



# SHORT CIRCUIT

© 2015 Cedar Rapids / Iowa City Area Ostomy Support Group #171, Inc. — an affiliate of UOAA, Inc.

[www.iowaostomy.org](http://www.iowaostomy.org) **Our 43rd Year!** Serving Ostomates of Eastern Iowa since 1972 April 2015

## 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. 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.ostomy.org](http://www.ostomy.org).

*“Seize the Opportunity”*



## From our Coordinator...

Hello everyone! I'm using a "rainy day" graphic this month, in hopes that we can encourage Mother Nature to give us some rain. Come on, Spring!

Thanks to Gina Carlile and Bonnie Lorenzen for guiding the February meeting at Mercy in Cedar Rapids. The "movie night" was a success!

We have two events in April. The Ostomy Education Day, sponsored by the Iowa WOCNs, is Saturday, April 11th at Mercy Medical Center in Des Moines. That's coming up pretty quickly! I encourage all to attend this very worthwhile event. See the schedule on page 3.

Registration and breakfast starts at 8:30 am, and the day wraps up around 3:00 pm. The event is free, but they need to know how many will attend. **You may register by calling 515-247-3029 (leave a message) or sending an email to [iowaostomyday@gmail.com](mailto:iowaostomyday@gmail.com).**

Ostomates, family & caregivers are welcome to attend the Ostomy Education Day. There will be speakers, a question/answer session with the nurses, vendors and lunch! Also an insurance expert will be on hand to answer your insurance questions.

On April 21st we'll meet at Unity Point (St. Luke's Hospital) in Cedar Rapids for our regular support group meeting. Details in the calendar on page 4.

In May we'll meet at the Iowa River Landing (IRL) Clinic in Coralville. Heather Nelson, a representative from NPS Pharmaceuticals, will be giving a presentation on short bowel syndrome and Gattex, a relatively new drug which is used to treat it.

If you are interested in a sponsorship for the National

*Continued on page 2*

## *This and That... ostomy news you can use!*

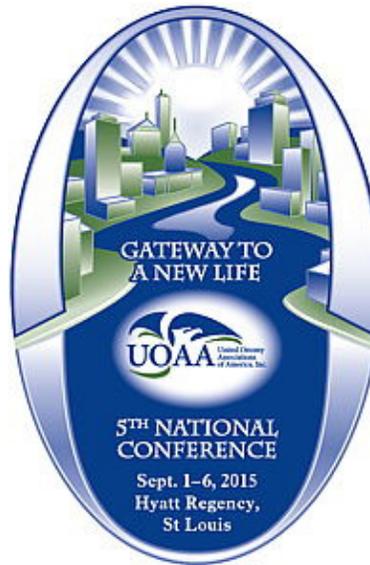
Conference in September, call or email me and I will send you the application for the CARES program, which is a scholarship program for new ostomates and first time conference attendees. The application is due May 4th. This information is available on the UOAA website at [www.ostomy.org](http://www.ostomy.org), and I will also have the applications at the April 21st meeting. My contact information is at the bottom of page 3.

New at the National Conference this year will be a Leadership Academy for people who want to get more involved with their support group. A tentative schedule for the conference programming is on the UOAA website, and I will bring a few copies to the next meeting.

Vicki reports the balance in our treasury is \$579.04. In the past we've used our funds to support conference attendees and also Youth Rally participants. We'll discuss these items at the meeting. See you in April.

*Carol Haack*

## **AND THE COUNTDOWN BEGINS...**



**150 DAYS  
TO GO  
UOAA 2015  
NATIONAL  
CONFERENCE**

**A wonderful and exciting way to engage in fun and knowledge while interacting with other ostomates ... Just Like You!**

*Experience great Speakers, Workshops Parties, and even a Stoma Clinic!*

**St. Louis offers many amenities to enjoy, such as...**

- The beautiful, tranquil Missouri Botanical Garden
- The breathtaking architecture of the Cathedral Basilica of St. Louis
- The St. Louis Zoo with 6,600 animals and 15 major exhibit areas
- The Gateway Arch -- 630 foot marvel -- See 30 miles in each direction and 200 years into the past
- Anheuser-Busch headquarters -- visit The Clydesdale stables -- beer tasting tours
- City Museum - A museum of mayhem, mirth, and mystery with four floors filled with miles of tunnels, 30 slides, architectural museum,, a Ferris Wheel on the roof, and more...fun for all ages ...And hundreds more!

