



SHORT CIRCUIT

© 2016 Cedar Rapids / Iowa City Area Ostomy Support Group #171, Inc. — an affiliate of UOAA, Inc.
Our 44th Year! Serving Ostomates of Eastern Iowa since 1972 www.iowaostomy.org May 2016

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, potential 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 319-775-0175, online at www.iowaostomy.org, or find us on Facebook at Cedar Rapids/Iowa City Area Ostomy Support Group.

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.



From the Coordinator:

Hello everyone. Reminder that we have our meeting coming up May 17th at 6:30pm at U of I Healthcare - Iowa River Landing in Coralville.

I don't know about others that attended the April meeting, but I was very impressed with the number of nursing students that attended our meeting. For those not there, we had around 25 students. The ostomates introduced themselves and gave a little background of why they have an ostomy. The nursing students were great at asking questions.

I still have a huge amount of supplies available that I will bring back to the next meeting. I have a large amount of urostomy stuff also - so all the urostomates please contact me if you can't make the meeting.

Please take time to look at the meeting page to see what is happening at upcoming meetings. I have several things booked already. Can't wait to see everyone that can make the May meeting.

Sina Carlile

Need a Wound/Ostomy Continence Nurse (WOCN)?

St. Luke's Unity Point Hospital
Cedar Rapids, IA
Wound Clinic
319-368-5582

Mercy Medical Center
Cedar Rapids, IA
Healing Center
319-398-6400

Mercy Hospital
Iowa City, IA
Wound Center
319-339-3967

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.

The Phoenix



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

Payable to: The Phoenix magazine, P.O. Box 3605, Mission Viejo, CA 92690

Name _____

Address _____

Apt/Suite _____

City _____

State _____

Zip _____

Find us on Facebook - <https://www.facebook.com/iowaostomy>



Find us on the internet - www.iowaostomy.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.

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.

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, P.O. Box 5227, Coralville, IA 52241

Officers of the Cedar Rapids / Iowa City Area Ostomy Support Group

Gina Carlile, Coordinator,
Newsletter Editor,
New Ostomate Support Visitor
319-775-0175

Vicki Kee, Treasurer
PO Box 5227
Coralville, IA 52241
319-775-0175



UPCOMING MEETING INFORMATION

Tuesday, May 17, 2016

Support Group meeting UIHC Iowa River Landing clinic in Coralville.

Thursday, June 16, 2016

Support Group meeting Mercy Medical Plaza, 540 East Jefferson Street, Iowa City in the McAuley II room located in the Lower Level
Hollister Rep scheduled to be in attendance.

Saturday, Aug 6, 2016 ***NEW***

Annual Summer Picnic at Lagoon Pavilion at Jones Park in Cedar Rapids. 5pm to 10pm. Potluck meal, so please bring a dish to share and maybe a dessert, and a beverage. We will provide plastic silverware and paper plates. There is a shelter, picnic tables, and electricity if you need to plug in a crock pot. This is always a fun get-together. Friends, families and caregivers are welcome to join us.

Thursday, Aug. 18, 2016

Support Group meeting Mercy Medical Center in Cedar Rapids. Meet in Training Room B. Park in the ramp at the east end, and enter the main doors by the Gift Shop. Take elevator to lower level. Byram rep scheduled to be in attendance talking about insurance reimbursement, supplies and ordering issues.

Tuesday, Sept. 20, 2016

Support Group meeting UIHC Iowa River Landing clinic in Coralville.

Saturday, October 1, 2016 ***NEW***

World Ostomy Day

Tuesday, Oct. 18, 2016

Support Group meeting St. Luke's Unity Point Hospital in Cedar Rapids.
6:30pm in Room 163 behind gift shop

Saturday, Nov 5, 2016 *** NEW ***

Ostomy Education Conference - The Double Tree Hotel in Arlington Heights, IL
Registration started May 1st (potential carpool and/or overnight stay)

December 2016

Holiday Party - more details to come

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. If you receive the Short Circuit via email, you will also receive an email notice of cancellations. If you suspect a meeting will be canceled because of inclement weather but don't have access to email, just give the group number 319-775-0175 a call to find out the status of the meeting.





