



# SHORT CIRCUIT

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

[www.iowaostomy.org](http://www.iowaostomy.org)

Serving Ostomates of Eastern Iowa since 1972

June 2011

## 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](http://www.iowaostomy.org), or [find 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, contact the UOAA at 800-826-0826, or at [www.uoaa.org](http://www.uoaa.org).

*“Seize the Opportunity”*



**Next Meeting**  
**Thursday, June 23rd**  
**6:30 p.m.**  
**Mercy Medical Plaza,**  
**Iowa City**

*Please join us at Mercy Medical Plaza in Iowa City for our June meeting.*

*Directions to Mercy Medical Plaza: From Interstate 80, take the Dubuque Street exit and go south. Turn left (east) on Jefferson Street. Mercy Medical Plaza will be on the left, on the corner of Jefferson and Johnson. The Plaza has its own parking lot, so you can park very close to the door of the Medical Plaza. Take the elevator or stairs to the Scanlon Room on the lower level.*

*Family and friends are always welcome at our meetings.*

*We hope to see you soon!*



## Message from our Coordinator

The summer seems to have finally arrived, with hot humid days, sultry nights and a few storms thrown in the mix. I hope you all are keeping safe.

In hot weather, drinking plenty of water is important, as well as replacing your electrolytes with drinks like Gatorade or Propel.

With all the summer fresh fruits and vegetables coming into the market, I guess it bears reminding to myself that I need to wash

## Message from our Coordinator, cont.

Continued from previous page

them, as most of a person's immune system is located in the gut and ostomates are more susceptible to ingested germs than others.

I have to remember not to overdo and be careful not to eat too much - no matter how good the watermelon tastes at the BBQ today - so that I don't pay the consequences later.



Please be thinking about you want you would like to do as a group for Youth Rally. As you recall we had a speaker, Laura Phearman, come to the group in February and get us rather fired up about sending a local youth ostomate to camp. Our group has the finances to do this and I would like to discuss it more and make a decision at the meeting in June.



The Youth Rally committee (YRC) hopes to top last year's record 135 campers and with 90 applications already received, it is likely that will happen. This

year's Rally will take place on the campus of San Diego State University, July 11-16.

Campers will take a field trip to the beach, hear a motivational presentation by Jessie Billauer ([www.liferollson.org](http://www.liferollson.org)) and have lots of time to learn more about living independently with their

ostomy or other diversion, plus have some fun.

Youth Rally supports about 2 of every 3 campers in full or part. Although they have held the fee at \$425, the actual costs for room, board, activities and travel will be higher than that.

I think this would be a great thing for our group to get involved with. Revenue from our advertiser, A1 Home Healthcare, along with our group memberships and donations, has allowed us to have the money to get Involved in this worthwhile project.



I look forward to seeing you all at the next group meeting, fast approaching on June 23rd. I have a few things planned but I think it will be great to just get together and talk about what is happening. We have had a few new members come to the group and I hope that trend continues.

If any one is interested in visiting a new ostomate please let Vicki, Carol or me know. It only takes a few minutes and makes such a difference for them in getting off on the right foot. My experiences with new ostomates have been very rewarding and helpful for me and they are always grateful to see that it does get better.

*Kimberly*



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](http://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](mailto:info@iowaostomy.org), or send it to:**

CR / IC Ostomy Support Group  
c/o Vicki Kee  
P.O. Box 5227  
Coralville, IA 52241

Our WEBSITE is [www.iowaostomy.org](http://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.

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

**Kimberly Cay, Group Coordinator**  
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**Carol Haack, Newsletter Editor**  
319-530-6749 (anytime)  
[info@iowaostomy.org](mailto:info@iowaostomy.org) (email)



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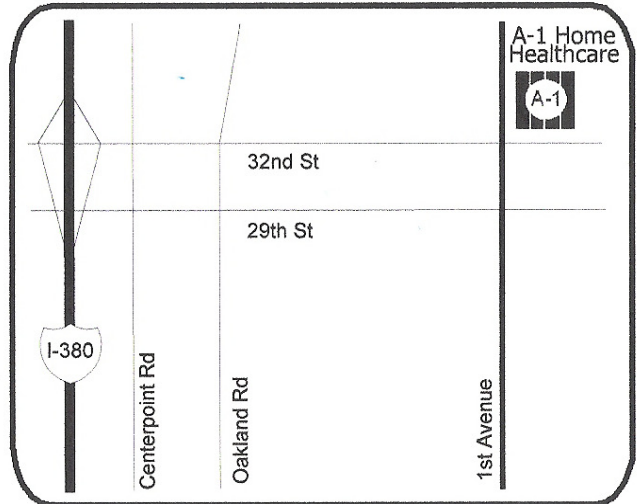


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## Get Ostomy Answers!

