

LIFE'S DIVERSIONS

Ostomy Association of South Texas
WWW.ostomysouthtx.org



OCTOBER 2015



Support Groups Meeting The Needs of all Ostomates

~~~~MEETINGS~~~~

American Cancer Society **8115 Data Point Drive**
Last Monday of the month @7:00 pm
Contact: Cecilia Lynn, President (228)-217-6106

PROGRAM THIS MONTH

www.SignUpGenius.com/go/30E0F4EA9AE22A5FC1-october

(Ed. Note: Open this web site and you can see what is needed and what is committed.
Lessens the duplications and waste)

~~~~REFRESHMENTS~~~~Contained in Website above

SAMMC Chapter of the Ostomy Association of South Texas
4th Tuesday of month at 6PM
2551 Roger Brooks Rd (COTO Bldg) Conf Rm (TN122)
Leader: Shanna Fraser, WOCN, RN 210 452 3713

Meetings 2nd Sunday of the month @ 3:00PM
Peterson Regional Medical Hospital Kerrville, Texas
James R. Almand, Support Group Leader 830 258 7307
Susan M. Bausch RN 830 258 7891

OSTOMY ASSOCIATION OF SOUTH TEXAS holds its meetings and produce this newsletter under the kind sponsorship of the American Cancer Society.



THE PREZ SEZ

Wow we had a great turn out to last months meeting! Lots of new visitors and we were able to re-connect with a good majority of our members. Meetings like this always fill my heart with joy! I want to thank Brian Wiggins for his hard work with the presentation, I also heard

positive feedback about what a dynamic speaker he was. I am so excited for October's meeting ~ our third annual Ostomy Fair presented by Coloplast and sponsored by B. Braun Medical. This is the biggest and best Ostomy fair to date! The board is buying BBQ meat, we just need help with the sides. If you haven't done so yet visit our website and clinic 2015 Ostomy Fair to follow the link to sign up for a side. Some of the vendors that will be attending include: Convatec, Stomacur ForLife, Shield Healthcare, H2ORS, OstoBuddy, Na' Scent, Fortis Healthcare, Hollister, Friends of Ostomates Worldwide & UOAA. We will be having a 50/50 raffle -- tickets just \$1 each! This will be tons of fun and I hope that all can attend. Best of all it's free!

Cecilia

Are you in need of support more than just once a month at our Ostomy Support Group meeting? Do you have a need for supplies, but not sure what to look or ask for? Do you have questions you don't feel comfortable asking during our meetings?

If you answered yes to any of the questions above, the world is at your fingertips! I mean the World Wide Web. By doing a simple online search, you have access to hundreds if not thousands of sites around the world. I simply Googled, "Ostomy" and had access to pictures of healthy stomas, stomas that were not so healthy, online ostomy forums and links to supplies, many of which you could order free samples from. It took me all of about five minutes to request multiple samples from a leading Ostomy supplier. I also found products I did not know existed.

Take just a view minutes and see what the World Wide Web has to offer Ostomates. You may be surprised at all the information at your fingertips!" (Fm VP Matthew Bryant)



From the Editors Corner
Medical, Treatment, or
Technical items contained in
this newsletter are not in-



tended to be the last and final word. Any medical or technical information is included as information to pique someone's memory or help recognize a situation present with someone's family or friend. Remember, the final word on medical or ostomy conditions will be with your doctor and/or your E.T. Nurse.

If you have any information you think our membership might be interested in, such as a news article, a publication, a good recipe, an incident or a personal experience please let me know. Contact me via e-mail at: RalphPitt@gmail.com or "snail mail", Ralph Pittenger---9914 W Military Dr. Apt 1303— Phone 210 674 0295

We Want Your Feedback

If you have any ideas or comments that you would like to give to the OAST, please let Matthew know. We want to know what kind of speakers you look forward to hearing, food suggestions, ideas for the newsletter, and anything else you feel would benefit the group. We want to give YOU the best meeting we can!

Contact Vice President Matthew Bryant

Email mearbryant@gmail.com

Phone 210-887-3719

Or simply bring in your written ideas to the meeting and give them to Matthew!