**Register now, and book your hotel at:**  
[www.ostomy.org](http://www.ostomy.org)

## **Get Ostomy Answers!**

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 and more.



Subscriptions directly fund the nonprofit United Ostomy Associations of America – the only national organization providing vital information, resources, support and advocacy for ostomates.

**Phoenix**



One-year subscription \$29.95    Two-years for \$49.95

Payable to: The Phoenix magazine, P.O. Box 3805, Mission Viejo, CA 92690

Name \_\_\_\_\_  
Address \_\_\_\_\_ Apt/Suite \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

# OSTOMY EDUCATION DAY

SATURDAY, APRIL 11<sup>TH</sup> 2015  
MERCY MEDICAL CENTER  
EAST TOWER AUDITORIUM  
DES MOINES, IA

Please join us for this *FREE* annual event designed to offer ongoing support and education to people living with ostomies and their families/caregivers.

0830-0900 Registration and breakfast

0900-0915 Welcome

0915-1015 Deanna Eves, Senior Reimbursement Manager for Hollister Inc.  
Do you have questions about insurance coverage or reimbursement for your ostomy supplies? Deanna can help!

1015-1030 Break

1030-1130 Wound Ostomy Continence Nurse Panel  
Barbara Rozenboom, Mary Mahoney, and Mary Gloeckner have more than 75 years of combined experience and welcome your toughest questions regarding skin care, odor, travel, and more.

1130-1230 Lunch with break out sessions for urostomy, ileostomy, and colostomy

1230-1330 Thriving with an ileostomy: Sara Roetman will share her story. Derek Arends would like your help in raising awareness and will share his idea for a fall fun run.

1330-1500 Vendors and door prizes  
Stick around and check out the offerings from the vendors. Maybe you'll find just the product for you!

Preregistration by 4.1.15 by email is preferred: send your contact information to [iowaostomyday@gmail.com](mailto:iowaostomyday@gmail.com) Participants without email may leave a message at 515.247.3029.

Sponsored by the Iowa Affiliate of the Wound Ostomy and Continence Nurses Society.

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.

**MEMBERSHIP** is open to ostomates and their families, friends and caregivers. Dues are \$10 per year and include an **email** subscription to the SHORT CIRCUIT newsletter. Copies are also available free on our website at [www.iowaostomy.org](http://www.iowaostomy.org).

If you wish to subscribe to the **printed edition of the newsletter** there is an *additional* \$10 charge per year to cover the costs of printing and mailing.

Membership dues and print subscription fees are collected on the honor system. If you are reading this newsletter you are a member even if you are not able to attend meetings. Your membership fee is tax deductible and will help support educational activities for ostomates in eastern Iowa. Send membership dues and subscription fees to Vicki Kee, at the address in the column to the right.

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.

**Officers** of the Cedar Rapids / Iowa City Area Ostomy Support Group  
[info@iowaostomy.org](mailto:info@iowaostomy.org)

