

Ostomy Association of South Texas
WWW.ostomysouthtx.org

Affiliated
with...



JANUARY 2016



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: Matthew Bryant                      Cell: 210-887-3719

**\*\*\*PROGRAM THIS MONTH\*\*\***  
**Questions & Answers by Colorectal Surgeon**  
**Dr. Chris Connaughton**

~~~~~**REFRESHMENTS**~~~~~

Pie

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

Happy New Year!!!

It's hard to believe it's already 2016! We had a great year last year and I am looking forward to another exciting year ahead!

As you know, Cecelia accepted a job offer out of town and will no longer act as our chapter President. We will certainly miss her!

We have a wonderful Ostomy support group.

Each one of us plays a special role in that, whether attending for support, or giving support to others. The success of our group is a group takes all of us. As your new president, I welcome your feedback and ideas for 2016. I have some ideas I am excited about! More to come on that.

Let's start off 2016 by packing the house. It would be great to see the faces of those who have not attended in awhile. I hope to see you all at our first meeting to kick off the new year!

**Sincerely,
The Prez**

There will be a meeting of all officers and directors at 6:30 PM prior to the 25th gathering. Please attend. Thank you.

PHOENIX MAGAZINE

Subscribe at WWW.PHOENIXUOAA.ORG

OR

Call 1-800-826-0826



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 the editor: Phone 210 896 5961 Email: sunflowershari@gmail.com

From the Editor:

This will be the last edition of the Newsletter I'll be publishing. It has been almost 8 years since I took the job and I enjoyed it all. It is now time for a change in DNA to allow the Newsletter forward to become bigger and better. It has been a real experience for me as I had never before been in the "business". I want to thank all for your support and participation.

Hasta la vista --- Au revoir ---- Auf Wiedersehen --- Sayonara--- and So Long.

Ralph

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::: 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!

*******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 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!

.SAMMC: It's our birthday and we are having a party to celebrate. The SAMMC support group is turning "1" this month, meeting at 6pm on January 26th. Come and help us celebrate! Cake and light refreshments

New Patient Visits

New Members

CAREGIVING AT HOME

(From Caring Right At Home)

Every Valentine's Day, we see news stories about couples who are celebrating their 50th, 60th, 70th and even the occasional 80th anniversary. Our longer lifespan can translate to increased longevity for marriages as well.

But living longer means that we are more likely to develop chronic health conditions such as heart disease, diabetes, arthritis, osteoporosis or Alzheimer's disease. For today's married couples and domestic partners, the "sickness" part of "in sickness and in health" can last for many years.

Many spouses today are caring for a husband or wife with chronic health conditions. These husbands and wives are often called upon to perform hands-on care tasks that were once the exclusive province of medical professionals. These responsibilities, combined with the change in the couple's relationship and the loss of emotional, financial and physical support when a husband or wife is ill, put care giving spouses at greater risk of developing their own health problems. In 2011, researchers from Pennsylvania State University and the University of British Columbia evaluated the emotional and physical histories of 1,700 older couples, compiled over the course of 15 years. The participants ranged in age from 76 to 90, and many had been married for more than 40 years.

The relationship between disability and emotional health is already well-established. So it was not surprising that the seniors in the study who had the highest rate of depression were those with health problems that lead to functional limitations, such as the physical inability to climb stairs, pick up objects, cook and shop.

The researchers next examined the well-being of the caregiving spouses. According to Prof. Christiane Hoppmann from the University of British Columbia Department of Psychology, the well spouses also experienced depression—often to an even greater degree than their disabled spouses. Hoppmann says, "Being married for a long time is a very specific situation. It really ties your lives together. These findings show just how interdependent, emotionally and physically, long-term couples can become."

Hoppmann describes the pattern that can take root in these marriages: "When people are depressed, they tend to want to stay at home—but that causes a spouse to stay home more too. That's a problem, because when older adults stop being active—going for walks, socializing, shopping—they risk losing that functional ability. It's that old saying, use it or lose it."

Spouse caregivers find it harder to ask for help

Experts urge caregivers to seek help. However, the barriers to accepting support are greater for caregiver spouses than for adult children serving in the same role. Kathryn Betts Adams, professor of social work at Case Western Reserve University, studied the spouses of husbands and wives with dementia and found that they need encouragement to take care of themselves. Adams said, "Caregivers have a long exposure to stresses and losses from the dementia and fatigue that comes from caring for their spouses, so they experience fewer positive emotions. Some may have feelings of guilt about participating in activities with friends or in the community when their loved ones are no longer able to do so."