Food and Diabetes Risk via Harvard Medical School

If someone you know has been diagnosed with type 2 diabetes, you might be wondering about how you can lower your own risk. Fortunately, multiple studies have shown that many of the same healthy eating choices that can help your friend or loved one control their diabetes can also help you prevent it. The exact relationship between eating specific types of foods and the risk of developing diabetes remains somewhat controversial. But the study findings are consistent with what experts consider to be healthy eating habits for most adults.

So, if you're interested in lowering your risk of type 2 diabetes, it can't hurt to try getting more of the foods and nutrients that can lower your risk — and to avoid those that can raise it.

Lower risk

- **Fiber:** Men and women who eat lots of whole grains have up to a 40% lower risk of diabetes than those who eat scarce amounts. Fiber from cereals, breads, and grains seems to be the most beneficial.
- **Coffee:** The number of health benefits from drinking a couple cups of coffee per day keeps growing. Lowering your risk of diabetes is just one of them.
- **Moderate alcohol consumption:** Drinking a little alcohol may decrease your risk of type 2 diabetes. For example, men who have an average of one drink per day develop diabetes less often than those that don't drink.
- **Nuts:** Eating nuts at least five times a week is associated with a decreased risk of developing diabetes compared with rarely eating them. But keep the portions small — nuts have lots of calories.

Higher risk

- **Sugary drinks:** Women who drink two or more sugar-sweetened soft drinks per day have a 24% higher risk of developing diabetes, compared with women who sip less than one per month. Two or more daily fruit drinks (which contain little, if any, real fruit juice) lead to a 31% higher risk.
 - **Meat:** Women who eat the most red meat (about one serving per day) have about a 20% higher risk of diabetes than those who eat the least (about one serving a week). And men who eat processed meats like hot dogs, bacon, and lunch meats five times a week are nearly twice as likely to develop diabetes as men who eat such foods just twice a month.
 - **Trans fats:** Trans fats have been linked to a higher risk of both diabetes and heart disease. One study documented a 30% increased risk of diabetes among women who ate the most trans fats, compared with those who ate the least.
- 

Phantom Rectum from NIDDK - National Institute of Diabetes, Digestive and Kidney Diseases

Phantom rectum is the feeling of needing to have a bowel movement even though the rectum is not present. Phantom rectum is relatively common. Symptoms are usually mild and often go away without treatment. However, for some people, phantom rectum may occur for years after a surgeon removes the rectum. Some people with phantom rectum may feel pain. Health care providers treat rectal pain with medications such as pain relievers and sometimes antidepressants. To help control phantom rectum, a health care provider may recommend complementary therapies such as guided



**WHAT'S NORMAL ...
ANSWERS from YOUR STOMA to YOU**

What's normal for my stoma? Here is some Q&A from your stoma to you.

My color should be a healthy red. I am the same color as the inside of your intestine. If my color darkens, the blood supply might be pinched off. First make sure your skin barrier/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 I should turn black (very unlikely—but it happens occasionally), seek treatment AT ONCE. Go to the ER if you cannot readily locate your doctor. (Be sure to TAKE AN EXTRA POUCH ALONG so you can remove the pouch for doctors to examine the stoma).

I might bleed a little when cleaned. This is to be expected. Do not be alarmed. Just be gentle please, when you handle me. Just wash the skin around me - gently.

If I am an ileostomy, I will run intermittently and stool will be semi-solid. If you should notice that I am not functioning after several hours and if you develop pain, I 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. Rock back and forth in an attempt to dislodge any food that might be caught). If I do not begin to function after about an hour of this, call your physician. If you cannot locate him/her readily, go to the ER. In the meantime, I might have begun to swell. Remove any pouch with a tight wafer and replace it with a flexible one with slightly larger stoma opening.

