UOAA

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 7-8 pm Meetings: No July Meeting
August 3rd
September 7th

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This Bi-monthly newsletter is available online at www.austinostomy.org

Have you paid your dues?

July/August 2023 Volume 50 Number 4

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.

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We hope you are having a good summer by staying hydrated and healthy. Its sure been a hot start!

I came across a lovely saying about life.

Advice from a Tree

- Stand tall and proud
- Go out on a limb
- Remember your roots
- Drink plenty of water
- Be content with your natural beauty
- Enjoy the view

◆

Joga Ivatury, M.D., MHA, associate professor of surgery at Dell Medical School and the inaugural Chief of Colon and Rectal Surgery at UT Health Austin presented his research at our last meeting. He and his team are developing an Ostomy Health Communication Guide to support ostomates with the social aspects of having an ostomy. See our website for his presentation: The Speaking Stoma

Get the Facts About Bladder Cancer

BCAN September 28, 2022
https://bcan.org/get-the-facts-about-bladder-cancer/

What is a Radical Cystectomy? Radical cystectomy is the removal of the bladder to prevent cancer from spreading any further. Nearby lymph nodes, and some or all of the urethra are removed. Based on what your doctor finds during surgery, nearby organs that may contain cancer cells may also be removed. In men, the prostate, and seminal vesicles may be removed. In women, the uterus, cervix , along with the fallopian tubes and ovaries, may also be removed during a radical cystectomy. A portion of your intestines will be used to create a urinary diversion to allow urine to pass from your kidneys. The three most common types of urinary diversion are the ileal conduit, Indiana pouch (a continent cutaneous pouch), and neobladder.

What happens during a radical cystectomy? There are two types of surgery that can be used for a cystectomy. In the open radical cystectomy, an incision is made in the abdomen. The bladder and other organs are removed, and the urinary diversion is created. In the robotic-assisted laparoscopic radical cystectomy, small incisions are created to insert the laparoscopic instruments. Another small incision is made in the abdomen to remove the bladder and lymph nodes, as well as to create the urinary

What should you know? Advice from bladder cancer patients who have experience with radical cystectomy

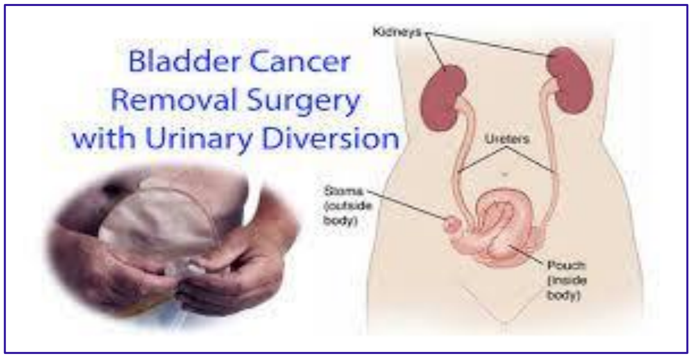
Before a Radical Cystectomy

- You will meet many people who are part of your health care team. Write down their names and their role in your care.
- Ask your doctor what type(s) of urinary diversion he or she recommends for you. To hear how other bladder cancer patients decided on their choice of diversion, watch BCAN's "The New Normal: Living with a Urinary Diversion" video series.
- Plan ahead! Talk to friends and family about how they can support you. Ask your doctor or nurse what supplies you will need to have at home.
- Ask your doctor about any special preparations you should follow before your surgery. These can include: -
  - Medication or herbal supplements you should avoid or stop taking –
  - Food and drink limitations
- On the day of surgery, your family can wait for you in the surgical waiting area. The surgery may take four to eight hours.

After a Radical Cystectomy

- The usual length of stay in the hospital is 5-12 days. You may have to stay longer if complications occur.
- You can expect some discomfort during the first few days after surgery. Ask your doctor or nurse how you can manage any side effects. Be patient. Complete recovery usually takes 10 to 12 weeks.
- It is important for you to monitor your recovery after you leave the hospital. Alert your health care team to any problems right away if any of the following occur: -
  - Signs of infection, including fever, shaking or chills –
  - Redness, swelling, increasing pain, heavy bleeding, or discharge from your surgical site - Persistent nausea and/or vomiting

*The Bladder Cancer Advocacy Network's (BCAN) mission is to increase public awareness about bladder cancer, advance bladder cancer research, and provide educational and support services for the bladder cancer community.



Important Facts About Your Stoma

Hollister Online Article

Knowledge is a powerful thing. The more you know about your ostomy, the more you will feel in control, and the more quickly you'll adjust to your new daily routine.

