



The Austi-Mate Journal

Ostomy Association of Austin Monthly Publication
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www.austinostomy.org

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

Next meetings: Thursday, March 1, 2018 @ 7:00 pm

Thursday, April 5, 2018 @ 7:00 pm

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This bi-monthly newsletter is
available on our OAA website

Printing Courtesy:
The American Cancer Society

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.

January 4th Meeting

In January, **Linda Burks**, Certified Wound Ostomy Nurse, shared product supply updates Linda is a great resource and frequently attends our monthly meetings.

February 1st Meeting

Dr. Thiru Lakshman, MD. colon & rectal surgeon associated with the Central Texas Colon and Rectal Surgeons, was our guest speaker. His presentation highlighted the advancements in medical technology, included videos of less invasive surgeries, and answered several questions from the group. Dr. Lakshman had a great sense of humor and connected with all who attended.



March 1st Meeting

We will have an open question and answer session with our Certified Wound Ostomy nurses & members.

Refreshments: Frances Castillo, Jim Chandler, Pablo Del Rio, Linda Burke

April 5th Meeting

Our April meeting will address the importance of nutrition, hydration, and digestion for Ostomates.

Refreshments: Marina Chavez, Jon Bayer, Carol Marshall-Hanson, Karen Hollis

How the Ileostomy Changes Digestive Function

via Winnipeg Ostomy Assoc. Inside/Out, Oct. 2014.



Some may wonder how it's possible to live without your colon (large intestine). The major functions of the colon and rectum are storing intestinal contents, absorbing water and carrying waste to the outside. Although these functions are necessary for you to live, they can be taken over by the small bowel.

The major function of the small intestine is to absorb the body's nutrients and water. Enzymes released into the small intestine break food into small particles so that vitally needed proteins, carbohydrates, fats, vitamins, and minerals can be absorbed. These enzymes will also be present in the ileostomy discharge and they will act on the skin the same way they work on foods. This is why the skin around an ileostomy must always be protected.

When the large colon is present, the food you eat eventually reaches the large intestine, where it's stored and more water is absorbed. Many hours or perhaps days later, the mass is expelled through the anus in a formed stool. Peristalsis (muscle contractions of the colon) pushes the contents toward the rectum. When the stool reaches the rectum, the need to empty the large intestine occurs and nerve pathways from the brain initiate the process of defecation.

After removal of the colon and rectum, you no longer have the need or control. Unlike the anus, the stoma has no shutoff muscle. Digestive contents pass out of the body through the stoma and are collected in an individually fitted drainable pouch which is worn at all times. Because the small intestine doesn't store and make intestinal contents solid, your stool will never get thicker than toothpaste. However, the soft stool in your ileostomy pouch should not be confused with loose stool and diarrhea.

What is a Revision?

via Ostomy Assoc. of the Houston ,TX; Area by Greater Seattle, WA

We often hear people asking, "What is a revision?" The term applies to a surgical correction of the stoma. This may be a small procedure done in out-patient surgery or it may be a procedure requiring hospitalization. Four common reasons for revisions are listed below. But before we begin, please bear in mind that one of these conditions may be present without causing much trouble-in which case a revision is not needed.

Revisions are most frequently done to correct:

- A tight stoma;
- A prolapse-when the stoma becomes very long and large;
- A retraction-when the stoma becomes so short that it is below the skin level;
- A hernia that is so near the ostomy that it interferes with management.

Article Borders:

Yellow - All Ostomy types

Green - Ileostomy-related

Red - Colostomy-related;

Blue - Urostomy related



Urine Salt Crystal Deposits

By Linda Sanders, CWOCN, UOAA Articles for January 2015



Urine salt crystal buildup around urinary stomas is one of the most difficult skin care problems for people with urostomies. Urine secretes a certain amount of salt, but whether the urine is acid or alkaline determines the amount secreted. An alkaline-based urine secretes more salt than an acid-based urine; thus, more saltcrystal build-up with alkaline urine.

How can you tell if you have urine crystals? First, they can be seen as a growth, white or light brown in color, around the base of the stoma. The stoma and the area, which the growth involves, are very likely to be tender and sore. Sometimes the stoma will be completely covered by the crystals and can no longer be seen.

What are some of the underlying factors which cause urine crystals, other than alkaline urine? In many cases, two factors are usually dominant. The stoma opening in the skin barrier in all cases was too large, and these patients were wearing a pouching system designed primarily for a fecal ostomy. These two aspects may not always stand true, but in those cases I have seen, these two factors were present. Other aspects include those patients who do not use a night drainage system, thus allowing urine to remain in the pouch while they slept. This practice continually bathes the stoma with urine at night. Moreover, personal hygiene - not only on the skin area around the stoma but the cleaning and proper care of the pouching system - was performed poorly.

