on-line ways you can stay in touch and connect with others. My Space, Twitter and Facebook are three examples. Vicki Kee has created a Facebook page for the Cedar Rapids / Iowa City Area Ostomy Group. She would love to have photos of ostomates participating in their daily activities to post on our Facebook page. Please email your photos to info@iowaostomy.org.

By the numbers...

According to a recent article in the *Phoenix* magazine, the total number of people in the US leaving the hospital with a new ostomy increased from around 112,000 in 2002 to nearly 125,000 in 2007. Just under 1/2 of those are permanent ostomies. The current ostomy population in the US is estimated at between 650,000 and 730,000. The US ostomy population is growing steadily at a rate of around 1.5% per year.

Your voice is important!

More and more studies are being done about people with ostomies and the emotional impact on their lives as they regain their health. We have been asked to participate in two surveys, which will be available at our February 25th meeting. Each survey will take about 10 minutes to complete, and both are completely confidential.

- Leanne Richbourg is a nurse researcher and ostomy nurse from Duke University. She and her colleague, Jane Fellows, are conducting a national survey to learn more about quality of life after ostomy surgery. Their findings will be published in the *Journal of Wound Ostomy Continence Nursing* and also the *Phoenix* magazine. You must be at least 18 years old, and have had your stoma for more than six months to participate.
- Michelle Jeffries is a nurse pursuing an Advanced Practice Nursing degree at Malone University in Canton, OH. Her research study is motivated by her husband's diagnosis of colorectal cancer and subsequent ostomy surgery. To participate, you must be 18 years old or over and have a colostomy as a result of cancer.

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

Regular support group meeting: Thursday, Feb. 25th, 2010, Mercy Medical Center, Cedar Rapids Training Room B
Regular support group meeting: Monday, April 26th, 2010, St. Luke's Hospital, Cedar Rapids Room 163
Regular support group meeting: Thursday, June 24th, 2010, Mercy Hospital, Iowa City Scanlon Room
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 Room 163

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

WANT TO LIVE LONGER?

UOAA UPDATE 11/09 Mercer County, via Metro MD

Want to live longer? Then go out and mingle, mingle, mingle. A recent community health study reveals that socially active people lived longer than their quieter neighbors.

Reported in the American Journal of Epidemiology, the study took into account such variables as cholesterol, drinking and height-to-weight ratio, as well as others, such as smoking, which could be expected to have an effect on longevity.

For men, passive solitary leisure activities such as television viewing and reading were "positively associated with mortality." Frequent social contact with other people substantially lowered the risks of dying in the 12 years the study has been in existence.

For women, the association between solitary leisure activities and the risk of dying was even more positively associated. Marital status for women was less significant than for men in the study.

CONTROLLING ODOR

UOAA UPDATE 11/09 Kansas, via Metro Maryland

A very important part of the new ostomate's rehabilitation is learning to control odor, because it is important that the new ostomate feel good about him or herself, and feels secure in relationships with others. A new ostomate may be overly sensitive to odors and the reactions of those around him, especially family and friends.

Colostomies tend to emit more odor than ileostomies because of the bacterial abundance in the colon. Sigmoid and descending colostomies which are routinely irrigated may have less of a problem than with the transverse colostomy whose semi-liquid drainage tends to be rather malodorous.

For ileostomates, almost continuous peristaltic waves in the ileum prevent stagnation of the intestinal contents, thereby eliminating the major cause of odor, i.e., bacterial growth. Extreme and persistent odor from an ileostomy could be an indication of a secondary problem, such as a stricture or blockage which leads to stagnation, bacterial growth and subsequent odor.

Urine has a characteristic odor, but a foul odor could be a sign of infection, again from an overgrowth of bacteria.

Certain foods will affect the odor of both feces and urine and the individual's elimination of the specific odor-producers will help. External and internal deodorants are available, but two important aspects in odor control are: good personal hygiene and meticulous appliance care.

For Fecal Ostomies:

- Use odor proof pouches.
- Change pouch immediately if leakage occurs.
- Rinse open-ended pouches with cool water after emptying.
- External Deodorants (to be placed in the pouch): commercial odor drops such as Hollister's M9, chlorophyll tablets and mouth washes.
- Diet: Eliminate odor-producers, such as cabbage, onions, fish, spicy foods. Eat parsley or yogurt.
-

For Urinary Ostomies:

- Pouch care: vinegar rinse twice a day; solution 1 cup vinegar and 4 cups water. Empty pouch and instill 1/2 of above solution, lie down and let solution bathe stoma and pouch and then empty pouch. (This acetic acid solution will lower the pH inside the pouch therefore decreasing the opportunity for bacterial growth.)
- Clean and soak pouches in Uri-Kleen or other commercial product
- Diet: Avoid asparagus and onions. Eat parsley.
- Drink cranberry juice twice a day.
- Deodorants ordinarily are not used because they would mask an odor which could signify infection.