**Gina Carlile, Visitor & Membership Coordinator**  
309-292-0150

**Carol Haack, Coordinator & Newsletter Editor**  
319-530-6749

**Vicki Kee, Treasurer**  
P.O. Box 5227  
Coralville, IA 52241  
319-853-8765

# Meeting Schedule 2015



- Saturday, April 11, 2015 **Ostomy Education Day** sponsored by WOCN. Mercy Medical Center, Des Moines. See information on page 2.
- Tuesday, April 21, 2015 **Support Group meeting** Unity Point (St. Luke's Hospital), Cedar Rapids. 6:30 pm. Room 163, behind the Gift Shop. Park in the west ramp by the emergency department, or use the free Valet parking — just pull up next to the big revolving door.
- Tuesday, May 19, 2015 **Support Group meeting** UIHC Iowa River Landing clinic, Coralville. 6:30 pm. Presentation by Heather Nelson, NPS Pharmaceuticals.
- Thursday, June 18, 2015 6:30 pm **Support Group meeting** Mercy Medical Plaza, Iowa City (across from Mercy Hospital in Iowa City.) Take the elevator to the lower level. We'll meet in the McAuley room.
- Thursday, Aug. 20, 2015 6:30 pm **Support Group meeting** Mercy Medical Center, Cedar Rapids. Training Room B on the lower level
- Tuesday - Sunday Sept 1 - 6, 2015 **5th UOAA National Conference**, St. Louis, MO. Check the UOAA website at [www.ostomy.org](http://www.ostomy.org) for more information during the coming months.
- Tuesday, Sept. 15, 2015 **Support Group meeting** UIHC Iowa River Landing clinic, Coralville.
- Saturday, Oct. 3, 2015 **Ostomy Awareness Day**
- Thursday, Oct. 22, 2015 **Support Group meeting** St. Luke's Hospital, Cedar Rapids.

**Meeting cancellations** — If it becomes necessary to cancel a support group meeting due to weather conditions, the information will be posted on our website: [www.iowaostomy.org](http://www.iowaostomy.org). If you receive the Short Circuit via email, you will also receive an email notice of cancellations. If you suspect a meeting will be cancelled because of inclement weather but don't have access to email, just give Carol or Gina a call to find out the status of the meeting. Phone numbers are at the bottom of page 2.

**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>

**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)

**Friends of Ostomates Worldwide-USA**  
[www.fowusa.org](http://www.fowusa.org). Donate unused supplies.

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

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

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

*UOAA UPDATES is how our national organization communicates to all support groups and members about what is happening throughout the organization.*

## PRESIDENT'S MESSAGE



To our Affiliated Support Groups, Members and Partners of United Ostomy Associations of America,

The Management Board of Directors (MBoD) is working on the UOAA National Conference "Gateway to a New Beginning" to be held on Sept 1-6, (programming Sept 2-5), 2015 at the Hyatt Regency St. Louis at the Arch Hotel. The hotel is in the heart of a vibrant business area, and has many attractive sites for tourists, including the world-famous Arch, Cardinal Stadium and Edward Jones Dome, home of the St Louis Rams football team. We are in the process of contacting speakers and defining our programming.

**C.A.R.E.S Program** - Again this year we will have sponsorships for Conference attendees. For information regarding our C.A.R.E.S program (Conference Attendee Reimbursement of Expenses Sponsorship), please go to our website for online registration [www.ostomy.org](http://www.ostomy.org) or call 1-800-826-0826 for more information. The deadline for nomination forms is May 4, 2015.

**Advocacy Update From Doug Shefsky, Advocacy Chair** - As previously reported, a bill was introduced in Maryland last year requiring coverage of ostomy supplies by all major insurances. A similar bill has been introduced in the Maryland Senate and was scheduled for discussion on February 18. UOAA fully endorses this bill and is providing support to the effort, which is being led by the Metro-Maryland ASG. We are very excited for this progress. If you live in Maryland and are interested in lending a hand, please contact our Advocacy Chair (Doug Shefsky at [doug.shefsky@ostomy.org](mailto:doug.shefsky@ostomy.org)).

**Social Media Chair Doug Yakich** - requests that you check out the survey on the UOAA Face Book page by Columbia University Bio-Engineering students.

**ASG Chair, Ival Secrest** - sent an update asking for your reply to his request regarding the ASG Leadership Academy that will be held at the St. Louis National Conference this fall. UOAA wants to address the issues that you as leaders want to be included in the day-long Academy.

**Friends of Ostomates Worldwide (FOW)** - is requesting that you send new or unused ostomy products to FOW USA, 4018 Bishop Lane, Louisville, KY 40218, phone # is 502-909-6669.