SEASON ~~~~~ **SPURS** ~~~~~ OPENER
WEDNESDAY OCT 28, @ OKLAHOMA CITY,
7:00PM

~~~~~XMAS PARTY~~~~~

Friday, December 11—6 to 8 PM

Meat furnished by our Association

###-Sides furnished by members-###

~~~~~\$10.00 White Elephant gift exchange~~~~~

(Lotsafun)

**Please bring one unwrapped Toy for a Tot**

\*\*\*\*\*If You Have Internet Access\*\*\*\*\*

AND YOU are still receiving the newsletter in hard copy? You can save us money by joining our electronic distribution list. Just send an e-mail request to [artrod@aol.com](mailto:artrod@aol.com) We appreciate your efforts to keep costs down while also being more eco-friendly!

### Surplus Ostomy Supplies

Ostomy supplies have been donated by chapter members or their families when an ostomate has had a revision surgery or passed away. These supplies are available to our chapter members or individuals in need of supplies. Please contact Cecilia Lynn if you have supplies you would like to donate. Our reservoir is VERY low right now, so we are counting on our members to help us replenish it!

### New Patient Visits

**1 Ileostomy Visited by Leola Carr**

### New Members

**Joe Gaines      Urostomy**  
**Rick Gomez     Ileostomy**  
**Sam Mendez     Coloostomy**

**Welcome Y'all !!!**

## What I Want to Tell Patients as a Medical Student and Fellow Patient

Jessica Burris Sep 04, 2015

I remember the conversations I had with staff at my gastroenterologist's office. "You're a medical student here? And a patient?"

"And never the twain shall meet," I'd answer.

To put it bluntly, the twain went ahead and met anyway. After my diagnosis at age 15, inflammatory bowel disease followed me like a specter through adolescence and adulthood. I fought it ferociously, even after a total colectomy failed to quell the immunological war my body waged on itself.

As a budding clinician, I longed to shed myself of my illness and leave it forgotten in some dark mental corner. My experience as a patient, I reasoned, was a professional liability and nothing more.

Paradoxically, my condition worsened after my first year of medical school. In the course of a year, I underwent eight surgeries in rapid succession, healing just enough from one to begin another. As my time on the patient's table skyrocketed, I was sure the pace of my learning would plummet just as quickly. I was surprised to find that I was very wrong; it was just the curriculum that had changed.

Ritual is inherent to the patient experience, from the pills in hand each morning to the mindless perusing of magazines in a waiting room, a studied facade of leisure. My year brought a new set of rituals: the careful, quiet way I'd remove my surgical staples in the bathroom so as not to upset my family, the sour, metallic taste in my mouth when I pushed saline into my PICC line, tucking my ileostomy into the waistband of my shorts. Still, my most pervasive ritual was that of guilt.

Physical or mental, no one brings illness upon himself. The experience of living the life of the very sick, however, is shackled to moral weight, the inescapable, unanswerable question: What have I done to make this happen?

I ruminated, almost constantly at times, about the burden I had placed on those around me. I told my parents to avoid the hospital and go on vacation. I told my partner he should see other people. They all ignored my requests, but I couldn't shake the shame, the feeling that I had somehow willfully turned myself into an overeducated couch potato. I ached hearing my classmates' complaints about late nights in the library as I physically struggled to sit up in a chair.

My hospital roommate during my last surgery was a spunky, unfathomably kind girl with short pink hair cut close like a pixie. She had ostomies — two or three, I could never remember — and she watched the Food Network almost constantly, a digital replacement for the food she hadn't tasted in almost a year. We were fast friends, playing pranks on our beloved nurses and blaring old Will Smith songs from our tinny phone speakers. She

had only inches of intestine left, and her surgeon had been surprised to find six fistulae and widespread infection. "When I got in there," he said to her, "You were one of the worst cases I've ever seen. I did the best I could. It's been an honor."

One night, as nutrition pumped into her veins, she suddenly turned to me with tears in her eyes. "I should be working," she blurted out, "I want so badly to be working." There it was, the same guilt I had harbored all year, present even in a woman whose condition was undoubtedly life threatening. I comforted her, but I knew the feeling would likely linger long after our conversation faded to the quiet hum of hospital machines.