**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. Published each March, June, Sept. and December.

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3/11 SG HLFAD

**2011 IMPORTANT DATES to REMEMBER:**

June 23, 2011 (Thursday) **Support Group meeting**, 6:30 pm, Mercy Medical Plaza, Iowa City Scanlon room, lower level. Across from Mercy Hospital in Iowa City.

July 7-11, 2011 **Youth Rally** camp for young ostomates, San Diego [www.rally4youth.org](http://www.rally4youth.org).

July 31, 2011 (Sunday) **Ostomy Awareness Day**

August 7—11, 2011 **United Ostomy Associations of America** Conference in Reno, NV

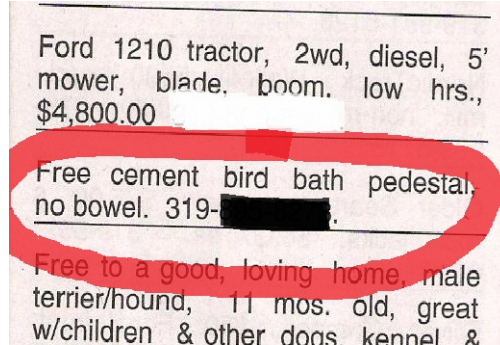
August 25, 2011 (Thursday) **Support Group meeting**, 6:30 pm, Mercy Hospital, Cedar Rapids, Training Room B in lower level.

October 20, 2011 (Thursday) **Support Group meeting**, 6:30 pm, St. Luke's Hospital, Cedar Rapids, Room 163

December 2011 (date to be announced) **Holiday Party** in Cedar Rapids

**PERSONAL ADS**

*Found in a local firm's "Buy, Sell or Trade" publication. I guess having a bowel is "for the birds"!*



**Treasurer's Report**

Our Treasurer, Vicki Kee, reports that we have \$710.71 in our treasury.

**Find us on Facebook!**

The [Cedar Rapids/Iowa City Area Ostomy Support Group](#) is now on Facebook. "Like" us on Facebook to receive announcements, see our photos and participate in discussions.



**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 | <a href="http://www.us.coloplast.com">www.us.coloplast.com</a> |
| ConvaTec  | 800-422-8811 | <a href="http://www.convatec.com">www.convatec.com</a>         |
| CyMed     | 800-582-0707 | <a href="http://www.cymed-ostomy.com">www.cymed-ostomy.com</a> |
| Hollister | 800-323-4060 | <a href="http://www.hollister.com">www.hollister.com</a>       |
| Marlen    | 800-321-0591 | <a href="http://www.marlenmfg.com">www.marlenmfg.com</a>       |
| Nu Hope   | 800-899-5017 | <a href="http://www.nu-hope.com">www.nu-hope.com</a>           |

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

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

**American Cancer Society**  
800-227-2345 [www.cancer.org](http://www.cancer.org)

**Crohn's & Colitis Foundation**  
800-343-3637 [www.cdfa.org](http://www.cdfa.org)

**Friends of Ostomates Worldwide**  
[www.fowusa.org](http://www.fowusa.org)

**Osto Group** free product for the uninsured  
877-678-6690 [www.ostogroup.org](http://www.ostogroup.org)

**United Ostomy Associations of America**  
800-826-0826 [www.ostomy.org](http://www.ostomy.org)

**Wound, Ostomy and Continence Nurses Society** 800-224-9626 [www.wocn.org](http://www.wocn.org)



## UOAA PRESIDENT'S MESSAGE

MAY 2011

I'd like to tell you about two recent happenings in our organization.

Your **Conference Planning Team** met recently in Reno, NV to put the final touches on our 2011 Conference to be held Aug 7 - 11, 2011 at John Ascuaga's Nugget Hotel. It is a magnificent hotel and all should love the venue.

Additionally, the conference planners have done a masterful job of putting together sessions and social functions that all members of UOAA will love. From issues relating to your ostomy, to sessions just for men or women, to sessions for couples, the speakers we have lined up to present to you are some of the best experts in their field. We are confident that they will supply you all with valuable information that you will be able to take back and use.

We encourage all of you to take a close look at the schedule of events that will be posted online and available at the conference so that you'll be able to choose which session you'll attend. You will often find that you want to go to each and every session, which is a credit to the team of planners. The program is informative and there are many fun events that will leave you informed, exhausted and VERY happy that you attended the Conference.