FOW sends ostomy supplies to many countries where products are not readily available and having the correct pouching system makes a huge difference in the life of the person that has undergone ostomy surgery-Supplies Saves Lives.

### **Get Your Guts In Gear-(GYGIG) -**

Get Your Guts in Gear - The Ride for Crohn's and Colitis will hold two Rides in 2015, and UOAA is again one of the beneficiaries. The 12th annual New York Ride will take place on Saturday, June 13 & 14. The 2nd annual Sandusky Ohio Ride will take place on August 16 & 17.

Both Rides offer one and two day riding options, in addition to volunteer positions. Visit [www.igotguts.org](http://www.igotguts.org) for more information.

**501c3- 501(c)(3) Charity Designation For ASGs** - Twice every year the UOAA sends a request to the IRS to add ASGs who have requested inclusion under our 501(c)(3) charity umbrella. Our next request will be made at the end of March and your request will need to be received by the office by 3/13/15.

The advantage of obtaining 501(c)(3) status is that people who donate to your ASG will be able to deduct those donations from their Federal Income Taxes. If you aren't already under our umbrella and don't have individual 501(c)(3) status, you may request inclusion by sending an email to the UOAA office at [oa@ostomy.org](mailto:oa@ostomy.org). This email must contain words requesting inclusion, your own EIN (Employer Identification Number), the name and address of your contact person and a statement indicating that your group isn't a private foundation.

When you send in your request for inclusion please also send us a copy of your ASG ByLaws. This document can be emailed to [oa@ostomy.org](mailto:oa@ostomy.org) or mailed to PO Box 512, Northfield, MN 55057.

A more complete statement of requirements, including instructions for obtaining an EIN, can be found in our "ASG in a Box" web page at:

[www.ostomy.org/ASG\\_in\\_a\\_Box.html#irs\\_considerations](http://www.ostomy.org/ASG_in_a_Box.html#irs_considerations)

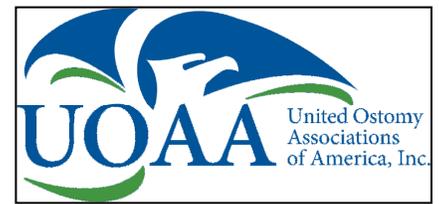
Also note: IRS 501(c)(3) status is relevant only to volunteer-run ASGs that collect donations. It isn't relevant to ASGs run by medical facilities

Additionally, please be advised that the office is undergoing a transition. Joan McGorry has returned to UOAA, and Patti Herubin is no longer working with us. Joan will be stepping aside as our 2nd Vice President to work as our Director of Administrative Services. Kathy Ward will continue to be the voice of 800 #. Our address has changed back to UOAA, PO Box 512, Northfield, MN 55057. Our phone number will remain the same - 1-800-826-0826.

Thank you,

Susan Burns  
President, UOAA





## **AFILIATED SUPPORT GROUP (ASG) UPDATE - FEBRUARY 2015**

Greetings to ASGs across the country,

This is my first communication with all ASGs and hopefully you will find it useful. As a matter of introduction, I have been involved with ostomy organizations since my surgery in 1978. I am an active member of the Southeast Arizona (Sierra Vista) & the Tucson ASGs.

The purpose of this message is to explain some changes that were made at the recent UOAA Strategic Planning Meeting. The intent is two-fold: (1) To respond effectively to ASGs when a request for assistance is submitted and (2) Recognition of the need to build relationships with people who have had ostomy surgery but are not members of an ASG, as well as individuals and organizations who have an impact on the life of a person who has had ostomy surgery (e.g. WOCNs, surgeons, Ostomy Management Specialists (OMS), hospitals, home health care agencies). We are hoping that both will translate into more vibrant ASGs.

One of the first objectives is to find methods that will make it more inviting for a young person with an ostomy to attend an ASG meeting on a regular basis. The internet has made it possible for anyone with a new ostomy to learn about the various products and processes to manage their ostomies. We want all ostomates to be able to be independent and manage their ostomies without assistance. The challenge for ASGs is to recognize that their role is to meet other needs that a person with a new ostomy faces and to be a force in the local community for all people with ostomies.