With proper appliance care and personal hygiene, odor should be no problem for any ostomate.

IA AM A STOMA!

UOAA UPDATE 11/09 Okanagan Ostomy Assn via Boise ID

Hi, I'm a stoma! I am great when you think about it. I must admit I have upset many people. Some people even consider me crude, rude and socially unacceptable. *Well, excuse me!!*

Just about everyone gets bent out of shape when their doctor says, "It may be necessary to create a stoma." Me!! They make it sound like a dirty word. Listen, it isn't the greatest for me either. I'm usually created from a piece of your intestine. I guess you know all about that, and then, just maybe you don't. So I'll tell you.

Becoming a stoma wasn't my original function. No sirree!! I used to just lie there in your abdomen, minding my own business. Then boom!! Some surgeon decided - let's make a stoma. He had nerve! Why?? How could he consider such a thing?

Well, I guess it was because you were very sick from a disease like Ulcerative Colitis or cancer, from a trauma like that automobile accident or from a birth defect. Your surgeon knew that by putting me to work, you could be free of discomfort and problems.

In truth, I was created so that you could get on with living.

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

If that is why I was created, then why do so many people complain about me? Did you know that I am not given to just anyone? You see, there is a lot of planning and evaluation of each human being before I am created. So I know you can say only a "chosen" million or so are lucky enough to have me.

You see - my people are special. My people are not run of the mill people. I must say that it takes them a while to recognize that fact and sad to say, there are a few who never do.

You think YOU have problems adjusting! Phooey. Did you realize that I am a delicate mucus membrane? Yet I am durable but some people think I'm an asphalt tile.

Thank God, I don't have feelings. But my friend skin does. You want complaints? Give a listen to her sometime. She really gets upset because of ulcers, fungus, irritants, barriers, etc. We are a team and a darn good one at that! I'm moist and she's dry. I'm pink red and she is natural.

One of my biggest problems is my size. I am not always the same size for one human to another and I'm not always round. I don't always protrude nicely. Because of this remember that your need to check my size once in a while and fit me appropriately.

Some of you complain because I'm not pretty. Well, remember your anus wasn't Miss America!! I think I am quite attractive. I'm red like a rose and I'm moist if I'm healthy and I don't smell!!!

My discharge can't help what you put in your mouth. If you care for me with thought and keep my equipment clean that just about takes care of that.

In closing, let me say you can live a good life and productive life. It's up to you. Believe me I do not deserve a pedestal life. I am just a part of you trying to do my job. All I ask is that you be honest about me. The doctors, special nurses, other professionals and your local ostomy support group are always ready willing and able to help you.

WHAT KIND OF TRACKS ARE THEY?

UOAA UPDATE 11/09

Three blondes were walking through the forest when they came upon a set of tracks.

The first blonde said, "Those are deer tracks." The second blonde said, "No, those are elk tracks." Third blonde said, "You're both wrong, those are moose tracks."

The blondes were still arguing when the train hit them.

CONTINUING YOUR SOCIAL LIFE WITH AN OSTOMY

UOAA UPDATE 12/09 via The Right Connection San Diego CA

Your social life can be as active as it was before surgery. You can enjoy all activities: meeting people, attending concerts, sporting events, civic and social club meetings, parties, religious occasions or whatever you enjoyed before.

The first time you go out of the house after surgery, you may feel as if everyone is staring at your pouch, even though it is not visible under your clothing. You can feel your pouch on your body, but no one can see it. Did you know what an ostomy was or where a stoma was located or what it looked like before your had surgery?

You may also worry about your pouch filling with gas and sticking out under your clothing. A quick trip to the restroom can take care of this problem.

If you are worried about your pouch filling up immediately after eating at a social event, remember, people without ostomies often need to go to the restroom after eating and nobody will think it's unusual if you do the same! You will probably find that you need to empty your pouch less often than your need to urinate.

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Friendship and love - You may be wondering about your relationships with others. Now that you have an ostomy, you may feel that it will change your present relationships and decrease new opportunities for friendship and love.

True friendships and deep relationships on any level are built on trust and mutual understanding. These qualities depend on you and other persons. You have the same qualities you had before surgery and your ability to develop friendships is unchanged.

If you care about yourself, others will feel your strength and will not be deterred. If your ostomy does cause a break in friendship, a sexual alliance or even marriage, this relationship was not built upon trust and mutual respect and probably would have crumbled sometime in the future anyway.

Poop happens.....

But the CHOSEN need not wipe!

Reprinted from the C3Life Ostomy Discussion page at www.C3life.com

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



**Next MEETING is Thursday, FEBRUARY
25th, 2010, 6:30 pm
Mercy Hospital, Cedar Rapids
Family & Friends welcome!!
Details inside**