



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

Upcoming Meetings 7-8 PM

September 7

October 5

November 2



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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.



It has been quite the heatwave all summer with triple digit temperatures breaking state and national records. We are all looking forward to some "cooler" fall weather here in central Texas.

After the big celebration of summer colors, the trees let go of their leaves in the fall because they are no longer needed.

Fall reminds us that we all need to let go at times in order to thrive and grow. As we watch leaves fluttering to the ground, we are reminded that nature's cycles are mirrored in our lives. Autumn is a time for releasing things that may have been a burden. As the harbinger of change and transformation, it resets our inner clocks, inspiring us to reevaluate our dreams, aspirations, goals, intentions, plans, habits, and every other element on which we build our lives.



Have you paid your dues?

Sign and Symptoms of Bladder Cancer

BCAN online article (edited)



Early Signs of Bladder Cancer:

When caught in its early stages, bladder cancer can be highly treatable. That is why it's important to know the signs and symptoms of bladder cancer.

Blood in Urine (hematuria): 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.

Remember: blood in your urine is NEVER normal.

Painful Urination: Pain 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.

Urgent need to Urinate: Urination urgency, or feeling like you must pee immediately, can be a sign of bladder cancer. This can happen even when your bladder is not full. If you experience this (it can happen to men and women), we strongly recommend that you go see your primary doctor, or a urologist.

Feeling the Need (but unable) to Pass Urine: Sometimes, the urgent need to urinate is accompanied by the inability to empty your bladder. Again, the need but inability to urinate is likely to be caused by something other than bladder cancer, but it is still very important to get checked out by your doctor.

Other Bladder Cancer Symptoms: Other symptoms that may be indicative of bladder cancer include:

- **Abdominal pain** - When you experience pain in your abdomen that comes and goes or does not go away.
- **Fatigue** - Constantly feeling tired or tiring easily.
- **Lower back pain** - Pain in your lower back that does not feel the same as a pulled muscle or disk problems.
- **Appetite loss or weight loss** - Losing weight without trying or losing interest in eating.
- **Overwhelming feeling of being tired or weak**
- **Swelling in the feet**
- **Pain in your bones**

Only a doctor can confirm or rule out bladder cancer. Different bladder cancer patients experience different symptoms – there is no one size fits all. Some patients don't experience any symptoms before their bladder cancer diagnosis.

Article Borders:

All Ostomy Types

Urostomy related

Colonoscopy & Ileostomy related



Risk Factors for Dementia

Strategies and Lifestyle Choices That Can Help You Reduce Your Risk

Alzheimer Society, Canada Research, <https://alzheimer.ca/en> online article

is dementia? Dementia is an overall term for a set of symptoms that is caused by disorders that affect a person's brain. Symptoms may include memory loss and changes in mood and behavior, as well as difficulties with thinking or language that are severe enough to reduce a person's ability to perform everyday tasks.

Dementia is progressive, meaning that its symptoms gradually get worse over time. There is currently no cure for dementia. However, there are treatment options and brain healthy lifestyle choices that may slow it down and can lead to an improved quality-of-life. Brain healthy lifestyle choices can also reduce your risk of developing dementia.

What are risk factors? Risk factors are aspects of your lifestyle, environment and genetic background that increase the likelihood of getting a disease. Risk factors on their own are not causes of a disease. Rather, risk factors represent an increased chance, but not a certainty, that dementia will develop.

Similarly, having little or no exposure to risk factors does not necessarily protect a person from developing dementia.

Are there risk factors for dementia that I can control? Some risk factors are modifiable, meaning that they can be changed. It has been estimated that around 40% of dementia cases may be the result of twelve key modifiable risk factors.

