



The Austi-Mate Journal

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

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Gethsemane Lutheran Church
200 West Anderson Lane, Austin, Texas 78752



Next meetings: Thursday, September 6, 2018 @ 7:00 pm

Thursday, October 4, 2018 @ 7:00 pm

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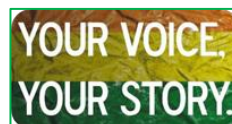
Have you paid your dues?

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.

Did you know that Carol Laubach is the Founder of our Non-Profit Ostomy Group here in Austin? Wonder why? Did you know our President, Amy Nichols, was featured in the UOAA Phoenix Magazine?

Life is a journey and everyone has a story to tell.

What is yours? Please consider sharing your story and we'll proudly feature it in a future Newsletter. Look for Carol Laubach's story in January, 2019.



Unfortunately Dr. Bischoff had to cancel in August due to unforeseen surgeries that extended into the evening. We had a wonderful turnout with several new faces, some of whom were Dr. Bischoff's patients. Questions were asked, answered, and new connections were made. We had a very uplifting meeting.



September 6th Meeting

Karen Hollis & Carol Marshall-Hanson, two of our amazing Certified Wound Ostomy Nurses, will begin an educational and interactive lecture series. This month's presentation: Anatomy, Physiology, and various Ostomies types. **Refreshments:** Tom Knight, Dan Boswell, Marina Chavez, Laura & Bill Ludwig

October 4th Meeting Refreshments: Board Members

Caring for Your Ostomy

By Pat Murphy, RN, CETN, Middle GA, Ostomy Rumble, UOAA Updated May 2015



Here are some simple pointers for ostomy care. They may not be new, but sometimes it is good to be reminded of them. Good ostomy care habits can catch and nip problems in the bud - the rosebud that is.

Inspect your stoma and skin each time you change your skin barrier. Your stoma should be bright red, smooth and shiny. Inspect the lower edge especially well. Use a mirror if necessary. Look for any signs of irritation or bleeding. These signs may mean your skin barrier is rubbing there.

Your skin should not be pink, purple or gray, even right next to the stoma. You may, however, notice some pink skin under pressure points when you first remove the skin barrier from your body. This is the same as when you take off your watch or a pair of stockings and is normal.

Inspect your skin in a sitting position to see if creases or low areas form around the stoma. This will tell you where to take special steps to even out the area when you put on your skin barrier. Stretching the skin to make it smooth may be all you need to do, or you may need a dab of ostomy paste to help seal the area.

Remember: a new stoma can change size for up to a year. Re-measure your stoma every time you change the skin barrier for the first six months after surgery and every month thereafter. Always re-measure if you are having a leak. Measure the stoma at the base from side to side and from top to bottom.

Many stomas are oval. If you are cutting a skin barrier of a one-piece pouching system, no skin should show when it is in place. However, making sure the skin barrier doesn't touch the stoma unless it is an extended-wear skin barrier manufactured to be able to touch the stoma (these skin barriers are designed to "turtleneck" where they touch the stoma). Since it can be tricky to cut the opening to the correct shape without leaving gaps around the stoma, manufacturers have developed skin barrier seals and ostomy paste that can be used to fill the gaps.

If your stoma is not perfectly round, do not trace and cut a round circle. Instead, make the skin barrier fit exactly. Your ostomy nurse can show you how. It should just miss the stoma, sealing down on the skin right next to it. Your skin barrier should not go over any red, wet mucosal tissue, the kind that forms the stoma. If you wear a pouch with a Karaya ring on it, the ring should gently touch the stoma all around.

Urology Concerns

via Oshkosh Ostomy Support Group, Ostomy Spotlight

Germes are all over the world, but when they are in the urinary tract, either in the conduit, the ureters, or the kidneys, they are in an abnormal location, and that is what causes an infection.

