



The Austi-Mate Journal

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

www.austinostomy.org

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

Next Meeting: Thursday, September 5, 2019 @ 7:00 pm

***Thursday, October 3, 2019 @ 7:00 pm ~ Product Vendor Fair**

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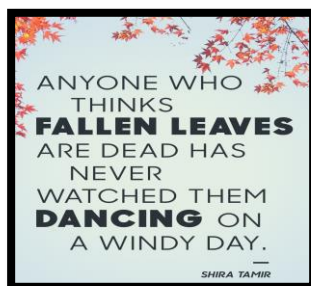
This Bi-monthly newsletter is
available online at

www.austinostomy.org

Printing Courtesy:
The American Cancer Society

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 hope you've had a safe, healthy and enjoyable summer. The weather has been hot all over the country and especially here in Texas. Fall is a beautiful time of year as we welcome the coolness of more comfortable temperatures and all that it brings.



August 1st Meeting

Dr. Carly Allred, general surgeon with the Surgical Associates of Austin, gave an outstanding and informative presentation to a full house in August. Dr. Allred focused on various Ostomy surgeries, diagnoses that lead to surgery, complications, and answered questions from our members.

September 5th Meeting

We will have a Question and Answer session with our nurses and Members. **Refreshments:** JT Boon and Board Members

October 3rd Ostomy Product Fair: Upstairs Gym ~ Tentative

We are still in the process of securing Product Vendors for our Fair. We have reached out to several people and companies but responses have been few. We will keep you informed should we need to postpone to a future date. **Refreshments:** Karen Hollis, Nancy Jones, Carol Laubach



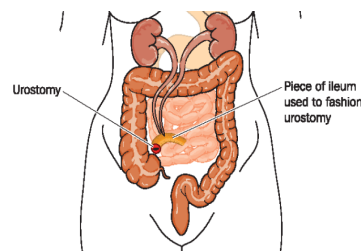
Have you paid your dues?

Taking Care of Your Bladder: General Guidelines Meant to Help You with Typical Questions

Coloplast Online article

Bladder problems must be properly managed, if left untreated they could result in serious health issues. There are many options available to help manage bladder problems:

- Pelvic floor exercises
- Bladder retraining
- Catheters
- Urine bags and Male external catheters (condom catheters)
- Lifestyle changes
- Medication
- Surgery



Pelvic Floor Exercises

Pelvic floor exercises are designed to strengthen the pelvic floor muscles to help reduce urinary incontinence. Slowly contract and lift the pelvic floor muscles and hold the position for five seconds, then release; quickly contract and release the pelvic floor muscles.

You will need to do the exercises regularly and it may take several months before you see a significant improvement.

Bladder Retraining

Bladder retraining to help reduce urinary incontinence aims to gradually stretch the bladder so that it can hold larger volumes of urine.

Catheters

Clean intermittent catheterization (CIC) is an effective bladder management technique based on the regular and complete emptying of the bladder by using a catheter. People who catheterize to empty their bladder typically need to do so 4-6 times a day. Learn more about Coloplast catheters for men and women). **Remember**, users performing self-catheterization should always follow the advice of their healthcare provider.

Collecting Systems (for men)

For men who leak urine (male incontinence), male external catheters (often called “urisheaths” or “condom catheters”) are an effective and comfortable solution to manage leakage. The male external catheter is worn over the penis and is connected to a urine bag fastened to the leg. Learn more about Coloplast products for male incontinence.

Lifestyle Changes

For some people, managing symptoms may include lifestyle changes such as changing the diet to reduce constipation or reducing the consumption of caffeinated beverages. Planning out fluid intake at certain times may also be helpful so the need to urinate is more convenient and doesn't coincide with excursions in public or sleeping at night.

Medication

Drugs and medications are prescribed for all types of incontinence, but they are generally most useful for urge incontinence, particularly when combined with pelvic floor exercises and bladder training. Stress incontinence is usually managed without medication.

Surgery

A variety of surgical procedures are available for the treatment of bladder problems. Deciding which procedure, if any, you use depends on the type and cause of incontinence.

You should always follow the specific instructions provided by your healthcare provider and the bladder management solution you use.

When to Contact Your Stoma Care Nurse

version has been edited; UOAA

Your stoma care nurse has the specialized training to help you care for your ostomy and address any issues that arise. These professionals are also known as “WOC” (wound, ostomy, and continence) nurses. Stoma care nurses are there to help you make a smooth transition after surgery, and can give you the training you need to care for your ostomy at home. You should consider them your “go-to” resource for ostomy care education, consultation, and troubleshooting. In honor of WOC Nurse Week, celebrated every year in mid-April, it is important to recognize the ongoing role that stoma care nurses can play in your ostomy care.

When to Contact Your Stoma Care Nurse

Not every ostomy care challenge warrant contacting your stoma care nurse, but certain issues are causes for concern and should be assessed by a trained professional. Connect with your stoma care nurse if you notice any of the following problems.