Spouse caregivers are also less likely to discuss the problems they are experiencing. The traditional reticence to violate the privacy of the marriage may cause them to bottle up their feelings of stress, frustration and grief. This in turn affects their health and strains their marriage all the more. Support groups, therapists and geriatric care managers can provide a safe outlet.

Professionals may also help with tough decisions about the best living situation for the couple. Some couples choose to move together to an assisted living or continuing care community, where the disabled spouse can receive assistance.

When the ill spouse's needs are medically complex, nursing home care may be the best choice. Nursing home social workers offer counseling on ways the couple can stay connected.

Support for caregiving spouses at home

Today, most seniors who are dealing with the challenges of chronic illness prefer to stay in their own homes. The U.S. Agency on Aging reports that living with a spouse is a primary factor contributing to the success of remaining at home. Community services such as adult day care and senior transportation are available to help. And for many families, in-home care is the key ingredient to allow their loved one to be safe and well cared for at home. In-home care addresses many of the challenges caregivers face:

Caregiving spouses are at risk for stress and caregiver burnout. In-home care provides respite and assistance to give caregivers a break, offering the peace of mind that allows them to truly relax while taking time for themselves.

Caregiving changes the dynamic of a couple's relationship. Hiring a trained, professional in-home caregiver "normalizes" the couple's routine. When a trained caregiver provides assistance with personal hygiene tasks, such as bathing, grooming, toileting and incontinence care, the couple can spend more time doing things they enjoy.

Caregiving impacts the well spouse's career. Many husbands and wives retire early in order to provide care. But this may not be the best choice. In-home care can be a cost-effective way to allow well spouses to continue their jobs.

Caregiving is physically difficult for family caregivers. Caregiving is hard work, especially if the spouse is also dealing with health problems or the normal changes of aging. In-home caregivers are trained to perform taxing tasks such as bathing, transferring between bed and chair, and wheelchair assistance. The caregiver can also help with housekeep

ing, laundry and other household chores.

The home may not be safe for the spouse who needs care. An in-home care agency can perform an assessment of the home, and suggest or provide equipment and modifications to adapt the home for the person's needs and make caregiving easier for their spouse. The in-home caregiver then continues to ensure that the house is clean and free from fall hazards. The ill spouse may need skilled medical services. Spouses often feel unprepared and unsure when performing medical care tasks. And many tasks should be left to professionals. Depending on state law, skilled nursing care can be provided in the person's home.

ATTENTION TO IBD RAISED IN PARLIAMENTARY DEBATE

(The UK's Ostomy and IBD Associations)

Encouraged by Crohn's and Colitis UK, Chris Evans, MP for Islwyn, secured a Westminster Hall Debate yesterday on IBD and Employment. This is a first for Crohn's and Colitis UK! Chris Evans confessed that prior to the approach made to him by C&C UK, he had no idea of the implications of IBD or indeed how many people (1 in every 200 in the UK have an IBD) have these conditions. The subject was the affect in the working environment and the new employment and disability laws in relation to IBD patients. He specifically highlighted the plight of young IBD patients attempting to seek work with employers being reluctant to take them on, knowing that frequent sick days will be necessary to accommodate IBD and the necessary provision of an accessible toilet and frequent visits to same. From an employer's point of view, as an example. losing someone from an integral factory line at frequent times puts them in a complex decision making position. Allowing an essential contributor to a meeting to "run out" as necessary is not ideal, no matter how important their input could be.

The debate discussed the fact that there are more patients with IBD (Internal Bowel Diseases) than those with Parkinson's and Multiple sclerosis. If you ask anyone in the street if they have heard of the latter two "their reaction will be that of course they have "but IBD results in puzzled expressions "The debate highlighted the problems that IBD patients endure in workplace/schools etc, and in their daily life. One MP told of his mother's lifelong problems dealing with crohn's "(planning trips from toilet to toilet and her suffering and embarrassment at the frequent times she was taken unaware). This debate was not well attended but hopefully the circulating minutes will seek to raise the problems to the parliamentary community as a whole. It is at least, a promising start.

Gastronaut Puppets (Ostomates UK)

The Mail on Sunday's January 29th, Review Section featured the plight of a baby born with bowel



problems and the subsequent problems and distress of managing such a young child, even emptying a temporary colostomy bag 12-15 times a day. Fortunately, the bag was temporary and we are happy to report that Baby Leo is now thriving.

