



The Austi-Mate Journal

Ostomy Association of Austin Monthly Publication
P. O. Box 143383 Austin, Texas 78714

www.austinostomy.org

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This Bi-monthly newsletter is available online at

www.austinostomy.org

The Ostomy Association of Austin is a volunteer based Non-Profit Health Support group dedicated to providing mutual aid and education, information and advocacy for persons and their families who have had or will have ostomy surgery. It is our vision to educate, empower and inspire through information and mutual support in all phases of life.



We **MISS YOU!!** We hope you're having a nice, relaxing summer and staying both healthy & hydrated.

Our Ostomy Association of Austin Board had our first meeting in more than a year. We discussed when to return to our regular, in-person support meetings. Travis County has now moved to Stage 4 risk-based guidelines due to the recent spike in COVID-19 cases and hospitalizations, fueled by the increased presence of the delta variant.

At this time, we will **continue to suspend our in-person meetings**. Deciding to return to in-person meetings is not an easy decision to make.

Many of our members have chronic conditions that puts them at an increased risk of contracting Covid 19. Following CDC Guidelines, we **encourage being vaccinated** and with concern for everyone, when we do return to meetings, we request that our folks wear masks, use hand sanitizer, and socially distance as much as possible.

Our Board will continue to discuss alternative, virtual meeting options as we continue to suspend our monthly meetings.

Have you paid your dues?

Moisture Math & My Ileostomy

By Sarah Biddart



Though having ileostomy surgery 15 years ago gave me my life and freedom back, it does bring its own unique set of concerns and challenges in daily activities and pouch changing schedule. I typically change my full appliance every fifth day.

Change day is day one, and I change my entire pouching system again on day five. I feel confident in my appliance, and this changing system has worked really well for me. Leaks are few and far between; however, as is true for most ostomates, they do happen occasionally. Leaks can happen to all of us, although my longest stretch without a leak is five years – not too shabby!

For me, my daily routine includes showering, exercising, getting sweaty – and weather permitting – swimming and jacuzziing in our community pool with my friends, family and neighbors. Even while doing all of these regularly, a five-day wear time holds up for me.

So now, let's talk what I like to call "Moisture Math", and the moisture related variables that may affect my wear time.

Travel & Convenience:

If I am going away for the weekend, or traveling, I will do a full pouch change the night before I leave. I have always been a "better safe than sorry" girl, and being an ostomate has reinforced that mindset. If I can get away with not having to do a full pouch change in an unfamiliar setting, I will, just for my own ease and comfort. I've been held up traveling before, and it can feel stressful and uncertain. When you've had to sleep in an airport, just the added comfort of knowing I have a few days before needing to do a full change is just one less thing to be concerned about. So when setting off on a journey, I like to start with a freshly changed system.

Weather:

I live in a very mild climate, not too much heat and humidity at any given time. My Ostomysecrets® Underwear keeps my pouch away from my body, and it helps limit complaints about excessive heat and moisture. I am a person who enjoys travel and adventures! Sometimes I wind up in warmer, muggier parts of the world. On those sweaty days, walking and exploring in the heat, moisture math joins the pouching equation. A couple of summers ago my family, friends and I spent 10 days in Florida, in July. Between walking an average of 10 miles each day enjoying Walt Disney World, swimming in the pools, afternoon downpours daily and being a general sweaty mess, I went to a very strict every other day change. It was more moisture than I typically deal with, and going back to my better safe than sorry mentality, it seemed like my best course of action. My sting free ostomy care products helped to make frequent pouch changes more gentle on my peristomal skin. I would do my changes at night in our room, in the air conditioning, so that my wafer had plenty of time to adhere to my skin before heading back into the sweltering Florida heat.

Daily Activity:

We all find our own way of managing our changing schedule, most Ostomy Nurses (WOC nurses) would recommend 3-5 days of wear time. What I would definitely advise against is waiting until you HAVE to change due to a leak. Before you realize you have a problem, waste is coming into contact with your peristomal skin, and that may lead to skin damage. Above all, you want to keep your skin healthy, happy and intact. So when would my daily activity impact my wear time? Again, it's moisture math! I mentioned earlier that I like to swim and jacuzzi; a quick dip for an hour or so is very different than a big day out that involves being in a wet bathing suit all day. If I am planning a big day out on the water, in the pool, at a beach or waterpark, I figure that in to my changing schedule. For example, if day one was Thursday, and day three is a big day out involving water, when I get home, I'll typically shower and do a full change.