From the outside, it is very easy to see that disease, both physical and mental, comes about through no fault of the patient. It's also easy to understand that when a patient's life diverges from the easiest, most predictable path, it is not under the control of anyone on Earth. I am learning, however, that illness can affect us emotionally as deeply as it does physically, and that disease does not erase our drive to be independent, productive creatures. It is imperative that those who care for the sick, from nurses and doctors to parents and family members, care for this emotional place with the same devotion as they tend to the physical.

As for patients, let me be the first to remind you today: Your illness was not your fault.

## HELPFUL HINTS

UOAA Update September 2015

If your adhesive paste becomes hard and will not push through the end of the tube, heat a glass of water filled halfway in the microwave for 45 seconds. Remove and place the tube cap down in the water. Let stand for a few minutes, then remove and dry. You should be able to push the paste out now.

Vitamins should be taken on a full stomach otherwise, they irritate the lining of the stomach and produce the sensation of feeling hungry.

Try strong-brewed tea before taking of "diuretic". Hot tea twice a day will wake up your sluggish kidneys.

An alternative to Gatorade is tomato juice. It is lower in cost per cup while providing as much sodium and five times more potassium as Gatorade. Orange juice is another alternative providing the same amount of sodium and 15 times the amount of potassium. Tea, however, contains approximately the same amount of potassium as Gatorade, but only negligible amounts of sodium.

## Skin Care for the Pull-Through Patient

In a pull-through, whatever came out of your ileostomy will now come out of your anus. Most pull-through patients retain full control over their passage of stool, gas and mucus. A small minority will need to use a pad or panty liner for fecal and or mucus seepage.

The perineal skin is most at risk for inflammation and irritation that causes burning during periods of excessive mucus discharge and increased bowel frequency. Patients need perineal skin care to prevent irritation and to promote comfort and healing when irritation is inevitable. Here are some hints to maintain healthy skin or soothe the burning:

- Cleanse and dry the skin thoroughly after each discharge of mucus or feces .
- Use only soft material for cleansing, such as tissues or cotton balls. Industrial toilet paper is very abrasive .
- Warm water is all that is necessary for intermittent care. Save soap for your shower or bath. Using soap that tends to dry and is difficult to rinse thoroughly may cause itching and further compound irritation .
- Some people have found Balneol to be helpful. It is a perineal cleansing lotion that does not require rinsing and is said to be soothing .
- Pads and panty liners, if used, should be changed frequently to keep the skin clean, dry and irritation free. G Cotton underwear, or at least a cotton crotch, is advisable to keep perspiration to a minimum and to allow for circulation, since cotton breathes.

## BE A LIFESAVER

Encourage your friends and relatives to have a Colonoscopy

## DILBERTISMS

- \*\*I can only please one person per day. Today is not your day. Tomorrow is not looking good either.**
- \*\*I love deadlines. I especially like the whooshing sound they make as they go flying by.**
- \*\*You can go anywhere you want if you look serious and carry a clipboard.**
- \*\*If it weren't for the last minute, nothing would get done.**
- \*\*When you don't know what to do, walk fast and look worried.**

## BADGE COLORS

Urostomy ————— Green  
Ileostomy ————— Red  
Colostomy ————— Yellow

If badge colors don't match , let me know. Editor

## PURPLE UROSTOMY BAG

Q. I have a urostomy and sometimes I notice that my night drainage bag is slightly discoloured with a bluish-purple tinge. Is this normal? Why does that occur?

A. You may be experiencing Purple Urinary Bag Syndrome ( PUBS)

People using leg bags or night drainage bags or bottles sometimes notice a purple tinge to their equipment. Although it was first noted in 1812, when physicians looking after “mad” King George III noticed a blue tinge to his urine, there’s no need to worry; it doesn’t mean you’re “mad”, too. King George suffered from one of the risk factors, constipation.

Other risk factors include female gender (although it is seen with men also), alkaline urine, use of urinary catheters, the “plastics” used to make catheters and drainage bags, and bacteria in the urine (this does not always mean there is infection).

For the biochemists, bacteria in the urine produce the enzyme indoxyl phosphatase which converts indoxyl sulphate in the urine into the red and blue coloured compounds indirubin and indigo.