What causes infection? Mostly, the reasons are unexplainable. Why do some people get more colds than others? Infections can be caused by urine being forced back to the kidneys through the conduit. This could happen if you fall asleep with the appliance full of urine and accidentally roll over on the pouch, causing urine to be forced back through the stoma and the urinary tract with tremendous pressure. Invariably, the urine in the appliance is contaminated.

In general, to prevent and treat infection, you need a good flow of urine, much like a stream. That not only dilutes the bacteria or germs in the urine but also helps wash them out. Two and one-half quarts of liquids daily are required for the average adult. Night drainage is a MUST - otherwise, you run the risk of urine backing up into the kidneys which can cause irritation or infection.

This is especially important for urostomates with only one kidney. It's important to be aware of the symptoms of a kidney infection: elevated temperature, decreased urine output. People with ileal conduits normally produce mucus threads in their urine which give a cloudy appearance, but bloody urine is a danger sign. You must see your doctor if any of these symptoms occur.

Coping with Chronic Pain

By Lynn Wolfson, Broward Ostomy, Florida; UOAA Articles to Share, 2016 summer



Editor's Note: Lynn was born with Hirschsprung's Disease that severely affects the digestive system, and she has had over 30 surgeries since she was 4 years old. At this time, she has her seventh ostomy, a gastric tube for stomach venting since she is unable to vomit, a Jejunal tube for feeding due to severe motility issues, difficulty breaking down of foods and malabsorption of nutrients. In addition, she has a neurogenic bladder (a flaccid or spastic bladder caused by neurologic damage) She needs to catheterize it two to three times a day.

Lynn enjoys traveling the world with her family. Chronic pain is something that most people with digestive diseases live with on a daily basis. Learning to cope with this pain and to live a productive and meaningful life can be a tremendous challenge. However, with the appropriate support, attitude, exercise and diversions it can be managed. However, this is not easy to learn and is very individualized.

It is very important that a person with chronic pain surround themselves with **people** that are **positive and supportive**. These people are the ones that you want to see on a regular basis. This may include family, friends, book clubs, card groups, synagogue or church groups or any other group that meets on a regular basis. Talk to these people and get to know them. Listen to their challenges and give creative positive solutions. I find that when I am helping another individual, I forget about my own ailments for the moment. I put my feet in their shoes and look at life with a completely new perspective.

Attitude is another important characteristic. Unfortunately, for most of us, this chronic pain is here to stay. Accept it. Try to understand the difference from chronic pain and acute pain. Make a list of the things you have done in the past that have helped. I keep this list on my phone. My list includes venting my gastric bag, catheterizing, lying down, pushing my hernia back in place, making sure my ostomy is outputting a sufficient amount, stop eating, and feeling for any hardness in my abdomen. If I find that my output is very low or I feel a hardness in my abdomen, I know to call the doctor.

I find **exercising** on a regular basis keeps me healthy and happy. For me, I swim 30 laps three to five times a week at the YMCA. I also walk around my neighborhood. Perhaps there are other exercises which you are capable of doing and can enjoy.

Lastly are "**distractions**." For me, I enjoy knitting hats. I find that by keeping my hands moving and my mind focused on my hands, it helps me to endure the pain. I consider knitting turning the negative energy of pain into positive of energy of giving a hat to someone in need. Perhaps others would enjoy doing a puzzle or building a model or painting or needle point. I also find playing scrabble or Words with Friends on the computer another diversion. It took me a while to figure out what works for me.



Try to learn what **causes** your pain or when your pain is at its worst. I find I am in pain after eating or standing or sitting too long. Once I realized that, I adjusted what I was doing. Coping with chronic pain is a challenge. However, once I gained control and understood my pain, I found I started to enjoy life. We have all been given the gift of life. However, no one's gift was free of flaws. Accept our strengths and use them to create a meaningful and productive life. A book that has significantly helped me is entitled The Pain Survival Guide, How to Reclaim your Life by Dennis C. Turk, PhD., and Frits Winter, PhD., published by the American Psychological Association. The book covers the themes of becoming your own pain manager expert with sections on activity levels, rest and pacing; relaxation; fatigue; relationships; thoughts; and feelings.