Of course, an ostomy changes things. But a little knowledge can help you feel more in control. Here are some important facts that will help you accept and live comfortably with your stoma.

Signs of a Healthy Stoma: Your stoma will probably be swollen after surgery. It may take several weeks or months for it to shrink to its permanent size. While stomas come in a variety of sizes and shapes, a healthy stoma is:

- Pink or red in color
- Slightly moist
- Not painful
- Quick to bleed when rubbed, bumped, or washed, but the bleeding should resolve in a short amount of time (if the bleeding continues, contact your stoma care nurse or healthcare professional)

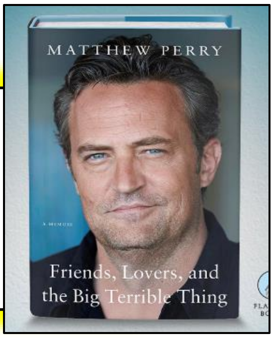
Other Important Ostomy Facts

- Stoma drainage – Your output should empty into your pouch without leaking under the skin barrier. If you have a urostomy and the urine from your stoma is bloody, contact your stoma care nurse.
- Temporary stomas – If you have a temporary stoma, it may be loop or double-barrel. A loop ostomy may have a supporting device (called a rod, or bridge) which is normally removed after about two weeks. Be sure to remind your healthcare professional if it has not been removed after this amount of time.
- Peristomal skin – The skin around the stoma is called the peristomal skin. This skin should be intact without irritation, rash, or redness. It should look like skin anywhere else on your body. A properly fitting skin barrier with the right barrier formulation helps protect the peristomal skin from being irritated by drainage. Get into the habit of cleaning the peristomal skin each time you change your barrier. For most people, water works just fine. If you discover red, broken, or moist skin around your ostomy, contact your stoma care nurse.

Types of Pouching Systems: The pouch you use depends on what surgery you had. For each type of stoma, there are different pouches and a number of manufacturers offer a wide range of product options. Your stoma care nurse can be a valuable resource for finding the pouching system that suits your ostomy, and your lifestyle.

Type of Ostomy Surgery	Recommended Pouch
Ileostomy	Drainable pouch
Urostomy	Urostomy pouch
Colostomy	Drainable or closed pouch, depending on your needs

Now you know more about this new part of your life. And, as you continue to live life with an ostomy, you will learn even more, helping you feel more comfortable and in control.



Ostomy Surgery Saved Matthew Perry's Life
It's Time to Stop the Stigmas

Excerpts from Matthew Perry's new memoir show that even tv stars are vulnerable to poor ostomy care and stigmas UOAA is working to erase. By James Murray, UOAA President

In a preview of his new memoir Friends star Matthew Perry reveals to People that in 2019 his colon burst from opioid abuse and that he spent two weeks in a coma before waking up unaware that he had emergency ostomy surgery to save his life.

He reveals that 'It was pretty hellish having one because they break all the time' which as President of United Ostomy Associations of America (UOAA) shows me that even a Hollywood star is susceptible to poor quality of care and the ostomy stigmas our organization is fighting to end.

I had lifesaving ostomy surgery as a result of colon cancer and I am among the 725,000 to 1 million people in the United States we estimate are living with an ostomy or continent diversion. Many of us live healthy and active lives thanks to follow-up care by certified ostomy nurses, education, emotional support, and the fact that a properly fitted ostomy pouch should not break, smell or restrict your desired lifestyle.

The book also reveals that Perry's ostomy was temporary and that his therapist said 'The next time you think about taking OxyContin, just think about having a colostomy bag for the rest of your life.' Perry says this was the catalyst for wanting to break his long pattern of addiction.

While it's wonderful that Perry has fought to end his addiction, these words sting for those of us who deal with the consequences of ostomy stigmas in our society. We wonder if Perry would have come to see the ostomy differently if given the chance to attend an ostomy support group or talk with another person living with an ostomy during his 9-month recovery. Did he receive information about organizations that support ostomy patients prior to discharge? Research shows that these and other UOAA standards of care can make all the difference in a patient's outcome.

Despite the fact that ostomy surgery saves or improves lives, there are still people who believe that death is a better choice than having this surgical procedure. People of all ages struggle with body image issues and acceptance in life with an ostomy and perpetrating these stigmas can leave deep scars.

Perry also mentions looking at the scars from his 14 abdominal surgeries as motivation for ending a cycle of addiction. Perry and those interviewing him are rightly celebrating and supporting addiction recovery efforts. We ask that they also give a moment to help raise positive ostomy awareness, and share our resources available to all those in need.