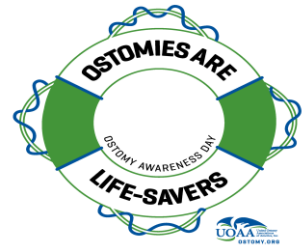
If you have a colostomy or ileostomy, call your ostomy care nurse if you notice:

- Skin irritation
- Recurrent leaks under your pouching system or skin barrier
- Excessive bleeding of your stoma
- Blood in your stool
- A bulge in the skin around your stoma
- Persistent diarrhea
- Diarrhea with pain and/or vomiting
- A stoma that appears to be getting longer



If you have a urostomy, call your ostomy care nurse if you notice:

- Any sign of urinary tract infection
- Skin irritation
- Urine crystals on or around your stoma
- Recurrent leaks under your pouching system or skin barrier
- Warty, discolored skin around your stoma
- Excessive bleeding of your stoma
- Blood in your urine
- A bulge in the skin around your stoma
- A stoma that appears to be getting longer



OSTOMY AWARENESS DAY 2019
Saturday, October 5, 2019

Problem-Solving Clinic

Our free Problem-Solving Clinic is available for Ostomates thanks to Karen Hollis, RN, CWON.

Where: Gethsemane Lutheran Church

When: First Thursday of the month (same day as meeting),

Hours: 1 to 5 pm

How: Call **512-785-7448** and leave a message with following information:

- Ostomy type, approximate age of your ostomy, problem you're experiencing, and current supplies.
- Be sure to leave a name & phone number, with area code.
- Our WOC Nurse will contact you and schedule an appointment.
- ***You must have an appointment to be seen ~ no walk-ins**

This is a free clinic; donations to the Ostomy Association of Austin are accepted.



Middle-Age Hearing Loss Linked to Dementia

By Carolyn Crist from Journal of American Medical Association



(Reuters Health) - Hearing loss in middle age is associated with higher odds of cognitive decline and dementia in later years, suggests a large study in Taiwan.

Researchers tracked more than 16,000 men and women and found that a new diagnosis of hearing loss between ages 45 and 65 more than doubled the odds of a dementia diagnosis in the next dozen years.

Even mild levels of hearing loss could be a risk factor, so hearing protection, screening and hearing aids may be important means of reducing cognitive risk as well, the study team writes in JAMA Network Open.

"Hearing loss is a potential reversible risk factor for dementia, including Alzheimer's disease," said senior study author Charles Tzu-Chi Lee of National Taiwan Normal University in Taipei.

Past research suggests that about two thirds of the risk for dementia is hereditary or genetic, which means about one third of the risk is from things that are modifiable, Lee noted. Among modifiable risk factors, hearing loss accounts for about 9% of dementia risk, a greater proportion than factors like hypertension, obesity, depression, diabetes and smoking.

"The early identification of hearing loss ... and successful hearing rehabilitation can mitigate the negative effects of hearing loss," Lee told Reuters Health by email. "However, the ideal time to perform hearing loss screening to reduce the risk of dementia remains unclear."

Lee and colleague Chin-Mei Liu of the Taiwan Centers for Disease Control analyzed data on people aged 45 and older from the National Health Insurance Research Database of Taiwan. They matched 8,135 patients newly diagnosed with hearing loss between 2000 and 2011 to 8,135 similar individuals without hearing loss and followed them all through 2013.

All were free of dementia at the start, but over time, 1,868 people developed dementia - and 59% of them came from the hearing loss group.

Among people with hearing loss, new dementia cases were identified at a rate of 19 per 10,000 people, compared with 14 per 10,000 without hearing loss. Overall, hearing loss was associated with a 17% risk increase for dementia, the researchers calculated.

But when they looked at subsets of people, almost all the increased risk was concentrated in the youngest age group. Among those 45-65, dementia risk was 2.21-fold higher with hearing loss. "The present study suggests that screening for hearing loss should be performed when people are middle aged," Lee said.

The results factored in variables such as sex, age and insurance type, as well as other known risks for cognitive decline and dementia. Among these, six other conditions were associated with an increased risk of dementia: cerebrovascular disease, diabetes, anxiety, depression, alcohol-related illnesses and head injury.

The study was not designed to determine how hearing loss might contribute to dementia, or if the two conditions share the same cause. One limitation of insurance data, the researchers note, is lack of precision in the dementia diagnoses.

"In an aging population, dementia will present one of the greatest challenges to society in this century," said David Loughrey of the Trinity College Institute of Neuroscience in Dublin, who wasn't involved in the study.