Don't forget the deadline to receive the best conference registration rate is June 15<sup>th</sup> and the date to get the best hotel rate is July 15<sup>th</sup>.

I had the opportunity to attend the **ASCRS** (American Society of Colon and Rectal Surgeons) **Conference** in Vancouver, Canada. The Conference was a chance for UOAA to step up and be seen by the surgeons, many manufacturers, as well as many doctors. It was our opportunity to mingle, meet and get to know many physicians who we approached as speakers for the UOAA Conference. In some cases we were successful in getting them to commit to holding a session this year in Reno.

We also got the chance to meet with manufacturers on a one on one basis to see how they can assist UOAA. In total, it was a series of busy days standing on your feet and greeting and meeting hundreds of people, but the fact that we made a CONNECTION with these people is very important.

One of our newest programs is up and running. Our **VA Outreach Program** has started up and as we speak, new VA hospitals are being brought on board to UOAA. We thank the people who have reached out on our behalf and will continue to support this endeavor to the fullest of our ability. To support this program go to [www.ostomy.org](http://www.ostomy.org), click on Donate Now and choose the VA Program fund.

Recently our Phoenix Tour rider, Bob Baker, made a small detour from his cross country

route to visit the home office of **Edgepark Medical Supplies** in Twinsburg, Ohio. Upon his arrival he found that Edgepark management had gathered about 40 of its ostomy supply customer service specialists to meet with Bob, and to learn first hand about the motivation for his ride ... "to promote awareness about ostomy and in so doing help to dispel the myths and stigma surrounding ostomy surgery".



Bob was presented with a check to help him reach his fund raising goal, and a commitment from Edgepark to include a 3 page promotional letter in the mailings they make to their 80,000 ostomy customers as well as WOC nurses and health-care facilities along his route. You can read about his visit on the Edgepark website [www.edgepark.com](http://www.edgepark.com)

UOAA greatly appreciates this sponsorship and the support of a project undertaken to benefit the present and future ostomy communities in the US. In addition, we hope you will visit the special page on the UOAA website that is following Bob's ride across the US. From there you can see his own comments from along the trail, track donations that have been made to help UOAA with its anti-stigma campaign, and make a donation of your own if you wish.

## ADVOCACY NEWS

On March 9th, the Great Comebacks® Program and UOAA carried an important message to Capitol Hill – in support of re-introduced Congressional resolutions recognizing the importance of ostomy care in both the U.S. Senate and House of Representatives. The combined team not only shared their personal stories with members of Congress and their staff, they urged their members of Congress to support the Resolutions.

The bipartisan House Concurrent Resolution (H. Con. Res. 152) re-introduced by Representatives Leonard Lance (R-NJ) and Rush Holt (D-NJ), and the Senate Resolution (S. Res. 95) introduced by Sen. Richard Burr (R-NC), both recognize the physical, psychological, and emotional importance of restoring function and improving the quality of life for people living with an ostomy.

You can use your voice to support these two slightly different versions of vital legislation, and it's SIMPLE TO DO - just visit <https://capwiz.com/uoaa/home/> and scroll down a bit to see the two featured alerts. A few keystrokes and you have sent your message of support to your elected US officials. **Thank you!!**

Stay healthy, *Dave Rudzin*

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## HEALTH CARE PLANS AND SYSTEMS

By Diane Leigh Miterko, 2/2011 UOAA UPDATE

### **Preferred provider organization (PPO) plan**

An indemnity plan where coverage is provided to participants through a "network of selected contracted health care providers" including hospitals, physicians or supply providers. The insured may go outside of the "network", but doing so will incur higher costs in the form of larger deductibles, increased coinsurance rates, or result in "non-discounted charges" from providers.

### **Exclusive provider organization (EPO) plan**

A more restricted type of PPO under which employees must use providers from the within the network of physicians and hospitals to receive coverage. In a traditional EPO there is **NO** coverage for care received from a non-network provider except in an emergency situation. In the case of an emergency situation, notification of the emergency is normally required within a certain time frame.

### **Fee for Service**

A plan wherein the insured chooses the provider directly and then pays that provider for services at the time they are rendered. The insured then submits a claim to the insurance company and receives reimbursement for a portion of the expenses incurred.

### **Health maintenance organization (HMO)**

Basically a HMO assumes both the financial risks associated with providing medical services and also the responsibility for delivery of the healthcare in an assigned geographic area. Providers in turn receive a fixed fee depending on the services rendered.