I'm always mitigating risk, and making smart, informed decisions regarding my ostomy. Adjusting my routine accordingly to moisture variables helps to keep my peristomal skin healthy allowing me to enjoy whatever life brings my way. Whether you are new to the ostomy world, or a seasoned pro like myself, planning ahead – just a little – may help you to experience life to the fullest.

How to Deal with Peristomal Hernias

By Elaine O'Rourke, Ostomy/IBD Health Mentor USE ME



Peristomal hernias are something that every ostomate should be aware of. Although a hernia can occur for a wide variety of reasons, there are some common factors to take into consideration, such as weight, age, level of fitness and other health issues.

Nurse Anita Prinz, CWOCN, is my guest in this must-watch video and we discuss hernias in detail. She shares a very informative slide show as well as showing different types of hernia belts and ostomy products that are useful if you have a hernia.

You will see and learn what hernias look like, how they form and preventive tips.

There are a great variety of hernia support belts on the market which can make a big difference. But you should be fitted/sized for your hernia belt as everybody and stoma is different.

It is so important in the weeks following surgery not to lift or do anything strenuous. Even coughing can cause a hernia. Always proceed with caution especially when you are starting to exercise. If you are trying to get in shape and have not been active before surgery then you are advised to wear a hernia belt.

You might benefit from one-on-one instruction from someone such as myself who is trained and knows how to exercise safely and strengthen and engage the core with an ostomy. Hernias do not go away so you should consult your medical professionals to get more advice. Surgery can be done but be aware that hernias can reoccur. Ask questions and be well informed.



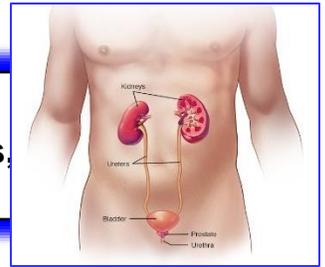
17 Benefits of Drinking Water

- **Supports heart health**
- **Improves circulation**
- **Increases waste removal**
- **Flushes out toxins**
- **Nutrient absorption**
- **Increases energy and alertness**
- **Supports weight healthy loss**
- **Improves complexion**
- **Supports muscles building**
- **Enhances brain function**
- **Boosts immune system**
- **Prevents headaches**
- **Prevents kidney stones**
- **Prevents cramps**
- **Supports joints**
- **Prevents backaches**
- **Prevents bad breath**

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Bladder Cancer Symptoms, Signs and Risk Factors

by Bladder Cancer Advocacy Network



What are bladder cancer signs and symptoms?

The most common clinical sign of bladder cancer is painless gross hematuria, blood in the urine that can easily be seen. Two features that tend to mask the severity of the gross hematuria and may influence patients to postpone seeking immediate medical care are 1) the bleeding may be occasional and short-lived; and 2) there is likely to be no pain associated with the bleeding. In addition, it may be that the tumors do not produce enough blood for a patient to see (microscopic hematuria) and are only detected with the help of special chemicals and/or a microscope after a urine test is done by a physician.

However, blood in the urine does not necessarily mean a diagnosis of bladder cancer. Infections, kidney stones as well as aspirin and other blood-thinning medications may cause bleeding. In fact, the overwhelming majority of patients who have microscopic hematuria do not have cancer.

Irritation when urinating, urgency, frequency and a constant need to urinate may be symptoms a bladder cancer patient initially experiences. Oftentimes, though, these are merely symptoms of a urinary tract infection and antibiotics become the first line of treatment. To make the necessary distinction between an infection and something more serious, it is critical that a urinalysis and/or culture are done to detect any bacteria in the urine. If the culture is negative for bacteria, patients should be referred to a urologist for further testing.

What are the bladder cancer risk factors?

Smoking: Smoking is the greatest risk factor. Smokers get bladder cancer twice as often as people who don't smoke. Get tips on Smoking Cessation. Read the 2020 article on Smoking Cessation and Cancer Survivorship published in the Journal of the American Medical Association here. Learn more about e-cigarettes, smoking and bladder cancer by watching this webinar.

Chemical Exposure: Some chemicals used in the making of dye have been linked to bladder cancer. People who work with chemicals called aromatic amines may have a higher risk. These chemicals are used in making rubber, leather, printing materials, textiles, and paint products.