toddlers and children live their whole lives with a permanent ostomy bag. The onus of producing miniature sized bags falls under the remit and experience of the manufacturers who have devoted years of research and development into producing neonatal bag that will suit a newborn baby's delicate, tender skin "allowing access for colorectal staff and subsequently the parents or caregivers who manage changing and emptying bag(s) with the usual feeding/bathing and nappy routines. Initial stages may also include parenteral (tube) feeding. No advice in the world can prepare a parent for this experience. No comfort can be adequate. Yet, thousands of these terrific parents manage young ostomates on a day-to-day basis. On hand are their devoted stomal nurses and the special pediatric teams at the manufacturers themselves.

Over 900 Gastronaut Puppets are now personally providing some extra comfort to small patients in Australia, Israel, The Netherlands, the UK and the US. They are also hard at work helping colorectal staff in these countries to teach parents how to change and empty bags (rather than practice on the delicate skin of a real baby) and to instruct children (as young as three years of age), how to manage their own bags and to catheterize themselves (in the case of internal pouches that have to be emptied at regular intervals). All children who have been helped in hospital by the Gastronauts are allowed home with their own personal Gastronaut and a Certificate of "Bravery Under Surgery" signed by all the Gastronaut team.

WHY LEAP YEAR

February 29, known as a leap day in the Gregorian calendar, is a date that occurs in most years that are evenly divisible by 4, such as 2004, 2008, 2012 and 2016. Although most years of the modern calendar have 365 days, a complete revolution around the sun takes approximately 365 days and 6 hours. Every four years, during which an extra 24 hours have accumulated, one extra day is added to keep the count coordinated with the sun's apparent position.

Did you Know that:

111,111,111 x 111,111,111 = 12,345,678,987, 654,321

Or that

Honey is the only food that doesn't spoil

Or that

Coca Cola was originally green

URINARY TRACT STONES

(Ostomy Support Group of N. San Diego)

Urinary tract stones, particularly kidney stones, have been known for many, many years. The disease manifests primarily in adulthood, although its occurrence in children is not unknown. Three times as many males suffer from the malady as females. The pain associated with the disease, the result of passing of the stones, is recognized to be the most severe known.

Heredity is one factor that contributes to the disease. If one member of a family has stones, most likely another family member will also develop stones. Age is also a contributing factor, with males in the fifth decade of life being at the highest risk.

Summer time is the peak season for kidney stones because outdoor activity leads to perspiration which, in turn, may result in dehydration. Replacement of lost fluids with such liquids as ice tea or soft drinks does not adequately correct the dehydration or the tendency to form kidney stones. The ingestion (drinking) of ample amounts of water is most important to help prevent kidney stones.

Urostomates are at high risk of developing infections of the urinary tract and of kidney stones. Ileostomates are also at risk of developing kidney stones because they have difficulty with absorbing liquids and are thus subject to dehydration and consequently stones.

The currently preferred treatment for the majority of patients suffering from urinary tract stones employs shock waves, which break up the stones rapidly and with a minimum of discomfort. Usually one day in the hospital is all that is required. In the future, we may see advances in medicine which will prevent the formation of urinary tract stones. Our best defense remains drinking an adequate amount of fluids, and the best being water.

EXERCISE: THE FINAL INGREDIENT IN OSTOMY MANAGEMENT

Adapted from the Coloplast Website,
Exercise has become fashionable" -- and that has probably done more to put people off it than anything else. If the thought of strobe lights, rowing machines and leotards gives you the shivers, then take heart. There are no end of easy, enjoyable ways to make yourself a little stronger, a little fitter. Just find the ones that are right for you. Most of all, don't overdo it. Even light exercise is good exercise - for joints, your muscles, your lungs and for your general sense of well-being. Gently does it. To begin with, don't confuse exercise with sports. There's more to getting healthier than chasing a ball around on a football field. Walking is a great place to start. Post-operatively, just walking to the next door neighbors or to the end of the garden is fine. When you begin to regain your strength, try to walk more - both for pleasure and as an alternative means of transport. And when you do, walk briskly - so you get slightly out of breath. Gardening is great, too. Digging, weeding, hoeing and

mowing can constitute a superb day's workout. And of course you'll have a showpiece garden to show for it. Wait for about 3 months after surgery before beginning gardening. You'll be surprised at how quickly you feel the benefits. After a few aches in the early days, you'll begin to feel more supple, and be able to do more without getting out of breath.