"Cardiovascular disease" refers to conditions that affect your heart and blood vessels. Risk factors that appear for both cardiovascular disease and dementia, particularly Alzheimer's disease and vascular dementia, that **you can control** include:

- High blood pressure (hypertension)
- Smoking
- Diabetes
- Obesity and lack of physical activity
- Poor diet

Other risk factors you can control include:

- Alcohol consumption
- Low levels of cognitive engagement
- Depression
- Hearing loss
- Social isolation

Did you know?

Research has shown that your heart health and brain health are connected. Your heart pumps blood through vessels to your entire body, including your brain. Healthy blood vessels make it easier for your heart to supply oxygen and other nutrients to your brain, nourishing your brain cells. Healthy lifestyle choices keep your blood vessels healthy, helping both your heart and your brain.

Here are 10 ways that you can reduce your risk of developing dementia:

1. Be physically active.
2. Avoid smoking and excessive alcohol consumption.
3. Track your numbers. Keep your blood pressure, cholesterol, blood sugar and weight within recommended ranges.
4. Stay socially connected.
5. Make healthy food choices. Eat a well-balanced and healthy diet that is rich in cereals, fish, legumes and vegetables.
6. Reduce stress.
7. Challenge your brain by trying something new, playing games, or learning a new language.
8. Take care of your hearing. Avoid being continuously exposed to loud sounds and wear a hearing aid if hearing does become a problem.
9. Lower your risk of falls. Consider installing handrails on all stairs and grab bars in bathrooms.
10. Reduce your exposure to air pollution, such as exhaust from heavy traffic.

Here's some good news: It's never too soon, or too late, to make changes that will maintain or improve your brain health. Recent research shows that rates of dementia are going down. We may be doing a better job managing some of these risk factors!

For more information about brain health, visit www.alzheimer.ca/brainhealth.

Are there risk factors for dementia that I cannot control? There are risk factors for dementia that are non-modifiable, meaning they cannot be changed. These include: Age • Sex • Genetics

Age: Dementia is not a normal part of aging, but age is the strongest known risk factor for dementia. The older you become, the higher the risk. For example, one in 20 Canadians over the age of 65 has Alzheimer's disease. After the age of 65, the risk of developing Alzheimer's disease doubles approximately every five years, with one in four Canadians over 85 having Alzheimer's disease. Dementia can also affect people under 65. Some people in their 40s or 50s develop dementia, which is known as young onset dementia. While rare, there are an estimated 16,000 Canadians under the age of 65 who are living with young onset dementia.

Sex: Women are at a higher risk of developing Alzheimer's disease than men. While the reasons for this are still unclear, some of the potential contributors include:

- Women living longer (on average) than men;
- Changes in estrogen levels over a woman's lifetime; and
- Presence of frailty and other health conditions (which tend to be higher among women).
- Men and women have the same risk of developing other types of dementia, like frontotemporal dementia.

Genetics: The role of genes in the development of dementia is not yet fully understood. Scientists have found over 20 genes that may increase the risk of developing Alzheimer's disease. Three of these genes directly cause Alzheimer's disease: PS1, PS2, and APP:

- If a person has an alteration in any of these genes, they will almost certainly develop familial Alzheimer's disease, often well before the age of 65. However, familial Alzheimer's disease is very rare.
- If a parent has any of these faulty genes, their children have a 50% chance of inheriting the disease.

The other 17 genes associated with Alzheimer's disease are called "risk factor" genes, meaning that these genes increase the risk, but do not guarantee that the person will develop Alzheimer's disease.

Other risk factors: Other medical conditions that can increase your chances of developing dementia include Parkinson's disease, multiple sclerosis, chronic kidney disease, and HIV. Down syndrome and some other developmental disabilities may also increase your risk of developing dementia.



Living with an Ostomy: FAQs

You are Not Alone – Embrace Life!!

UOAA online information



ARE APPROXIMATELY 725,000-1 MILLION PEOPLE IN THE U.S. WHO HAVE AN OSTOMY.

Who should I tell? What should I say about my surgery?