Article Borders:

Yellow - All Ostomy types

Green - Ileostomy-related

Red - Colostomy-related;

Blue - Urostomy related



WORLD OSTOMY DAY 2018

Saturday, October 6, 2018



World Ostomy Day is sponsored by the International Ostomy Association (IOA) and is celebrated every three years. This year World Ostomy Day will be held on Saturday, October 6, 2018 and UOAA is excited to join our national efforts with the rest of the world on this special day.

This year's theme will be "**Speaking Out Changes Lives.**" The aim of World Ostomy Day is to improve the rehabilitation of ostomates worldwide by bringing to the attention of the general public and the global community the needs and aspirations of ostomates.

The last World Ostomy Day was held in 2015. The idea of the World Ostomy Day was born in 1993 and its father is Professor Dr. Gerhard Englert who at that time was the President of IOA.

Our biggest awareness event this year will be the Worldwide Virtual Run for Resilience Ostomy 5k and also nine Ostomy 5k events all around the United States. Registration and team creation is now open at www.ostomy5k.org. The Virtual Ostomy 5k simply means a run/walk you can do in your own favorite place to run/walk or roll. Help us raise ostomy awareness in communities across the country! We'll even mail you an athletic t-shirt and race number.



The Right Thing to Do

By Raymond Miller via The New Outlook, June 2013 (edited)

A male acquaintance of mine has a colostomy. When asked why he did not join our local ostomy association he said, "I have adjusted just fine. I do not need the group." His complacency set me back a bit. I thought it over. Maybe he does not need our support group, whatever that means. However, our group needs him. We need well-adjusted people with ostomies who walk around flat-tummied and non-odorous, people who look and feel good.

An ostomy support group is not like a halfway house. We do not come together to feel sorry for ourselves or to talk exclusively about all the problems that arose because of our operations. We get together because we want to help each other or maybe to obtain some advice with some little issue that has been bugging us.

We may have some questions our doctors and nurses cannot answer for us but another person with an ostomy can. We want to prove to all those skeptics and people without ostomies who may think an ostomy is the end of the world that it is not. In most cases, that is.

What is most unusual is that ostomy surgery is a wonderful beginning. All of us are alive because of ostomy surgery. Isn't it wonderful?!





Don't Give Yourself a Hernia

by Adrian March, MA, PhD

Source: Greater Seattle Ostomy Association "The Ostomist" May/June 2015 (edited)



DO remember that your protection from a hernia depends on the integrity of your principal abdominal muscle, the rectus abdominis (properly known as the "abs"), which runs down your front from the lower part of the rib cage to the pelvis. **DO** ask your surgeon whether there is any medical or surgical reason why you should not exercise to strengthen your rectus abdominis. If you are given the all-clear undertake a proper exercise program. Gentle smooth progressive stretching will do you no harm, but don't bounce into a stretch; this is known as ballistic stretching, and should be avoided. Work through the easier exercises first, and always "Stop if it hurts!"

DO wear a support when undertaking heavy work if you have been advised to do so.

DO keep your body weight under control: being overweight is an invitation to a hernia. Work out! Your Body Mass Index (BMI), equals (Weight in KG) divided by (Height in meters)². If your BMI is over 25, take steps to reduce it.

DO be aware of activity which causes you to hold your breath. This increases the pressure in the abdomen and therefore places increased demands on the abdominal muscles. If you can carry on talking - or even singing if the neighbors don't mind - then there should be no problem.

DO be careful about lifting: consider whether what you are proposing to lift is reasonable, and think about the best way to lift it. Keep the weight as close to the body as possible at all times, and make sure that you can keep your balance.

DO think carefully about moving furniture. If you can slide it, preferably with your knee, that's fine but think twice before you bend over and heave it. If you have a problem reaching the top cupboards in the kitchen, invest in a step stool which you can push around with your foot and step up onto it comfortably.