Race: Caucasians are twice as likely to develop bladder cancer as are African Americans or Hispanics. Asians have the lowest rate of bladder cancer.

Age: The risk of bladder cancer increases as you get older.

Gender: While men get bladder cancer more often than women, recent statistics show an increase in the number of women being diagnosed with the disease. Unfortunately, because the symptoms of bladder cancer are similar to those of other gynecologic and urinary diseases affecting women, women may be diagnosed when their disease is at a more advanced stage.

Chronic bladder inflammation: Urinary infections, kidney stones, and bladder stones don't cause bladder cancer, but they have been linked to it.

Personal history of bladder cancer: People who have had bladder cancer have a higher chance of getting another tumor in their urinary system. People whose family members have had bladder cancer may also have a higher risk.

Birth defects of the bladder: Very rarely, a connection between the belly button and the bladder doesn't disappear as it should before birth and can become cancerous.

Arsenic: Arsenic in drinking water has been linked to a higher risk of bladder cancer. Learn more about water pollutants and bladder cancer.

Earlier Treatment: Some drugs (in particular Cytoxan/cyclophosphamide) or radiation used to treat other cancers can increase the risk of bladder cancer.

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This year alone, over 80,000 will be diagnosed with bladder cancer

When caught at an early stage, the 5-year survival rate is 70%.

Do you know what to look for?

Signs

Blood in the urine**
Painful urination
Urgent need to urinate
Feeling the need (but not being able) to pass urine

Symptoms*

Abdominal pain
Fatigue
Lower back pain
Appetite or weight loss

7th most common cancer

Men are 3-4 times more likely to be diagnosed than women

Risk Factors:

-  Smoking
-  Chemical exposure
-  Race, gender and age
-  Medical history of cancer
-  Chronic bladder inflammation



Women are more likely to have advanced forms

**It is important to note that these signs can also indicate other conditions such as urinary tract infections or bladder stones. If you experience any of these symptoms, even once, consult your physician immediately. Early detection is the key to a better prognosis.*

***If you see blood in your urine make sure your doctor rules out bladder cancer as the cause. Don't assume it's an infection to be treated with antibiotics.*

For more information, please visit: www.bcan.org



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Ostomy Myths and Hints

From an article on Wendy Lueder's presentation to the North Central Oklahoma Ostomy Association by Joel Jacobson; Halifax (Nova Scotia) Gazette (edited)

MYTHS FACTS

- Things haven't changed since the early days. Equipment used to be bulky, heavy and you emanated an odor. No longer the case, as we all know, with lighter, easier-to-use equipment, and ways of eliminating or reducing odors.
- Ostomates need to wear baggy, unsightly clothes. "Today, I wear tight jeans and you can't see anything," says Wendy. "You can be comfortable in any type of clothing."
- Ostomates have odor control problems. That used to be the case, she says, but new appliances are odor-proof.
- Once you're an ostomate, you're continuously aware of your appliance. Once the healing starts and the complications end, it's like background music. You don't think about it. You only think about it when you have to change or empty the pouch or have a medical issue.
- Ostomates think of themselves as patients. That isn't our identity. I'm Wendy.
- As an ostomate, I'm all alone. Wendy gave some US stats. There are almost one million people living with an ostomy. More than 100,000 surgeries performed annually. Likely over one million have had a temporary ostomy that's been reversed.

Borders:

All Ostomy types

Colostomy-related

Ileostomy-related

Urostomy related



Yearly Anniversaries: July & August 2021

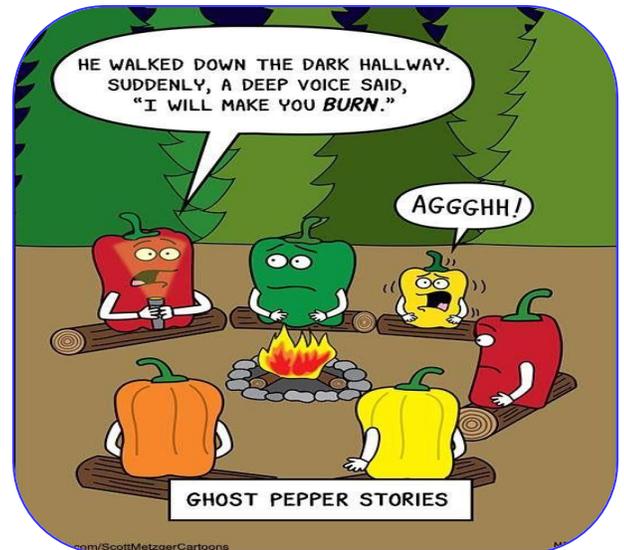
Christina Luna, 19 Trudy Faloon, 42, Dorothy Mogoyne, 5

Problem-Solving Clinic **CLOSED**

The Ostomy Problem Solving Clinic is closed for face to face meetings until further notice.