### **Indemnity plan**

A medical plan that reimburses the patient and/or provider as patient expenses are incurred. A "major medical plan" usually falls within this category. A conventional indemnity plan allows the insured the choice of any provider without effect on reimbursement. Most plans currently allow an assignment of benefits (direct payment) to a medical or other provider. Some indemnity plans still do not allow assignment of payment to a provider, which leaves the patient the financial responsibility of paying up front for all services, and filing with the insurance and the patient is reimbursed directly.

### **Managed care plans**

Managed care plans generally offer "financial

incentives" to patients to use contracted or participating providers. Overall, a patient with this type of plan will have a lower personal financial responsibility when they use a contracted or participating provider. Managed care plans include: Health maintenance organizations (HMO), Preferred provider organizations (PPO), Exclusive provider organizations (EPO), and Point of service plans (POS).

### **Point-of-service (POS) plan**

A POS plan is normally classified as an "open-ended" HMO. POS plans mirror HMOs for in-network services, whereas services received outside of the network are usually reimbursed in a manner similar to conventional indemnity plans (e.g., provider reimbursement based on a fee schedule or usual, customary and reasonable charges).

### **Disclaimer:**

The information and definitions contained within this document is provided to aide patients and their support teams with basic information. As all insurance companies and policy requirements are different, you should **always** check with your human resources department, insurance agent, insurance policy benefit manual or insurance company directly with any and all questions. While insurance plans terminologies tend to vary, these are the most common definitions used. This document is provided for informational purposes only and should not be construed as legal or professional advice.

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## INNER PEACE

2/2011 UOAA UPDATE

If you can start the day without caffeine,  
If you can always be cheerful, ignoring aches and pains,  
If you can resist complaining and boring people with your troubles,  
If you can eat the same food everyday and be grateful for it,  
If you can understand when your loved ones are too busy to give you any time,  
If you can take criticism and blame without resentment,  
If you can conquer tension without medical help,  
If you can relax without liquor,  
If you can sleep without the aid of drugs,

**Then You Are Probably The Family Dog!**

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## TEMPORARY OSTOMIES

by Nancy Brede, RNET, Edited by B. Brewer, 2/2011 UOAA  
UPDATE

Temporary ostomies are surgically created with the intent of reconnecting in the future. The anatomy of the gastrointestinal system or urinary system is left intact.

Permanent ostomies are created with the intent that the ostomy surgery will not be reversed and usually the anatomy in the gastrointestinal or urinary system has been removed. Permanent ostomy surgery is usually performed when disease or injury prevents maintaining the anatomical structures needed for reversal.

A large number of temporary ostomies involving the colon are done on an emergency basis. The colon becomes obstructed or blocked, and stool cannot pass through. Because of the emergency nature of the surgery, the bowel cannot be cleaned and prepped ahead of time. Reversals, or reanastomosis (hooking the normal anatomy back up), then can be done later, when infection is not as likely and proper healing can take place.

The most common situations and diseases requiring a temporary ostomy are:

**Cancer of the colon** with obstruction (or other abdominal cancer affecting the colon).

**Hirschsprung's Disease**, a disorder/malfunction in infants that prevents passage of stool. Due to lack of nerve cells in certain areas of the large intestine, stool is not moved through, and an ostomy is necessary.

**Diverticulitis**, small out-pouchings in the wall of the intestine, called Diverticula, becomes infected. The Diverticula may rupture or cause obstruction.

**Inflammatory Bowel Disease or Crohn's Disease** may necessitate a temporary ostomy to allow the diseased bowel to heal.

Persons with temporary ostomies face many of the same problems permanent ostomates may have. It's just as important for them to have support, reassurance, and teaching as it is for persons with permanent ostomies. They must learn proper skin care, stoma care, and pouching techniques. Often, stomas are not ideally situated on the abdomen, because of the urgency

of the surgery. Thus, pouching and skin care can pose difficult problems.

Following temporary surgery, measures need to be taken to improve the patient's health. He or she must be in the best condition physically to undergo the major surgery for reconnection. There is also a time for the patient to deal psychologically with past surgery, upcoming surgery, and possibly a newly diagnosed disease. It may be a difficult time with all the changes and new challenges. Often, there are many fears and unanswered questions. Other people with ostomies and WOC Nurses (ostomy nurses) may provide reassurance and the answers to many questions

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## MANAGEMENT OF A FLUSH OR RETRACTED STOMA

By Gloria Johnson, RN, BSN, CWOCN, Edited by B. Brewer,  
2/2011 UOAA UPDATE

The ideal stoma is one that protrudes above the skin, but this not always possible and a flush (or skin level) or retracted (below the skin level) may result. The surgeon may be unable to mobilize the bowel and mesentery adequately, or be able to strip the mesentery enough without causing necrosis or death to the stoma. (Note: mesentery is a membrane in the cavity of the abdomen to retain the intestines and their appendages in a proper position.)