What to do in case of a urine-crystal buildup problem:

- Determine the circumference of your stoma and cut your skin barrier to the correct size; i.e., not so big as to allow your Peristomal skin to show, and not so small as to more than just "brush" the stoma.
- Change your pouching system at least twice a week. It is surprising how many people only change their skin barrier when it starts to leak. The goal is to change it before it leaks.
- Every time you change your skin barrier, bathe your stoma with a vinegar and water solution. Use one-part vinegar to three parts water. Bathe the stoma for several minutes with a cloth. This solution may be used between changes by inserting some of this vinegar solution in the bottom of your pouch - a syringe may be used for this - and let the solution bathe the stoma.
- To keep control of the situation, change the alkaline urine to acid urine. The easiest and most successful way is by taking Vitamin C orally. The dosage will depend on your age, but the normal adult dosage is 250 mg four times a day. Be sure to consult your physician before taking oral medications.

If you follow these procedures, you should have no further concerns regarding a urine-crystal buildup. However, if you do begin to see them again, take action immediately before trouble starts.



Disaster Preparedness

Natural Disasters are on the Rise - Plan Ahead to be Prepared

By R.S. Elvey courtesy of The Phoenix 2017

If you think there are more natural disasters than when you were a child, you are correct. The years 1980 to 2009 saw an increase in climate-related natural disasters by 80 percent. The United States now ranks second behind China with the most natural disasters according to www.statista.com. The majority of natural disasters in the United States are climate-related as opposed to geophysical, such as earthquakes and tsunamis. In 2016 alone, there were around 971 tornadoes, mostly from northern Texas through Oklahoma, Kansas and Nebraska. Additionally, there were 19 separate floods, 68,000 wildfires, 4 major hurricanes and 15 tropical storms.

Plan to Be Prepared

For an ostomate living in areas affected by natural disasters, it is important to plan for these events. Whether you shelter in place or evacuate, the Federal Emergency Management Agency (FEMA), says, "If you take medicine or use medical supplies on a daily basis, be sure you have what you need on hand to make it on your own for at least a week."

Bill Kuhn, a urostomate, leads an ostomy support group in Metairie, LA. He lived through Hurricane Katrina and advises, "Have an emergency kit with enough ostomy supplies for at least seven to fifteen days." Bill further urges to know your primary evacuation route. Should that be unavailable, know an alternate route. Additionally, you should find out the final destination for both primary and alternate evacuation routes. For each final destination you should write down the contact information for the local ostomy support group in that area. A directory of U. S. support groups can be found at www.ostomy.org. Finally, whenever possible notify friends and relatives of your evacuation.

General Medical Information

Both FEMA and Bill divide disaster planning into two areas: general medical information and emergency medical supplies kit. General medical information should include:

- Reference numbers for all your ostomy supplies and your supplier's contact information.
- A complete health history on paper and a thumb drive to include your doctor's contact information and hospital affiliation, prescription drugs, medical conditions and allergies.
- An undated prescription for ostomy supplies.
- Written directions on how to change your pouching system in case you are physically impaired.
- Medical ID bracelet, necklace or written information about your physical disabilities.
- Contact numbers of relatives and friends.

Emergency Ostomy Supplies

Once your medical information is assembled, it is time to put together your emergency ostomy supplies kit. You should plan to have at least seven to fifteen days' worth of supplies. Ostomy care is very individualized, so use this guideline as a "baseline" and adjust as necessary.

- Pouching systems for 7-15 days
- Towel, washcloth or wipes
- Pair of scissors
- Bags to dispose of used supplies
- Hand sanitizer
- Optional:
 - Clothing clips
 - Skin cleanser with no oils or lotion
 - Adhesive remover wipes
 - Skin prep wipes
 - Ostomy powder



Assemble the supplies in a waterproof and dust proof container. Depending on your lifestyle, you could use a waterproof backpack like the Driftsun Dry Gear Backpack available from www.driftsun.com or any other weather proof bags from retailers such as Walmart and the Container Store, or a plastic storage bin. But always remember to store all your records, supplies, phones and laptops in individual water proof bags like Pelican Pouches or zip lock bags.

Proper Disposal

Finally, as ostomates we must plan an emergency method to empty our pouches when traditional toilets are not available. For urinary disposal, the portable male or female urinal with locking lid should be part of your emergency kit. For solid waste disposal there are two options - with a bucket or without a bucket. If you have a bucket then the TravelJohn provides a leak proof and odorless way to empty an ostomy pouch, www.traveljohn.com. The TravelJohn is a biodegradable bag within a bag that fits over a bucket or stand and then folds over and seals for disposal. Each bag contains

crystals that turn waste into an odorless gel. Sold in packages of three, each TravelJohn also contains antiseptic hand wipes and toilet paper.