We understand the importance of communication between the ASGs and the UOAA Management Board of Directors (MBoD). We currently need everyone's input on two important issues! Please e-mail us with the following information: (1) What subjects would you like to see covered at the ASG Leadership Academy that is scheduled during the 2015 Conference? We must receive your suggested subjects by May 1, 2015 for them to be considered. (2) What three projects or programs would you like for UOAA to implement or strengthen? Please send your input about these two issues to: [ASGinput@ostomy.org](mailto:ASGinput@ostomy.org).

Additionally, the MBoD will be undertaking a random sampling of ASGs in the near future to determine how the UOAA can help the ASGs be more effective. They will be calling the contact person listed for an ASG on the UOAA website. We look forward to speaking with you, because your answers will help guide the direction and programs of UOAA. Because this is a random sampling, not every ASG will be contacted.

Your job and our job is to raise awareness of ostomy surgery locally and nationally, advocate for people who have had ostomy surgery and support those who have had ostomy

surgery. I encourage you to provide this update to all the people who attend your ASG meetings. Together we can make things happen.

Ival Secrest and Al Nua  
UOAA Directors

## **ASG UPDATE - MARCH 2015**

Greetings,

We have embarked on a project to contact all ASGs (Affiliated Support Groups) so that the UOAA MBoD (Management Board of Directors) will have a better understanding of the total organization. You were advised in the February 2015 update that the members of the MBoD would be doing random calling of ASGs. Additional people were required in order to contact all the ASGs in a reasonable time frame and we have asked members of the ASG Advisory Board to make those additional calls.

We request your cooperation when you receive a call from a UOAA ASG Advisory Board member or from a member of the UOAA MBoD. They will be asking several questions that are included in the next paragraph and most of the answers will be yes or no with the exception of a few. The data resulting from this survey will be used to help determine the projects and programs that will be most beneficial to the ASGs.

The members of the UOAA ASG Advisory Board who will be making the telephone calls are Eileen Bohrer, Judy Svoboda, Carol Larson, Wendy Lueder, Harvey Shatz and Steve Vandevender. As was mentioned in the February 2015 ASG Update, some of you will receive calls from one of the following board members: Susan Burns, Jim Murray, Dave Rudzin, Fran Popp, Chery Ory, Al Nua, Doug Shefsky, Millie Parker or Ival Secrest. Jay Pacitti, Director of Development, will also be making some calls.

The following is the type of questions they will be asking:  
Demographics of your group  
Typical meeting schedules  
Visitor programs  
UOAA website use  
Conference attendance

We are still accepting suggestions for the Leadership Academy that is scheduled for the UOAA 2015 Conference in St Louis. We need that information by May 1, 2015. Also, you can send us suggestions as to how to improve UOAA at any time. Please send all suggestions to [ASGinput@ostomy.org](mailto:ASGinput@ostomy.org)

Ival Secrest, Chair  
UOAA ASG Advisory Board

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

## **OSTOMATES GUIDE FOR HOSPITALIZATION**

By Lindsay Bard, MD: UOAA Update March 2015

It is important for a person with an ostomy who needs to be hospitalized to know that he/she should be handled differently than someone without an ostomy, and how.

**Rule 1** - The Cardinal Rule!: If you feel something is being done or going to be done to you that might be harmful, refuse the procedure. Then explain why to the medical personnel, especially your physician. They will then decide with you, if the procedure will actually be in your best interest.

**Rule 2** - Supplies: Bring your own supplies to the hospital. Never assume the hospital will have the exact pouching system or irrigation system you use. Most hospitals have some supplies available. These are used for emergency situations.

**Rule 3** - Instructions: Take to the hospital two copies of instructions for changing and irrigating your pouch.

**Rule 4** - Communicate! Again, let me stress that you must communicate with the hospital personnel who take care of you. You will have a better hospitalization and they will have an easier time treating you.