Keep in mind, PUBS is nothing to worry about. There are simple steps to reduce the risk factors that lead to PUBS. Female gender: nothing you can do, sorry! ( Men can get it too.)

Alkaline urine: talk to your doctor about taking Vitamin C to keep your urine acidic

Constipation: things that promote regular bowel movements include adequate fluid intake, exercise and eating enough fiber (whole grains, vegetables and fruits)

Bacteria in the urine: increasing fluid intake, cleaning/ replacing your drainage equipment (tubing, night drainage or leg bags, bottles and adapters) on a regular basis  
See your doctor if you do have signs of infection in your urine: Dark urine, Cloudy urine, Increased odor to your urine, Fever.

## FOR ALL OSTOMATES

Do you take better care of your car than of your stoma? Once a year, have your stoma and your management program checked by an ET nurse.

Do not use antibiotics for colds or flu unless a doctor orders it. Antibiotics can change the proper balance of bacteria in the intestines and cause diarrhea.

Fats of all kinds should be kept to a minimum by most ostomates. Fats induce an increased flow of bile into the intestines and make the body wastes more liquid and harder to control. They also tend to produce gas.

Do not apply a double coating of adhesive. A second coat rewets the original coat and results in an inconsistent adhesive layer with unpredictable results.

## PHOENIX MAGAZINE

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## RUNNING OUT OF BRAIN SPACE

Reuters: UOAA Update September 2015

Researchers from the University of California at Riverside examined 778 healthy subjects aged 6 to 76. They were given tests to assess their working memory, verbal recall and visual/spatial tasks. In these tests, they were asked to recall information learned recently or to process information by categorizing it.

They found that memory-processing ability was not linked to age, but their simple recall abilities were. Based on the subjects' test scores, the study suggests that our ability to store and retrieve information from memory improves throughout childhood, but peaks at about age 45 and goes downhill from here on. In other words, we have a limited amount of space for storing memories and at a certain point we just run out of room. However, the researchers point out that memory storage capacity varies from person to person, and so declines in recall ability May occur later for some people than others.

## Nursing assessment to inform and rationalize clinical decision making

(Lifted from the world Wide Web)

A thorough nursing assessment is required prior to consideration of convexity products. Clinical observation alone does not automatically mean a convex product is required. Careful assessment and history taking should inform your management in conjunction with clinical observation. The patient's abdomen should be examined in the lying, sitting and standing position and note made of the consistency/variation of the stomal output and condition of the peristomal skin. To aid in the assessment consider the following questions: • Is the area around the stoma – regular, inward, outward? • If the stoma is inward, is the inward area uniform or variable? • Is the abdomen soft or firm? • Are there superficial or deep creases around the stoma? • Is the stoma flush with the skin level, protruding or retracted? There are a variety of options available to produce a degree of convexity. • A one piece, flat appliance, with a flexible and mouldable adhesive may be all that is required to provide security and prevent leakage in those with skin creases • A stoma paste can be used to create a level pouching area and then a flat appliance can be used • Rings can be used to fill dips or provide a degree of convexity around a stoma which has its opening near or at skin level. A belt can provide added support and provide a degree of convexity. • There are a range of products with varying depths of convexity integrated into the flange, it is important to select an appliance with the correct form of convexity; soft, light, or deep

Q. What do you call an ostomate with excessive gas?

A. A Pouch Puffer

Q. What statement do ostomates include on their resume?

A. Have bag. Will travel.

## Bowel disease sufferer Luke Bennett becomes online hit after posting selfie with his colostomy bag

South Wales Evening Post | August 19, 2015

A SWANSEA University student who had his bowel removed is using the power of the internet to reassure others facing surgery they have nothing to be frightened of. Luke Bennett posted a picture of himself with his colostomy bag on Facebook, which has since been seen by more than a million people worldwide.

Luke, from Skewen, was diagnosed with ulcerative colitis, a form of inflammatory bowel disease, when he was 16 years old. After trying a range of treatments to control the symptoms with little improvement, he had elective surgery to have his large bowel removed.