You should first tell those who need to know, such as healthcare providers, your spouse or partner, and people who are involved in your recuperative care. Don't feel that you have to explain your surgery to everyone who asks. It is your choice who you choose to share with and how much information you are comfortable sharing. Some people are just curious and explaining that you had an abdominal surgery is more than adequate. Sharing your story can be powerful however and help educate the larger community and your circle of friends that people with an ostomy are all around us living healthy lives. If you are beginning an intimate relationship, thorough discussions with your future partner about life with an ostomy and its effect on sex, children, and family acceptance will help alleviate misconceptions. If you have children, answer their questions simply and truthfully. Depending on their age, a simple explanation may be enough for them. You may want to confide in your employer or a good friend at work. An ostomy is nothing to be embarrassed by and keeping it a complete secret could cause practical difficulties.

Will I always be wearing the same size and type of pouch?

The type of pouching system that was used in the hospital may need to be changed as the healing process takes place. Your stoma may shrink and will require decreasing the opening size of your pouch to match your stoma. Your unique lifestyle or peristomal skin sensitivities may prompt you to try another pouching system after a recuperative period. Today there are a wide variety of pouches that you can choose from and it is advisable to know your options. Make an appointment with your ostomy nurse to evaluate your management system.

What about medication? Can I take vitamins?

Absorption may vary with individuals and types of medication. Certain drug problems may arise depending on the type of ostomy you have and the medications you are taking. Make sure all your healthcare providers know the type of ostomy you have and the location of the stoma. This information will help your pharmacist and other healthcare providers monitor your situation (i.e., time-released and enteric coated medications may pass through the system of ileostomates too quickly to be effective).

What about sex and intimacy?

Sexual relationships and intimacy are important and fulfilling aspects of your life that should continue after ostomy surgery. Your attitude is a key factor in re-establishing sexual expression and intimacy. A period of adjustment after surgery is to be expected. Sexual function in women is usually not impaired. Some men who have a urostomy may experience changes in sexual function. Discuss any problems with your physician and/or ostomy nurse. For women seeking to become pregnant their ability to conceive does not change and pregnancy and delivery should be normal after ostomy surgery. However, if you are thinking about becoming pregnant, you should first check with your doctor about any other health problems.

When should I seek medical assistance?

You should call the doctor or ostomy nurse when you experience anything out the ordinary or have:

- severe cramps lasting more than two or three hours
- a deep cut in the stoma
- excessive bleeding from the stoma opening
 - a moderate amount in the pouch at several emptyings
- continuous bleeding at the junction between the stoma and skin
- severe skin irritation or deep ulcers
- unusual change in stoma size and appearance
- severe watery discharge lasting more than five or six hours
- continuous nausea and vomiting; or
- the ostomy does not have any output for four to six hours and is accompanied by cramping and nausea



September & October 2023

Dorothy Ruhl, 29; Dwight Vance, 27

Eddie Padilla, 10; Mary Meshbane, 15

**Just be thankful
that it's not
snowing. Imagine
shovelling snow
in this heat!**

Meetings
First Thursday of the month, 7-8 pm
Meeting will be combined in Person & Virtual

September 7

October 5

November 2

December 7

No January Meeting

[Join Zoom Meeting](#) (click on live link)

Meeting ID: 886 3266 6521

Passcode: Welcome!

*Must download the [Zoom App](#) prior to joining the link



Are you in need of donated supplies?

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

Newsletter Preference: Check one

_____ Printed version via US mail

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

Membership benefits include:

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

Ostomy Problem-Solving Clinic is Open

When: First Thursday of the month

Time: 1 - 4 pm

Where: Gethsemane Lutheran Church

Next Steps:

- Text/ call Karen Hollis, RN, CWON: 512-785-7448
- Text/leave your name, number, type of ostomy, and concern
- Karen will contact you



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<https://phoenixuoa.org/>

Toll-free 800-750-9311.

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Rachel*, SenSura[®] Mio Convex Flip user



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