If I am a colostomy located in the descending or sigmoid colon, I should function according to what your bowel habits were before surgery (daily, twice daily, three times weekly, etc.). I can be controlled in most cases with diet and/or irrigation. This is a personal choice. There is no right or wrong to it, as long as I am working well. My stool will be fairly solid.

If I am a colostomy in the transverse colon, I will have a more loose stool than a descending or sigmoid colostomy. Because there is less remaining colon in this case to absorb water and solidify the stool, its consistency will be closer to that of an ileostomy.

If I am a urostomy, I should work almost constantly. My urine should be yellow, adequate in volume and will contain some mucus. If my urine becomes too concentrated or dark, try increasing your fluid intake. If my mucus becomes more excessive than usual, I might have an infection. I will probably also have an odor and you may have a fever. Consult your physician if this happens.

If at any time, you doubt that your stoma is 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 isn't serious, you will be relieved to know that your stoma is alive and well.

Source: Coos Bay and Evansville Re-Route, July 98, via *Inside/Out* Jan/Feb. 2003

HUMOR TIME!

You know you have an ostomy when...

...someone tells a joke and your stoma "laughs" with you.

...your purse just grew three sizes to accommodate your emergency supplies.

...showering *fully* naked is exciting.

...the color, consistency, and detail of your poo is more interesting to you than most other topics.

...your new "butthole" has a name.

...you poop around company, visitors, during meetings, etc.

...pooping does not require clothing removal



OSTOMY MYTHS - Courtesy of BloodPoopTears.com

Myth #1 - Jack or Jackie No Butt People with ostomies most often still have a butt and a butt hole. Sometimes when it becomes a permanent ostomy, the butt will get sewn closed to prevent infection.

Myth #2 - Ostomies = Becoming a Nun. Sex is a HUGE concern for people with ostomies or talking about ostomies. You can and should still have sex if you have an ostomy. There are ways to cover it if you think you need to, and ways to avoid it being in the way in any shape or form. If you're even remotely interested in the sex you're having, it won't bother you or your partner.

Myth #3 - People with ostomies are fat Yup they sure are. They are also skinny, and tall and short and male and female. Old and young, rich and poor. Believe it or not ostomies and the people who have them come in all shapes and sizes. Also people with ostomies are not just ugly freaks of nature. There are MANY obscenely beautiful people who have ostomies.

Myth #4 - Ostomies are permanent Many ostomies are just temporary. Sometimes they are later changed to be permanent and sometimes they start out permanent. But just remember they can also be very temporary.

Myth #5 - Ostomy = Colostomy A colostomy is made from the large intestine or colon. An ileostomy is made from part of the small bowel when the whole colon is removed. A urostomy is made when there are bladder issues. Yes, there are people in the world who wear two bags.

Myth #6 - You poop all over yourself constantly While you can get a leak from time to time, this is pretty false. If you can find the right appliance to use and use it correctly you can prevent poop from flying everywhere.

Myth #7 - People with ostomies smell like poop Even people with ostomies worry about this. They are afraid that if they smelled poop, the whole world smelled poop. Truth is we are better at smelling it because we are aware of it, however no, we do not just ooze poop smell. Yes it can smell when you change your bag, or empty it, but poop smell does not permeate the air you occupy.

Myth #8 - Only people with cancer have ostomies Many people who have had colon cancer do end up with ostomies, both colostomies and ileostomies. However, an ostomy can be a result of IBD, a severe accident, or a myriad of other causes.

Myth #9 - I don't know anyone with an ostomy We are sneaky little people. Trust me if we don't want you to know, you won't. Ostomies are easily hid and concealed. Before I had an ostomy I was always shocked when I met someone who had an one because they didn't have a sign on their head or a swarm of flies around their poop stench. We look just like you do.

Myth #10 - Ostomy bags are huge When you start talking about your "bag" people can have lots of misconceptions of what your bag looks like. Most people really have no clue what they look like and how complex they can actually get. Myth

Myth #11 - Having an ostomy is like being disabled While there are really trying times, and emotional let downs, living with an ostomy is just living. People with ostomies climb mountains, jump out of planes, serve in the military, go swimming and so on. It may take more planning, and extra tape, but we can do it.