When you do not have a bucket and must empty your pouch, then consider a Biffy Bag available at www.biffybag.com. This personal disposable toilet system fits in the palm of your hand and does not need a bucket. The green Biffy Bag simply ties around your waist. When done simply tie up the bag and stuff in the attached foil disposal bag. Each Biffy Bag contains a liquid solidifier, decay starter, odor eliminator, toilet paper and oversized hand wipe. The green Biffy Bag is biodegradable. Biffy Bags are sold in quantities of 3, 10 and 25.

The most critical way to survive and deal with a natural disaster is to plan ahead. But recovering from a natural disaster will always involve some impromptu decisions and reacting to the realities on the ground as they happen. We can't always know ahead of time how events will play out.

How to Give Your HDL a Boost

UOAA Update July 2015



More than ever, the most recent government guidelines emphasize the health benefits of having a good HDL level. It's harder to raise levels of this "good" cholesterol than it is to lower the "bad" kind, but there are some things you can do.

- Get Aerobic Exercise: The longer and harder you exercise, the greater the effects will be.
- Watch Your Weight: Lose excess weight through daily exercise and sensible eating.
- Stop Smoking: Smoking lowers HDL by an average of five points and increases your total cholesterol level.
- Medication: Talk to your doctor about medication. Your doctor can prescribe cholesterol-lowering drugs that can help to improve your cholesterol reading.
- Saturated Fats vs. Non-Saturated Fats: Replace saturated fats with non-saturated fats. For example: use olive oil for cooking.



Playing with Words

The guy who fell onto an upholstery machine was fully recovered.

He had a photographic memory which was never developed.

I wondered why the baseball was getting bigger & bigger. Then it hit me.

To write with a broken pencil is pointless

A boiled egg is hard to beat.

When you've seen one shopping center you've seen a mall.

Police were called to a daycare where a three-year-old was resisting a rest.

When she saw her first strands of gray hair, she thought she'd dye.

When fish are in schools they sometimes take debate.

Acupuncture: a jab well done.

A thief who stole a calendar got twelve months.

When the smog lifts in Los Angeles, U.C.L.A.

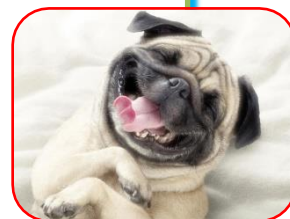
The batteries were given out free of charge.

A dentist and a manicurist married. They fought tooth and nail.

The professor discovered that his theory of earthquakes was on shaky ground.

Never date cross eyed people. They might be seeing somebody on the side!

"Gimme my quarter back!" yelled the football coach to the vending machine.



LET'S CELEBRATE!

Yearly Anniversaries - 2018

March

Carol Laubach, 50
Beth Mosley, 42
Alvin Leudecke, 30
Allen Scott, 13
Guy East, 6

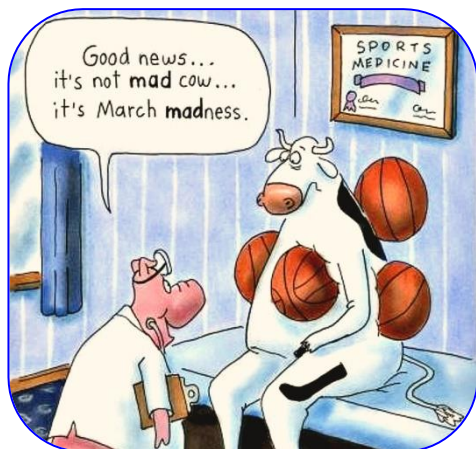
April

Dan Boswell, 3
Bill Holcomb, 40
Frances Dupuy, 37
Walter Doerfler, Jr., 31
John Critchfield, 25
Marcella Hadler, 24
Bonnie Schneider, 6
Kellie Zullig, 20

YOU place a special mark in our world. What is your ostomy anniversary month and year? Let us know!

2018 Thursday Meetings

March 1
April 5
May 3
June 7
No July Mtg
August 2
September 6
October 4
November 1
December 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

Name _____

Ostomy Type _____ Surgery Date _____

Address _____

City _____ State _____ Zip _____ Phone _____

Year of Birth _____ Email _____

Spouse/Relative/Partner/Friend Name _____

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

Signature _____

Date _____

Annual dues: Checks payable to: Ostomy Association of Austin

\$25 _____ Ostomate

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

\$25 _____ Professional

Mail Application to:

Ostomy Association of Austin

P.O. Box 143383

Austin, TX 78714

Prefer a paper copy be mailed, check here ☐

Bi- monthly newsletters are located on our website: www.austinosstomy.org

Membership benefits include:

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



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