Some causes of stoma retraction after surgery may be weight gain, infection, malnutrition, steroids or scar tissue formation. Stomas that are flush or retracted can lead to undermining of the pouch by the effluent (drainage). This continued exposure can lead to irritated and denuded skin as well as frequent pouch changes. These problems can be very stressful and expensive.

The inability to maintain a pouch seal for an acceptable length of time is the more common indication for a product with convexity. *Shallow Convexity* may be indicated for minor skin irritations and occasional leakage; *Medium Convexity* may be indicated for a stoma in a deep fold, with severe undermining and frequent leakage; *Deep Convexity* is used when medium convexity is not sufficient, stoma retracted, in deep folds or leakage is frequent and the skin is denuded.

Pouches designed with convexity are available in both one and two-piece systems. These can be shallow, medium, or deep and can be purchased as either pre-

cut or cut-to-fit. Addition of skin barrier gaskets (seals) around the stoma can be cut or purchased pre-cut. You can use one layer or several layers. Products like the Eakin Wafer or Coloplast Strip Paste, can be pressed into shape around the stoma to protect and seal.

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## UROLOGY CONCERNS

via Honolulu Ostomy Association, Edited by B. Brewer UOAA  
Update 4/11

Germs are all over the world, but when they are in the urinary tract, either in the conduit, the ureters, or the kidneys, they are in an abnormal location, and that is what causes an infection.

What causes infection? Mostly, the reasons are unexplainable. Why do some people get more colds than others? Infections can be caused by obstructions, kidney stones, tumors, cysts or scar tissues. Almost synonymous with obstruction is infection, and then too often comes stone formation. Once you have stone formation, it's hard to get rid of the infection. It's a kind of a cycle that goes around and around.

Infection can be caused by urine being forced back to the kidneys through the conduit. This could happen if you fall asleep with the pouch full of urine and accidentally roll over on the pouch, causing urine to be forced back through the stoma and the urinary tract with tremendous pressure. Invariably, the urine in the pouch is contaminated.

In general, to prevent and treat infection, you need a good flow of urine, much like a stream. That not only dilutes the bacteria or germs in the urine but also helps wash them out. Two and one-half quarts of liquids daily are required for the average adult. Also antibiotic therapy is used to fight infection.

Night drainage is recommended. Otherwise, you run the risk of urine backing up into the kidneys which can cause irritation or infection. This is especially important for urostomates with only one kidney.

It's important to be aware of the symptoms of a kidney infection: elevated temperature, chills, low back pain, cloudy urine, or decreased urine output. People with ileal conduits normally produce mucus threads in their urine which give a cloudy appearance, but bloody urine is a danger sign. You must see your doctor if any of these symptoms occur.

## EXCESSIVE GAS...CAUSES AND TREATMENTS

Edited by B. Brewer UOAA Update 4/11

One of the concerns for many ostomy patients is excessive gas, which can be embarrassing and uncomfortable, but there are several easy treatments that can help.

### Some Causes of Increased Gas:

- Habitual swallowing of large amounts of air. It is typically an unconscious process occurring with anxiety.
- Certain foods that contain the carbohydrate raffinose, a soluble fiber found in oat bran, peas and other legumes, beans, and most fruit.
- Lactose intolerance and other sugars. (high fructose corn syrup and sorbitol,...a sugar substitute)

### Easy Treatments for Excessive Gas:

- **Do not drink liquids with your meals**, you lose stomach acids and they can't break down the foods as well. The acid is there for a reason. If you drink about 30 minutes before a meal, you will rev up your stomach engine, so it will be better able to digest food.
- **Eat and drink slowly.** When you eat or drink fast, you can swallow a lot of air, which can cause gas. If you have dentures, check with your dentist to be sure they fit properly so you are not gasping air while eating.
- **Eat fewer 'gassy' foods.** Everyone reacts differently, but common gas-causing culprits are fruits (apples, pears), vegetables (broccoli, Brussels sprouts, onions), whole grains (bran), and dairy products (milk, cheese, ice cream.) Foods containing sorbitol, a naturally occurring sugar found in fruits that's also commonly used as an artificial sweetener, are on some people's gas-happy list. Some people also are bothered by carbonated soft drinks and fruit drinks. If you discover that these foods are causing you excess gas, eliminate them from your diet or eat them in small portions.
- **Take over the counter digestive aids:** Digestive enzymes are available as over the counter supplements. People who have trouble digesting foods that contain lactose may find that taking lactase enzymes (Lactaid) helps.
- **Don't fill up on air.** Habits like smoking and chewing gum may cause your stomach to fill with air, leading to gas.