In order to boost his own confidence after the surgery, he shared the 'selfie' on the Crohn's and Colitis UK Facebook page. Luke said: "I started posting the photos on Snapchat, and had such good feedback from people on there, that I decided to post the photo to Facebook.

"I was hoping I could show anyone else suffering with this illness that there is nothing to be frightened of if you have surgery. "The feedback has been brilliant. I think I've had maybe two bad comments out of a thousand."

"The thought of having a bag and an operation was obviously scary, but I'm so glad that I have had it done."

Luke, now a 20-year-old, was diagnosed four years ago after his aunt, who is a nurse, recommended he see a doctor. He said: "I noticed blood in my stools, and I asked my aunt what I should do. She told me to see a doctor, so I went to see one at Neath Port Talbot Hospital, and was diagnosed around a week later. "I have been on lots of different types of medication over the years, but nothing seemed to be working, so I decided to have surgery. "It was either have it earlier than I needed to, or wait until I needed emergency surgery."

Since having the surgery, Luke says his life has completely changed for the better. He said: "I'm not on any medication at the moment, and I feel better than I have done in years. "I'm glad, because now I will be able to focus on my university work."

The second year law student at Swansea University said he has had to take days off over the years due to his illness.

He said: "I had to take lots of time off during my first year, and in college. "I had to move home about halfway through so my parents could look after me when I'm unwell. I'll still live at home next year, but I won't be missing classes as much.

"This surgery has definitely changed my life for the better."

Q. What is an ostomates favorite punctuation mark?

A. A semi-colon.

Q. Why wouldn't the urostomates pouch stay on?

A. It was pissed off.

## Blueberry Crumb Coffee Cake

**Crumble topping:**

1/2 cup brown sugar  
 1/2 cup flour  
 1/2 teaspoon cinnamon  
 1/2 teaspoon nutmeg  
 1/4 cup butter, softened

**Cake:**

2 cups flour  
 2 teaspoons baking powder  
 1/4 teaspoon salt  
 1/2 teaspoon cinnamon  
 3/4 cup sugar  
 1/4 cup butter, softened  
 1 large egg  
 1 teaspoon vanilla extract  
 1/2 cup buttermilk  
 3 cups fresh blueberries (or frozen, but do not thaw!)

Preheat the oven to 375 degrees. Grease a 9" square pan and set aside. In a medium bowl, combine the first 5 ingredients, mixing together with a fork until crumbly; set aside. In another medium bowl, stir together the flour, baking powder, salt and cinnamon.

In a large bowl, cream together remaining butter and sugar, egg and vanilla until smooth. Blend in the remaining dry ingredients and cream alternately, beginning and ending with the flour (flour, milk, flour, milk, flour). Fold in the blueberries. (The dough is quite stiff, so be patient as you're folding in the berries! Don't mush them up!)

Spread the batter into the prepared pan and sprinkle with the crumble topping. Bake for 50-60 minutes, until a toothpick inserted in the center of the cake comes out clean. Cool, and cut into 9 large squares.



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### MEMBERSHIP APPLICATION

**Note:** Just your name needed for renewals.

NAME \_\_\_\_\_ BIRTHDAY \_\_\_\_\_ Gender M F  
 ADDRESS \_\_\_\_\_ CITY, STATE & ZIP \_\_\_\_\_  
 PHONE \_\_\_\_\_ E-MAIL ADDRESS \_\_\_\_\_

DATE OF SURGERY \_\_\_\_\_  
 CIRCLE ONE: COLOSTOMY ILEOSTOMY UROSTOMY OTHER \_\_\_\_\_

Please make checks payable to Ostomy Association of South Texas and mail completed application with payment of \$9.00 to: Ostomy Association of South Texas, 5319 Arrowhead Dr. San Antonio, Tx 78228 .

In addition to my membership I am enclosing a donation of \$ \_\_\_\_\_.

You are welcome to pay your dues at the monthly meeting. The newsletter is included in the cost of membership.

Newsletter VIA E-mail (Circle one) YES NO (E-mail saves almost 50¢ postage and it's in color)



# Coloplast Presents



# 2015

# Ostomy Fair

**B | BRAUN**  
SHARING EXPERTISE

Oct. 26, 2015

6pm to 8pm

8115 Datapoint Dr.

Free BBQ