"There are now more people over the age of 65 than under the age of 5 for the first time in human history," he told Reuters Health by email. "Pharmacological treatments for the most common cause of dementia, Alzheimer's disease, only offer symptom-modifying effects. This has led to suggestions that a change in approach to prevention rather than treatment after diagnosis may be more beneficial." Future studies will investigate whether treating hearing loss can decrease the risk of dementia, the study team writes. (continued)

"Hearing health is critically important to the human experience," said Dr. Richard Gurgel of the University of Utah in Salt Lake City, who wasn't involved in the study.

"There is more to hearing loss than just hearing. Hearing loss affects the way we fundamentally communicate and connect with one another," he said in an email. "Hearing loss impacts the overall health of older adults, including their emotional well-being and social isolation, as well as cognition."

Get Fit Now to Protect Your Brain Later!

Cleveland Clinic Wellness

Ladies, start your engines. Your internal engine, that is, the one that propels you to walk, run, dance, bike, play tennis, kick around a soccer ball — or whatever type of exercise you most enjoy doing. Putting in your exercise time now is a fantastic investment in long-term good health from head to toe. And speaking of heads, new research adds to the evidence on the brain-protective power of exercise.



In a long-term study, a group of nearly 200 middle-aged women took an exercise test that measured their peak cardiovascular capacity and were rated as having a high, medium, or low level of fitness. They then received periodic evaluations for dementia over several decades. Over the course of 44 years, only 5 percent of the highly fit women developed dementia, whereas 25 percent of moderately fit women and 30 percent of those with a low fitness level did. In other words, the most fit women were nearly 90 percent less likely to get dementia than the least fit women.

This study didn't prove that exercise helps to prevent dementia, but it's one of many showing a strong link. Carve out a half-hour for cardio a day, most days of the week, and work in a few weekly strength-training sessions. Your body — and brain — are worth the investment!



Cut the Sugar! Your Energy may Rebound.

Cleveland Clinic Wellness April 25, 2019

Ah, the legendary sugar rush, rumored to prompt young children to somersault down hallways and adults to power through the last few hours of work with a smile. You may question that narrative from your own experience, and new research shows that, far from giving you a "high," sugary foods and drinks may lower your energy. In analyzing more than 30 studies, researchers found that people who consumed added sugar felt more tired and less alert afterward than those who hadn't.

Things get even less sweet when you consider that sugar may also increase your risk for obesity, diabetes, and heart disease—and that the standard American diet includes far too much of it! Americans consume an average of 22 teaspoons of added sugar a day—that's 350 calories' worth, and far more the American Heart Association's recommended daily limits (6 teaspoons for women, 9 teaspoons for men).

Limiting sweetened beverages and breakfast cereals is key, as is making baked goods and other sweets the exception in your diet, not the rule. But also remember that sugar lurks in unlikely places, like packaged salad dressings, sauces, and bread. Check ingredients lists for various forms of added sugar, including honey, malt syrup, agave nectar, evaporated cane juice, fructose, high-fructose corn syrup, maltose, and dextrose. It can be tricky to determine how much, because most nutrition-information labels don't distinguish between sugar that's been added and natural sugars from foods like milk and fruit (although new labels that list added sugars are coming—woohoo!). Making most of your meals at home and eating mostly whole foods solves that problem—and many others. For an energy boost, try a nutritious snack like an apple and nuts or nut butter if you're hungry, or a spin around the block (or up and down stairs) if you're not.

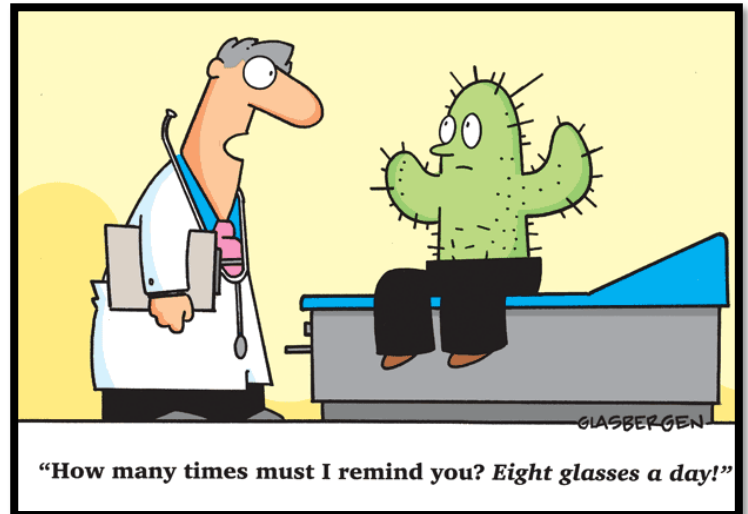
Borders: **Yellow** - All Ostomy types ; **Red** - Colostomy-related; **Green** - Ileostomy-related ; **Blue** - Urostomy related



Yearly Anniversaries - 2019

September & October

Vernal Bracken, 50 Dianne Baxter, 32
Dorothy Ruhl, 25 Dwight Vance, 23
Eddie Padilla, 6 Mary Meshbane, 11



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

\$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



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