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

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Note: Gas is produced in all humans. The average adult produces about one to three pints of gas each day. The amount of gas varies depending upon diet and individual factors. Occasionally burping before or after meals is also normal.

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## WHAT'S NORMAL FOR YOUR STOMA

Original Article by Liz OConnor, RN, CETN Edited by B. Brewer  
UOAA Update 4/11

**Color should be a healthy red.** Usually the stoma is the same color as the inside of your intestine. If the color darkens, the blood supply might be pinched off. Make sure your skin barrier or wafer is not too tight. This can vary according to the barrier type, as some require a small gap between your stoma and the barrier material, while others are intended for a snug fit where the wafer material actually touches your stoma. If, in the unlikely occasion, the stoma turns black, seek treatment at once. Go to the emergency room if you cannot locate your doctor.

**Note:** Blockages should be evaluated by a physician to determine if it is from food impaction...or from other reasons, such as a kink in the bowel or adhesions/scar tissue.

**Possibility of a little blood when cleaned.** This is to be expected. Do not be alarmed. Just be gentle when cleaning.

**Ileostomy stomas will flow intermittently and stool will be semi-solid.** If you notice that the stoma is not functioning after several hours and if you develop pain, you might be slightly —clogged.

Try sipping warm tea and try getting in a knee-chest position on the bed or on the floor. (Have your shoulders on the floor and your hips in the air. Gently rock back and forth in this position, in an attempt to dislodge any food that might be caught). If you do not begin to function after a couple of hours and have nausea or pain in the abdomen, call your physician. If you cannot locate your physician readily, go to an emergency room.

In the meantime, your stoma might begin to swell. Remove any pouch with a tight barrier/wafer and replace it with a flexible one with slightly larger stoma opening.

**Colostomies located in the descending or sigmoid colon.** Colostomy stomas should function according to what your bowel habits were before surgery (daily, twice daily, three times weekly, etc.). Some individuals manage their colostomy with diet and some prefer irrigation (process to wash out a storage area in the colon). Pouching systems may vary according to your management method. (open-end drainable, or closed end security pouch).

**Urinary Diversions.** Urinary diversions function *almost* constantly (with slow, light output) The urine should be yellow, adequate in volume and will contain some mucus. If the urine becomes too concentrated or dark, try increasing your fluid intake.

If the mucus becomes more excessive than usual, you might have an infection. (It will probably also have a stronger odor and you may have a slight fever). Consult your physician if this happens.

**In Summary:** At any time, if you have concern that your stoma is **not** functioning normally, please seek help. The cause needs to be evaluated. If your problem is a serious one, it needs to be corrected. If it is not serious, you will be relieved to know that your stoma is —alive and well.

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## ANTACID USERS BEWARE

By Elizabeth Smoots, M.D. Edited by B. Brewer UOAA Update 4/11

Almost everyone has indigestion occasionally, and it is probably alright to take an antacid pill now and then; but many health authorities warn that taking antacids regularly may not be wise, especially for **ostomates**. Here's why:

**Magnesium hydroxide** causes diarrhea and reduced absorption of vitamins and minerals.

**Aluminum hydroxide** causes constipation, reduced phosphate levels leading to fatigue, poor appetite and bone loss. It also contains aluminum which has been linked to Alzheimer's disease.

**Calcium carbonate** may cause acid rebound where, when the antacid wears off, stomach acid suddenly shoots up. It may also cause constipation, a potential disturbance in the body's calcium and phosphate levels called milk-alkali syndrome, which in turn may lead to nausea, headache, weakness and kidney problems.

**Cedar Rapids / Iowa City  
Area Ostomy Support Group #171, Inc.  
P.O. Box 5227  
Coralville, IA 52241**



**Next Meeting  
Thursday, June 23, 2011  
Mercy Medical Plaza,  
Iowa City  
6:30 pm - Scanlon Room, Lower level  
*Family and Friends welcome!!***