

# LIFE'S DIVERSIONS

Ostomy Association of South Texas  
WWW.ostomysouthtx.org



APRIL 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\*\*\***

**SHOW AND TELL—WHAT WORKS BEST**  
**PERSONAL EXPERIENCES**

### ~~~~REFRESHMENTS~~~~

**SNACKS REPRESENTATIVE OF — FIESTA !!**

**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**  
**Subject: “April Showers”— All you ever wanted to know**  
**about “getting wet”**

**Meetings 2nd Sunday of the month @ 3:00PM**  
**Peterson Regional Medical Hospital      Kerrville, Texas**  
**Molly McCoy, RN, ET                      830 258 7891**



### Prez SEZ,

Thank you for everyone that have renewed their dues and also the new member dues we have received. If you have not turned in your dues, don't worry it is not too late to bring check or cash to this meeting or you can mail your dues to us.

We had a good turn out for the visitor training program last month despite that we had some AV problems! I am still working on getting you your certified trained ostomy visitor card.

This month we will be having a show and tell meeting along with a rap session. Please bring your favorite ostomy related product to share with others who may want to try that product. Our theme for our food is Fiesta! So bring anything festive to share with the group.

Hope to see everyone there!

*Cecilia*

### UOAA Dustup with Washington Post

To All,

Lois Fink, patient advocate and friend of UOAA, contacted Leonard Bernstein, from the Washington Post, about the negative ad from the CDC. I resent the letter we wrote to CDC and Lois sent per personal letter to Mr. Bernstein for background on this issue. He wrote the post below. Please forward the link to all interested parties.

(Copy and paste link for complete story)

<http://www.washingtonpost.com/news/to-your-health/wp/2015/04/17/ostomy-association-asks-cdc-to-pull-anti-smoking-ads-it-calls-offensive-and-dangerous/>

Thank you Lois for your strong push to get this issue to Media. UOAA is thankful that we have this link to share. We will be sending this out on Facebook and to our 350 ASGs.

Best Regards,  
s/ Susan Burns

(Note: Susan is President of UOAA)



**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](mailto:RalphPitt@gmail.com) or "snail mail", Ralph Pittenger---9914 W Military Dr. Apt 1303— Phone 210 674 0295**

## New Ostomy Support Group

**You are invited to Join the Newest Chapter of the Ostomy Association of South Texas at SAMMC. This group is open to the general public and is led by Shanna Fraser WOCN, RN. The meeting will be held in the Pediatric Resident's Conference Room (TN-122) inside the COTO building. The physical address is 3551 Roger Brooke Drive. San Antonio, TX 78234**

Directions:

Enter into the gate and follow the road around until the stop sign. At the stop sign continue through the stop sign; Turn into the parking lot at the first right. Once in the parking lot turn right and park in Parking Lot D. (Left will be the ED parking lot and you are not allowed to park there)

When you look at the hospital you will see double doors and a sidewalk that lead to "Pediatric Entrance", enter through these doors and the conference room is the second door on the right.

**\*\*\*\*\*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 Visitors— NONE TO REPORT

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**New Members**  
**Welcome !!!**



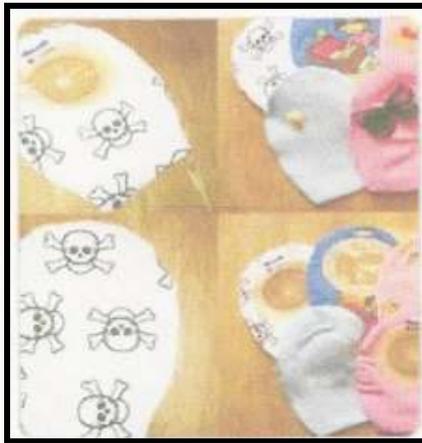
# SHOW & TELL

Bring an Object • Share Its Story

This month's meeting will be a Show and Tell. Please bring a sample of the appliance that works best for you. Often times we are looking for a new appliance to use, but don't know what to try. Sharing what works best for you may be just what someone else is looking for.

In addition to appliances, please share other products you have found. It could be swim wear, intimate ware, skin protection, paste, powder, belts or anything else that makes life a little easier for you.

Please remember; a successful meeting requires participation by everyone. Come ready to share a minute or two about your experiences and what works for you!