DON'T kneel for too long when weeding the garden - try to keep moving. If you find it difficult to stand up from a kneeling position, consider using a kneeler, with support bars which you can hold to push yourself up.

If your favorite exercise is running, **DO** make sure that you run on a good surface. The consequences of a stumble on a bad surface could be serious.



The Recipe for Preventing Diabetes and Heart Disease: Walnuts

Cleveland Clinic Wellness Tip, February 9, 2016



Walnuts are a wonder food, loaded with protein, fiber and nourishing fats. They're a great source of alpha-linolenic acid, which is integral to bone health and heart health. These flavorful nuts also appear to be a delicious way to reduce the risk of diabetes, according to a new study. Two ounces of walnuts (about 14 pieces) a day for six months was shown to improve blood vessel function and reduce "bad" (LDL) cholesterol. Walnuts may also reduce the risk of certain kinds of cancer, notably prostate. To get more walnuts into your diet, try swapping granola for a handful of crushed walnuts to top your morning yogurt, or add them to a homemade smoothie. At lunch or dinner, sprinkle walnut pieces on salads, or try a savory side dish and combine green beans and spinach with walnut pesto.



Yearly Anniversaries - 2018

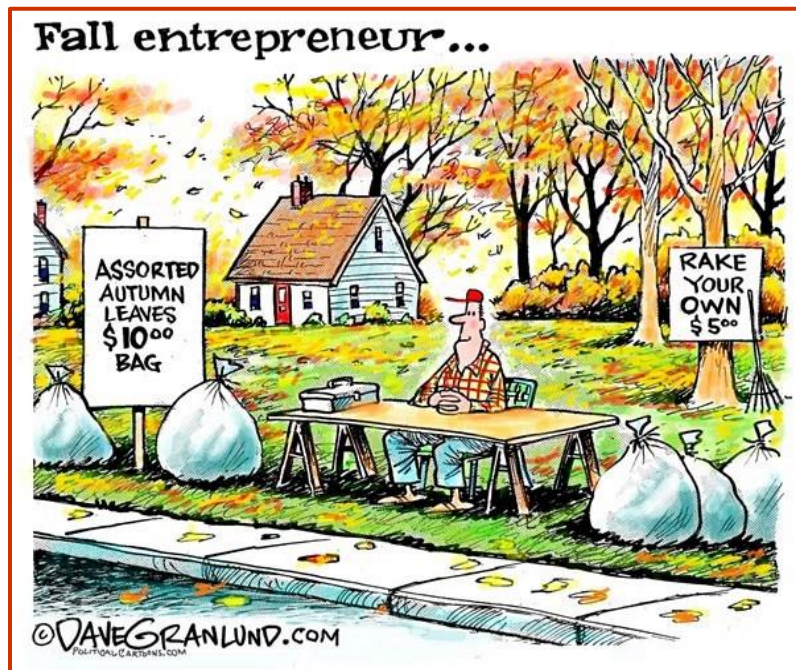
September & October Celebrations

Vernal Bracken, 49 Dianne Baxter, 31
Dorothy Ruhl, 24 Dwight Vance, 22
Eddie Padilla, 5 Mary Meshbane, 10



2018 Thursday Meetings

September 6
October 4
November 1
December 6~ Holiday Party
No January Mtg
February 7
March 7
April 4
May 2
June 6



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

www.austinstomy.org

Name _____

Ostomy Type _____ Surgery Date _____

Address _____

City _____ State _____ Zip _____ Phone _____

Year of Birth _____ Email _____

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

\$25 _____ Professional

Mail Application to:

Ostomy Association of Austin

P.O. Box 143383

Austin, TX 78714

Membership benefits include:

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

Newsletter Preference: Check one

_____ Printed version via US mail

_____ Email notification/download to your computer via website www.austinstomy.org



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