## **DEHYDRATION AND THE ILEOSTOMY**

By Terry Gallagher, UK (Edited & Excerpted): UOAA Update March 2015

In someone with a working colon, the colon is responsible for absorbing most of the water we drink and which is contained in our food. In addition, electrolytes such as sodium and potassium, essential to maintaining good health, are absorbed there. Removal or disconnection of the colon immediately causes a problem because of the removal of the ileo-valve. This valve is between the ileum (or small intestine) and the colon where the appendix is attached. Its purpose is to hold back the food in the ileum to enable it to be absorbed better.

As an ileostomate, when we lost this valve, food and water pass through our digestive system faster, so less is absorbed, often accounting for weight loss when a person first recovers from the surgery. The ileum eventually learns to absorb more water to compensate, but still absorbs much less than the colon did. Waste from the ileum normally has about 30% of the water remaining, while waste from a colon has about 10% remaining - quite a difference. In addition, the ileostomate loses ten times as much sodium and potassium as someone with a colon.

Because of all this, anything which upsets the balance in our bodies has a much faster effect, as well as happening much quicker than in a person with a working colon. A typical example is gastroenteritis. A person with a working colon with the same degree of infection may be sick and have diarrhea for a couple of days, whereas someone with an ileostomy may well end up in the hospital as an emergency. This may apply to other problems with upset the digestive system's balance. When

these occur, a person with a working colon experiences nausea, vomiting, fever, abdominal cramps, sometimes bloody diarrhea and signs of dehydration (including the veins on the back of the hands and elsewhere becoming invisible).

Those of you with an ileostomy may fill up the pouch very rapidly with fluid. On emptying, the pouch can refill in minutes. You may feel nauseous and develop abdominal discomfort. You may rapidly begin to experience the symptoms of dehydration, which dry mouth, decreased or virtually non-existent urine output, heart irregularities and dry skin. In many cases, you can see urine out has ceased. This is a medical emergency!

If hospitalized for dehydration, the ileostomate may expect IV solutions to be given. The fluid given will be saline, potassium, or potassium and glucose to replace those essential electrolytes lost as mentioned earlier. Expect an EKG (to check for heart problems), blood to be taken and stool and urine samples (to check for infection), and abdominal x-rays. Dehydration treatment can also lead to kidney damage, which may be permanent, requiring lifelong dialysis or a transplant.

If you become ill with diarrhea, vomiting and fever that persist and you find yourself with a pouch which is filling and refilling with fluid, and start to develop a dry mouth with abdominal pains, seek emergency treatment immediately. Normal people may sneer that we're making a lot of fuss for a simple "tummy ache", but we're not! It can be much more serious for us than for people with a working colon.

## **THE UNCONTROLLED COLOSTOMY**

Montreal, Canada & Ostonoma News, CA: UOAA Update March 2015

Some people in the medical and nursing professions are under the impression that people who have colostomies have very little difficulty in managing them, in comparison to people with ileostomies or an ileal conduit (urostomy.) Very often a patient is told that in time, he can learn to train the bowel to evacuate once every 24 to 48 hours. This, they are told, can be achieved by either irrigation of the colon or by diet, and then all that is required is a dressing over the colostomy or a piece of colostomy equipment if more protection is desired.

While the above situation is true in some number of cases, there are those who find it an impossibility to regulate the bowel no matter what method they try. These people often become discouraged, especially after hearing other colostomates report how well they manage with a minimum amount of care, with no problems at all.

Usually the person who had an irritable colon prior to surgery will experience problems post-op. Irrigations are recommended in these cases, to help regulate the colon. Persons in this category should consider being measured for a good appliance, one that will keep them clean, dry and odor free. This is a possible solution to this particular problem at the present time. Note: There are some cases where a large amount of the colon

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

and or ileum (small bowel) has been removed. In that case, a colostomy can act more like an ileostomy, therefore CANNOT be controlled. Best to check it out with your doctor.

## UROSTOMY REVIEW

Via GAOA Newsletter: UOAA Update March 2015

**Diet:** There are no eating restrictions as a result of Urostomy surgery. (If the kidneys have been severely impaired, your physician will monitor your protein and salt intake, but the functions of your kidneys are not affected by the surgery.)