In the meantime, if you have questions:

- Text Karen Hollis, RN, CWON, at **512-785-7448**
- Text your name, number, type of ostomy and problem.
- Karen will call you back as soon as possible.



Are you in need of donated supplies? We have **plenty** available!

Please contact Carol Laubach, (512-339-6388) and indicate what type of ostomy you have, brand preference, size, and whether it's a one or two piece. This will help to get you the best fitting supplies possible.

We are a health support group, a non-profit, tax-exempt 501(c)(3), organization of volunteers whose purpose is to provide mutual aid and education to persons who have ostomies and their families. Membership fees and donations are tax deductible.

The information contained within our newsletters is for informational purposes only and may not be applicable to everyone. **Please do not follow any medical advice in our Newsletter without first checking with your physician or Wound Ostomy Continence Nurse.**

OAA Membership Application

Name _____
Ostomy Type _____ Surgery Date _____
Address _____
City _____ State _____ Zip _____ Phone _____
Year of Birth _____ Email _____
Spouse/Relative/Partner/Friend Name _____

I do ____ I do not ____ give permission for my name to be included in our newsletter or membership directory.

Signature

Date

Annual Dues:

\$25 _____ Ostomate

\$15 _____ Spouse/Relative/Partner/Friend/Other

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Mail Application to:

Ostomy Association of Austin
P.O. Box 143383
Austin, TX 78714

Newsletter Preference: Check one

_____ Printed version via US mail

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Membership benefits include:

- Monthly support & informational meetings
- Social events
- The Austi-Mate Bi-Monthly Newsletters



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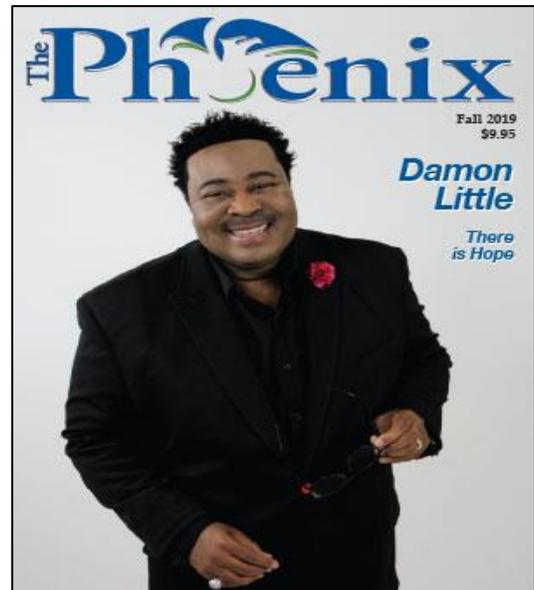
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Rachel^{*}, SenSura[®] Mio Convex Flip user

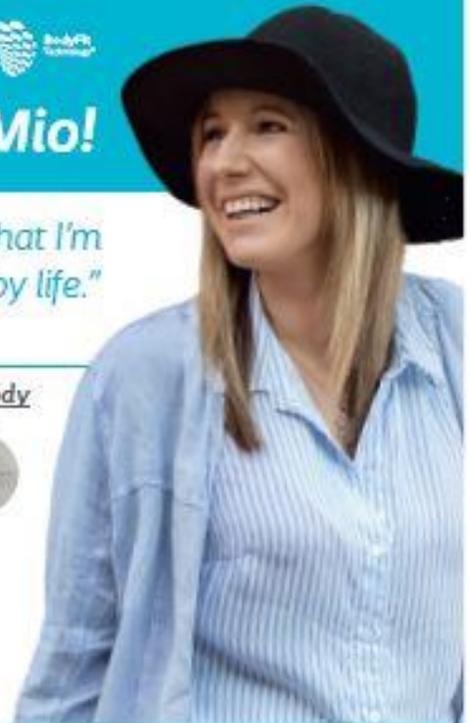
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