# MEMBERSHIP

The South Texas Ostomy Association is in the process of updating its membership roster. This has become necessary for two reasons. One-- the obvious expense of producing and mailing the newsletter; and two-- the need to have an accurate count so we can correctly inform the UOAA of our correct membership and pay the proper amount of dues to the National Association.

The new membership roster will be predicated on the paid up members as of 10 May 2015.

Please become a member, or renew your membership by the deadline so you can participate in our monthly meetings, enjoy the various programs and speakers along with snacks, an occasional BBQ and the camaraderie with individuals having similar physical anomalies; And a subscription to the monthly Newsletter.

(New and annual renewal membership is \$9.00)

## 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 drive -- 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)

**SO YOU HAVE - OR WILL HAVE AN OSTOMY**

**Will you get/stay married? Have babies?**

People with bowel and urinary diversions date, get engaged, get married, and have babies (even twins), all the time and everywhere. Your ostomy will probably seem bigger and more important to you than to anyone else, including your boyfriend, girlfriend, fiancé, partner, spouse, children or grandchildren!

**Will you easily bathe, go swimming?**

**Bend over, participate in**

**the exercise and sports you enjoy?**

Yes, yes, yes and yes! With a securely attached pouching system you can shower, take a bath (even a hot tub), swim, surf, camp out, climb mountains, bike, jog or play golf and tennis. People with bowel and urinary diversions are office workers, teachers, salesmen, police and firemen, carpenters, marathon runners, boxers, and airline pilots. You name it, people with an ostomy can do it.

**Want to live a full life?** Go out and do it, forgetting that little addition to your abdomen that brings order out of a disorder that could have ruined your life ... or ended it. No one need know about your ostomy surgery unless you tell them. But perhaps if you DID tell people about yourself, then maybe there would be fewer people afraid of this life-saving surgery!

Yes, you've heard that people get along just fine with only one of their eyes, or one of their lungs, or one of their kidneys. But you also know that you have only one intestine and only one bladder, and that leaves you feeling awfully empty, both physically and emotionally.

**And you think no other people go around minus part of their intestinal tracts, or minus their bladders, with the ends of their intestines sticking out through their abdominal walls.**

Well, you are wrong! There are nearly three quarters of a million people in the US who have an ostomy; people who have had surgery to remove all or part of their colons or bladders. There is even a national association, the United Ostomy Associations of America with over 350 local affiliated support groups that are organized by volunteers who provide peer support and counseling. UOAA has a toll free telephone number, 800-826-0826 and an educational, interactive website, [www.ostomy.org](http://www.ostomy.org)

**Why haven't you met any of these folks who have an ostomy?**

Well, maybe you have! You just did not recognize them because an ostomy doesn't show. It can be kept secret if you wish. Why, maybe some of your best friends, office associates or neighbors have an ostomy ... you never can tell. People facing ostomy surgery have many quality-of-life questions like:

Will you bulge? Smell? Make noises? Will you feel waste leaving your body? Will you be a captive of the toilet? Will you starve? Be a social

outcast? Get/stay married? Have babies? Easily bathe, go swimming, bend over?

OK, let's look at what you can expect:

**Will you bulge?**

Remember, without part of the intestine or bladder, and its contents, you should have a flatter tummy than before.

You can expect to wear, with little exception, what you wore before surgery ... and this includes tight clothing and bathing suits.

**Will you smell?**

Today, thanks to modern odor proof pouching systems, you can walk into an ostomy support group meeting and not smell anything that is foul or offensive. And, for those with an ileostomy or colostomy who are concerned about odor when emptying their pouch, there are in-pouch deodorants that can be used to eliminate any waste odors that may exist.

**Will you make noises?**

Everyone produces gas, especially if they are an air-swallower. But intestinal sounds that occur from time to time are no different than a gurgling tummy, and quite often your clothing will muffle any sounds.

**Will you feel the waste discharges?**

For those with a colostomy or ileostomy there might be a slight pressure when waste leaves your body, but understand that the intestines have no nerve endings, so there will be no unpleasant sensations. Those with a urostomy will probably be unaware of any kidney *drainage*.