The urinary tract and digestive tract are separate. A few foods and certain medications may cause urine odor or a change in urine color (such as asparagus, fish and certain spices). Drink plenty of liquids each day following the health care team's recommendations.

**Mucus:** You normally have some mucus shreds in your urine. If the amount increases, if the urine changes color and has a strong odor, it may signal that you have a urinary tract infection. Be sure to drink six to eight glasses of liquid a day, unless your physician instructs you otherwise. Drinking fluids helps to decrease the amount of mucus in your urine.

**Acidic Urine:** Drink cranberry juice in place of orange juice or other citrus juices which tend to make the urine more alkaline. Take vitamin C daily (if approved by your physician). Keeping your urine acidic may help to: (1) prevent urinary tract infections, (2) prevent damage to your skin, and (3) decrease odor. Check the pH of your urine about twice a week to be sure the urine is acidic, with a pH of less than 6.0.

Most fruits and vegetables actually give an alkalized ash and tend to alkaline the urine. Meats and cereals will usually produce an acidic ash. Unless otherwise indicated, the urine should be maintained in an acid state.

**Fluid & Infection Management:** People with urinary diversions no longer have a storage area, a bladder, for urine. Urine should flow from the stoma as fast as the kidneys can make it. If your urinary stoma has no drainage after even an hour, it is of serious concern. The distance from the stoma to the kidney is markedly reduced after urinary diversion surgery. Any external bacteria have a short route to the kidney. Since kidney infection can occur rapidly and be devastating, prevention is essential.

- Wearing a clean pouch and frequent emptying are vital.
- Adequate fluid intake, particularly fluids that acidify the urine, will decrease problem odor.
- In warm weather, with increased activity or with a fever, fluids should be increased to make up for body losses due to perspiration and increased metabolism.
- It is important that you be aware of the symptoms of kidney infection. Elevated temperature, chills, low back pain, cloudy bloody urine and decreased output. If you experience these symptoms, see your physician.
- Urine samples should never be collected from an existing

pouch. The best way to collect a urine specimen is for a medical professional to obtain it by catheterizing the stoma under sterile conditions.

## OSTOMY SURGERY AND DEPRESSION

Edited By Bobby Brewer: UOAA Edits and Update March 2015

Sleeplessness, loss of appetite, feelings of guilt or worthlessness, and/or irritability are some of the symptoms of depression. It can be triggered by the inability to participate in normal daily pleasurable activities by a sense of helplessness and lack of control over your body. Medications, stress, malnutrition, anesthesia or metabolic imbalance can also cause depression.

Other patients who have a harder time dealing with their ostomy are those who: (i) base their self-esteem on their physical appearance, (ii) those with a take charge or "always in control" character (iii) the good Samaritan behavior (always the helper or solver). Their ostomy, or lack of control over their bodies, and their need to depend on others for help, even if only temporarily, can make coping difficult.

Constantly tired from efforts to cope with daily household or work routines, while learning to adapt to physical requirements to this unpredictable new addition to your body, leaves little energy for enjoyment of leisure activities or romantic involvement. It takes us some time to return to our normal lifestyle. So relax-do what you are capable of doing at this time and do not try to rush things. You have had enough pain and deserve a vacation.

Give yourself a year for a good recovery and if it should happen to take a lot less time, consider yourself a very lucky person. In the meantime, do what you have to do in whatever way you are capable of doing it. But do not give more than a passing thought to the things you cannot do right now. You might have to take some shortcuts, do some improvising, or indulge in some healthy neglect. Do not be bashful about asking for and accepting help. You would do the same for someone else if they needed help.

Some patients conceal their ostomy from their spouses, families or lovers because they fear rejection, feel shame or embarrassment, are modest or have noticed evidence of disgust. This results in feelings of isolation, depression and chronic anxiety. Most ostomates need a few months before they feel secure about being accepted. Join the crowd! You are not alone! We all go through this.