Doctor's orders - All doctors agree on the benefits of exercise - but it's a good idea to talk to your doctor before starting an exercise program, especially if you're very out of practice or if you have other health considerations, like asthma or a heart condition. Your doctor will advise you to take it easy to begin with and to enjoy yourself. And you can't get better advice than that.

I'M ALIVE...YOU'RE ALIVE □ WE BOTH HAVE OSTOMIES

Ostomy Support group of Central Indiana

They didn't perform this surgery on us just for fun. They didn't call it "elective surgery" They hustled us off to the operating room to save our lives. They told our husbands, wives and other loved ones that it was necessary...or we would die...maybe not today, but sometime very soon...too soon. So now we have an ileostomy, a colostomy, an ileal conduit (or maybe two of these) and we are alive. We are alive because of this surgery and we can accept this or reject it. We can live a secret sheltered life. We can be embarrassed and not talk about our "affliction"...or...we can say "thank you" for another chance to live this life in a helpful, hopeful way. We can tell people that an ostomy is not the end of a normal life. Sometimes they may have a loved one who must face this surgery. We can hope that because we were "normal, happy, well-adjusted and alive" and told someone about our ostomy, their loved one would fare better, perhaps, than we did. Try it...wouldn't it make you feel good to think someone could benefit from your experience?

PHOENIX MAGAZINE
Subscribe at WWW.PHOENIXUOAA.ORG
OR
Call 1-800-826-0826

BADGE COLORS

Urostomy — Green
Ileostomy — Red
Colostomy — Yellow

If badge colors don't match up with this, let me know and I'll make new ones. —Editor

Garlic Lover's Meatballs and Sauce

This came originally from an Italian restaurant in St. Louis.

- 2 eggs, beaten
- 1/2 cup dry bread crumbs
- 1/4 cup grated Parmesan or Romano cheese
- 2 tablespoons minced fresh parsley
- 2 garlic cloves, minced
- 1/8 teaspoon pepper
- 1 pound ground beef
- 2 tablespoons olive oil

SAUCE:

- 2 to 3 garlic cloves, minced
- 1 tablespoon olive oil
- 2 cans (28 ounces each) crushed tomatoes in puree
- 2 to 3 cups water, divided
- 1 can (8 ounces) tomato sauce
- 1 can (6 ounces) tomato paste

- 1/2 cup minced fresh parsley
- 1/4 cup grated Parmesan or Romano cheese
- 1 tablespoon dried basil
- 2 teaspoons sugar
- 1/2 teaspoon salt
- 1/4 teaspoon pepper

In a large bowl, combine the first six ingredients. Crumble beef over mixture and mix well. Shape into 12 meatballs. In a large skillet, brown meatballs in oil on all sides; drain. In a Dutch oven, sauté garlic in oil for 1 minute. Stir in the tomatoes, 2 cups water, tomato sauce and paste, parsley, cheese, basil and sugar; bring to a boil. Reduce heat; carefully add meatballs.

Cover and simmer for approximately 2 hours, adding more water if needed to achieve desired consistency. Season with salt and pepper. Serve with pasta. Yield: 6 servings



OFFICERS/DIRECTORS

| | | |
|-----------------------------|--|------------------------------|
| Matthew Bryant | Cell: 210-887-3719 Email: mearbryant@gmail.com | President |
| Cristine Miller | Phone 210 870 6842 E-mail cristine.miller90@gmail.com | V President |
| Yvette Tamayo, CWCMS | Cell 210-273-0941 Email: ytamayo@shieldhealthcare.com | Secretary |
| Mary Jurado | Cell 210 849 1260 Email mimi69chevy@gmail.com | Treasurer |
| Cecilia Gutierrez | Cell: 210-621-4568 Email: ccnez@sbcglobal.net | Visitor Coord. |
| Art Rodriguez | Phone: 210-403-3226 Email: artrod@aol.com | Newsletter via e-mail |
| Shari Crowell | Phone 210 896 5961 Email: sunflowershari@gmail.com | Newsletter Editor |
| Bill Fuller | Phone: 210-342-6995 Email: bwfuller1@flash.net | Director |
| Danny Vargas | Phone: 210-521-3501 Email: svargas3601@sbcglobal.net | Director |
| Velma Murray | Phone 210 641 5183 Email: vmurray@oni-neko.com | Past President |



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)