**Will you be a captive of the toilet?**

Immediately post-op you will spend more time in the bathroom than you will after your body recovers from surgery. Every person is different, but on average those with an ileostomy or urostomy may empty their pouches 4 to 6 times a day; a little less if you have a colostomy. The average wear time between pouch system changes is 3 to 5 days and the changing process should take less than 30 minutes.

**Will you starve?**

Not if you follow doctor's orders at each stage of your post-op adjustment. There is no such thing as an "ostomy diet". Some people with an ostomy will be able to eat and tolerate anything; others may find difficulty with some foods. Each person is an individual and must determine, by trial, what is best for them. A good practice for all is to drink plenty of water.

**Will you be a social outcast?**

Have you met anyone who has an ostomy and is a social outcast? Why should you be the first? Only your attitude and self image will effect how you are treated. No confident person is an outcast.

<b>GO</b>	<b>GO</b>	<b>GO</b>
<b>SPURS</b>	<b>SPURS</b>	<b>SPURS</b>
<b>GO</b>	<b>GO</b>	<b>GO</b>

## 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).

### THE UNCONTROLLED COLOSTOMY

Montreal, Canada & Ostonoma News, CA:

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 ileal conduit. 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 a large 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 co-

lostomates 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 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.

### What to Drink with Drugs

UOAA UPDATE

How many times have you received a prescription with the instruction to "take as needed" or "take before meals"? Pretty vague, but many people do not stop to question further, assuming the medication will work, no matter with what they swallow it.

Acidic drinks, such as fruit juice or soda pop, may chemically destroy certain kinds of antibiotics, including penicillin, ampicillin, or erythromycin. Citrus fruit juices may reduce the effect of antidepressants, antihistamines or major tranquilizers by speeding their urinary excretion.

Milk can interfere with a number of medicines. The laxative Dicolax, for example, has a coating designed to ensure that the drug will dissolve slowly within the intestine. But if the medication is taken with milk, which is alkaline, it may dissolve prematurely within the stomach, lose its cathartic action and irritate the sensitive stomach lining. Milk can also block the action of tetracycline. If a doctor fails to warn his/her patient not to take this antibiotic within an hour of any dairy product, he/she might be puzzled to hear the infection being treated has not disappeared.

### TEXAS

Texas releases more greenhouse emissions than most countries. If Texas were a country, it would rank as the world's 7th largest producer of greenhouse gases. Additionally, Texas emits more greenhouse gases than any other state in the United States. — Sam Houston (1793-1863) was the first president and first governor of Texas. The Cherokee, with whom he lived in Tennessee, called him "the Raven." Though one of the most famous Texans, he was actually born in Virginia and served as governor of Tennessee.— Camels were imported into Texas twice in the 1850s by the U.S. War Department in the belief that they would be handy animals to use during the Indian Wars

Ed note: A series of Ostomy Myths. Will try to include one or two a month) (cont'd From Dec '14)

### Myth #7 – Misconceptions

This one is more of a misconception than a myth;

Nurse – “How long have you had a colostomy?”

Barbara – “I don’t have a colostomy. I have an ileostomy.”

Nurse – “What’s that?”

There are many different types of ostomies and continent ostomies and internal pouches. Yet some people seem to call them all colostomies. Doctors, nurses, ostomates themselves seem to lump ostomies together. One type of ostomy isn’t inherently any better than another (except the loop— anything is better than a loop) but they are all a bit different. Colostomy, Ileostomy, Loop ileostomy, Urostomy, Continent Ileostomy, Koch pouch, BCIR, Indiana pouch, J pouch, S pouch, W pouch, kangaroo pouch— What are the differences?

(Editors Note: I’ve taken a bit of editorial license and not included the definition of each type of ostomy—except one—the Kangaroo pouch” which is a pouch where baby kangaroos hang out until about a year old)

Myth #8 – “I’ve never met anyone with an ostomy.”

HA! That’s what you think. There are only two ways you can “tell” if someone has an ostomy:

1. They tell you.
2. You see them in the nude.

Believe it or not you have met many ostomates in your lifetime. You just don’t know it because they haven’t told you. I used to think I’d never met any ostomates. The week before my surgery to install my permanent ileostomy, I was in a union meeting at work. I was sitting next to the president who was also taking leave during Christmas for surgery. She was having glaucoma surgery, and asked me what I was going in for. Although I’d made up my mind to have the surgery, I wasn’t going to tell anyone. So I mumbled something about intestinal surgery. She said, “Oh. do you have Crohn’s?” I said, “No, colitis.” “Oh, are you having an ileostomy?” asked Susan. “Umm. yes,” uttered honest Barb. “Rob (her partner) has Crohn’s. He’s had an ileostomy for years.” OH, my. I’d outed myself for the first time, lo and behold it was to a woman whose partner had an ileostomy. I still wasn’t going to tell anyone.