Signs of Depression:

- Physical - aches or pains, or other physical complaints that seem to have no physical basis. Marked change in appetite; change in sleep patterns, and fatigue.
- Emotional - pervasive sadness; anxiety; apathy; crying for no reason and indifference.
- Changes in Behavior - neglect of personal appearance; withdrawal from others; increased use of alcohol/drugs; increased irritability and restlessness.

**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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- Changes in Thoughts - feelings of hopelessness/worthlessness; inappropriate or excess guilt; forgetfulness and inability to make decisions to take action.

NOTE: There are some cases of depression which can benefit most from professional help. Do not hesitate to ask your doctor.

### **ALZHEIMER'S DISEASE**

UOAA Update March 2015

With Alzheimer's disease - one of the most common forms of dementia - memory, reason, judgment, language and mental ability are eventually destroyed when nerve cells in the brain, called neurons, degenerate and die. The brain can't replace the nerve cells, so brain function is lost.

Scientists and researchers still don't know why Alzheimer's disease occurs. Although age and heredity are two proven risk factors, Alzheimer's disease is thought to be the result of a combination of elements. Diagnosis is made by careful examination of the symptoms and by eliminating other causes.

Symptoms of Alzheimer's Disease:

- Short Attention Span
- Gradual loss of memory
- Inability to learn
- Decreased bowel or bladder control
- Depression
- Disorientation/confusion
- Forgetfulness
- Inability to handle minor tasks
- Irritability or hostile behavior
- Lack of spontaneity
- Neglecting to perform routine tasks
- Paranoia

Older Women and Alzheimer's Disease: Some research has shown that women who use estrogen replacement after menopause may be reducing their risk for Alzheimer's disease by as much as forty percent. Estrogen replacement therapy has been shown to improve mental ability and memory.

Work Your Brain: Keeping your mind mentally fit may help delay the onset of dementia, including Alzheimer's disease. Mental exercises and learning seems to promote the growth of additional synapses in the brain (the connections between neurons).

How Alzheimer's Is Treated: At-home care during the early stages should be undertaken only under the supervision of a doctor. Some medications, such as antidepressants, mild sedatives or antipsychotic drugs, may be used in low doses to help control behavior. Physical therapy, simple directions for routine activities and clear communication from caregivers can often help. Environmental cues, such as clocks, calendars and familiar objects, can help the patient with orientation.

### **INSPIRATIONAL WORDS**

Omaha Ostomy Digest 01/15: UOAA Update March 2015

If you are depressed,  
You are living in the past.

If you are anxious,  
You are living in the future.

If you are at peace,  
You are living in the present.  
Lao Tzu

### **ON THE SHORT SIDE**

By Kathy Ward, UOAA National Office, March 2015

Question:

*I have insurance, but it only pays a small portion of my costs towards my ostomy supplies. Do you have any free supplies that you can send me?*

Answer:

As most of you are aware, we don't keep supplies here at National Office, however, if you attend your local meetings, many times members bring in their extra supplies that are offered to other members free of charge. It's a great way to "try-out" a different product.

Also, if you call area Charitable Organizations, or local hospital and speak with the Chaplin, sometimes they may know of an anonymous donor who is willing to help with the purchase of medical supplies for those in need.

Question:

*When making donations in memory of a friend and/or loved one, do you notify the family that a donation has been made in his/her name? Where do we send the donation and what information will you need.*

Answer:

Yes, we can notify the family that a donation was made In Memory of a friend and/or loved one. We would need to have the name and address of who to send the donation notification letter to. We don't mention the amount of the donation, only that a donation was made and who it was made In Memory of. You may include any special remarks of tribute for the individual to have us put in the letter to the family.

If you would like to do this, you can send the contribution check and the above information to our office at PO Box 512, Northfield, MN 55057, indicating who the donation is from. We record that information and you will receive a letter of acknowledgment.

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



***Join us!***

***Next meeting  
Thursday, February 19th, 6:30 pm  
Mercy Medical Center,  
Cedar Rapids***