Myth #12 - We are all totally ok with our ostomy There is a level of acceptance that comes with having an ostomy. Eventually most people see that it is a life saving measure and become thankful for it, but that doesn't mean that we don't struggle with it from time to time. Some people are lucky enough to be grateful for their ostomies from day one, many are not.

Above all, most people will probably admit that they didn't know a single thing about ostomies. It can be very difficult to be open about your ostomy to those people in your life but most people will be more than willing to learn if you're willing to teach.

16 AWKWARDLY FUNNY THINGS WHICH WILL HAPPEN AFTER OSTOMY SURGERY

Modified from: <https://colitisdiva.wordpress.com/>

1. It will take you FOREVER to change your bag. What are (or were) we even doing?
2. As well as adjusting to living with a bag you also have to give yourself time to heal.. so don't try dancing to the latest hits... we know you feel well now that your horrid colon is out... but trust me don't do it.
3. Believing that if you put too much pressure on the bag it will pop... trust me, one of my biggest fears! Sure, the seal may break between the wafer and your skin but the bag itself does not pop.
4. Buying a whole new wardrobe and using 'you have no bowel' as an excuse to your parents, partner and yourself.
5. Maybe its just some of us but does anyone else find it fascinating watching your stoma poop... ? Or who still does this several months or years after surgery?
6. You may name your Stoma. Then you have a specific name to yell when you're mad at your stoma or it's farting. I (Gina, Coordinator) started with Madame Rosebud and then renamed (and regendered) to Chumley now.
7. Talking of farts.... yes we do still kinda fart.. (obviously not out of our butts) and the 1st couple of weeks post op your stoma will be really active. It can be pretty funny and the element of surprise sometimes amusing.
8. People will ask awkward questions, its ok, they don't have a clue... at one stage we didn't either! Best simple explanation "I now poop in this bag" if you wan to keep it simple.
9. You will get some people who talk to your stomach... but more likely you will talk to your stoma more than others.
10. The family member who can't seem to grasp of the reason why you had the surgery even after explaining it 20 times ... 'my body was attacking my bowel...'
11. Trying to figure out what all the products are... like 'washers' this sounds to me like something you use to 'wash' your stoma with ... NO its a moldable ring that looks like a doughnut!?
12. Trying to bend over without squashing your stoma... just stop it and squash it. Don't give yourself a back ache... the stoma can deal with a lot of crap... no pun intended.
13. Every time you sit down or stand up you end up feeling yourself up to check its still there. In public you may get some strange looks.
14. Poking around to check that your stoma hasn't gone underneath the bag.
15. Spraying so much before and after emptying you've probably going to develop asthma.
16. Becoming blocked and thinking... like seriously I had my colon removed because I couldn't stop ... now I can't start ... WHY just WHYYYY!

Looking for information on ostomy products or ostomy - related organizations? Contact information below.

Major Manufacturers - most have an ostomy nurse on staff to answer your questions about products. Call or go to their website for free samples!

- Coloplast 888-726-7872 www.coloplast.us
 - ConvaTec 800-422-8811 www.convatec.com
 - CyMed 800-582-0707 www.cymed-ostomy.com
 - Hollister 800-323-4060 www.hollister.com/us
 - Marlen 800-321-0591 (via Edgepark)
 - Marlen 216-292-7060 (directly) 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 different manufacturer's 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/ostomy/
 - SGV Medical 800-395-6099 www.sgvmedical.com
-

United Ostomy Associations of America

- 800-826-0826 www.ostomy.org

Wound, Ostomy and Continence Nurses Society

- 800-224-9626 www.wocn.org

Friends of Ostomates Worldwide-USA

- Donate unused supplies www.fowusa.org.

Osto Group free product for the uninsured

- 877-678-6690 www.ostogroup.org

American Cancer Society

- 800-227-2345 www.cancer.org

Crohn's & Colitis Foundation

- 800-343-3637 www.ccfa.org