Well—I told folks on the internet, but it’s a lot easier to tell people via a computer than in person. It was nice that Susan understood, but I sure wasn’t going to say anything to anyone else. Then my health insurance company told me that my ostomy supplies were unnecessary convenience items. Mind you, if I was a man who needed a penile implant, or if I wanted a bed pan they would pay for it. So out I came in full force. I told everyone—my legislators, all of the state employee unions (I’m a state employee), the newspapers, any and everyone who might be able to put pressure on my insurance company. It worked, and after 5 months, I won ostomy supply coverage for all State of

Minnesota employees—no matter what insurance company they had chosen. Four of our six plans cover supplies. Just mine didn’t. I’m now very OUT about my ileostomy. No, I don’t walk up to strangers and say, “Hi, I’m Barbara and I have an ileostomy.”

But I don’t hide it. I mentioned it in my annual holiday letter when I had my surgery. When a co-worker lost her dad to colon cancer, I offered my condolences, and noted that I understood a bit how difficult it was since I had started developing cancer, and had to have my colon removed. “Oh, how can you live without your colon?” I said, “I have an ileostomy.” When it’s appropriate I discuss it. I’m open to share my experiences with others, and share how much better my life is now.

I’d speculate that I’m much more “out” than many of my fellow ostomates. I felt forced into that situation, when I had to fight my insurance company, and I’m also a very self disclosing person to begin with. Some ostomates only tell intimate family members. Others are out like me. Most probably fall somewhere in between. I’m sure they have met an ostomate—they never even knew it. We are everywhere.

### Commandments for New Ostomates

By Ron Bartlett

Thou shalt not take out thy feelings of anger and frustration on thy spouse/significant other or family.

Thou shalt not demand special consideration. Thy ostomy doth not make thee an invalid or render thy disabled.

Thou shalt remember to use deodorizer in the bathroom after thou has emptied thy pouch. Remember thy family needs thy love and affection just as thee needs theirs.

Honor thy WOCN-she/he is your friend in need.

Thou shalt not be ashamed of thy ostomy; it may have saved thy life.

Thou shalt be ready at all times to help others as others have helped thee.

Thou shalt not feel sorry for thy self, instead thou shalt give thanks for a new lease on life.

Thou shalt remember at all time that thy partner in life suffers with thee and thou shalt not add to his/her suffering.

Above all thou shalt give thanks for a new life and freedom from pain.

### BADGE COLORS

**Urostomy**—————**Green**

**Ileostomy**—————**Red**

**Colostomy**—————**Yellow**

**If badge different from this. Let me know—Editor**

## Crispy Cheddar Chicken

2 lbs chicken tenders or 4 large chicken breasts  
2 sleeves Ritz crackers  
1/4 teaspoons salt  
1/8 teaspoon pepper  
1/2 cup whole milk  
3 cups cheddar cheese, grated  
1 teaspoon dried parsley

### Sauce:

1 10 ounce can cream of chicken soup  
2 tablespoon sour cream  
2 tablespoon butter

Crush crackers. If using chicken breasts and not tenders, cut each chicken breast into 3 large pieces. Pour the milk, cheese and cracker crumbs into 3 separate small pans. Toss the salt and pepper into the cracker crumbs and stir the mixture around to combine. Dip each piece of chicken into the milk and then the cheese. Press the cheese into the chicken with your fingers. Then press the cheesy coated chicken into the cracker crumbs and Press it in.

Spray a 9x13 pan with cooking spray and lay the chicken inside the pan. Sprinkle the dried parsley over the chicken. Cover the pan with tin foil and bake at 400 degrees for 35 minutes. Remove the tin foil, bake for an additional 10-15 minutes, or until the edges of the chicken are golden brown and crispy.



## OFFICERS/DIRECTORS

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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, San Antonio, Tx .

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)