James Murray is the former President of United Ostomy Associations of America Inc. (UOAA) a national 501(c)(3) nonprofit organization that promotes quality of life for people with ostomies and continent diversions through information, support, advocacy and collaboration. Educational resources, advocacy tools, support groups and more can be found at www.ostomy.org)

Eight Nutrition Tips for Ileostomy Patients

by Robert Velasquez via Chicago (IL) The New Outlook; and Winnipeg (MB) Inside Out, courtesy of Ostomy Association of North Central Oklahoma

Although you should be careful with what you eat the first few weeks after your surgery, remember that your digestive system is adjusting to a new way of processing food. In no time, you'll be able to eat all the foods you used to enjoy pre-surgery. Here are the top eight tips for healthy nutrition when living with an ileostomy.

1. Go Bananas As children, we were often told that an apple a day will keep the doctor away. In your case, have a banana. Rich in potassium, bananas will help you restore potassium levels that are lost through your stoma. Bananas can also help harden loose stools, making you more comfortable. Potassium (K) is an essential dietary mineral and major intra-cellular electrolyte and osmolyte necessary for fundamental processes such as membrane excitability, ion and solute transport and cell volume regulation.

2. Carry Peppermint Tea Bags: Affordable, practical, and found in most stores, peppermint tea helps prevent gas. While nobody is immune to gas (and the embarrassment that comes with it), it is more frequent among patients living with a stoma. Peppermint tea or oil can help you cope and prevent discomfort. Peppermint tea is a delicious and refreshing way to boost your overall health in a number of ways, due to its ability to improve digestion, reduce pain, eliminate inflammation, relax the body and mind, cure bad breath, aid in weight loss and boost the immune system. Its impact on the digestive system is considerable, and its base element of menthol is perhaps the most valuable part of its organic structure. Peppermint has been traditionally considered to have carminative effects, generally used as tea or digestive tablet or candy. Peppermint is a plant. The leaf and oil are used as medicine. Peppermint is one of the most popular flavoring agents used for the common cold, cough, inflammation of the mouth and throat, sinus infections, and respiratory infections. It is also used for digestive problems including heartburn, nausea, vomiting, morning sickness, irritable bowel syndrome (IBS), cramps of the upper GI tract and bile ducts, upset stomach, diarrhea, bacterial overgrowth of the small intestine, and gas. When peppermint is taken after a meal, its effects will reduce gas and help the digestion of food by reducing the amount of time the food is in the stomach. This is one reason after-dinner mints are so popular.

3. Eat Throughout the Day: This is good advice for everybody. Eating smaller portions during the day will help boost your metabolism. Eat heavier meals during the daytime, preferably lunch. Sleep well by keeping dinner light, as large meals before bedtime can increase stoma output. The exact mechanism is not known, but it is proposed that one way is the essential oils relax the esophageal sphincter, which then releases the gas. Essential oils used directly in the stomach, however, give many people heartburn, especially if hiatal hernia is present.

4. Drink Plenty of Water: It is essential to keep hydrated throughout the day. Your body will release higher levels of fluids through your stoma and it is important for you to compensate by drinking water, at least 8 to 10 glasses a day. If you are one of those people that have a hard time remembering to regularly drink water, a good tip is to carry a water bottle with you; set a reminder every hour to keep you on track, or download an app (yes there is an app for that).

5. Introduce New Foods Gradually: All bodies are different; what sits well with you may not sit well for somebody else. Were you able to eat broccoli, cabbage, and other gassy foods before your surgery? You may still be able to enjoy them post-surgery, just make sure to incorporate these foods one at a time into your diet. This way, if you experience any discomfort, you can easily identify which food is best to avoid. It’s recommended to keep a simple and bland diet for the first few weeks after your surgery to give your body time to adjust and then slowly add new foods to your diet. You will quickly learn that living with an ileostomy is not tantamount to boring tasteless meals.

6. Pass the Salt, Please: Yes, salty foods are actually good for you if you have an ileostomy. Add a bit more salt to your diet to help you recover the sodium loss from your stoma. Carry a bag of pretzels to satisfy salty cravings; it will also help you thicken loose output.

7. Yogurt is Your New Super-Food: Yogurt can help you control gas, harden stools, and prevent unpleasant smells. The nutrient composition of yogurt is based on the nutrient composition of the milk from which it is derived, which is affected by many factors, such as genetic and individual mammalian differences, feed, stage of lactation, age, and environmental factors such as the season of the year. Other variables that play a role during processing of milk, including temperature, duration of heat exposure, exposure to light, and storage conditions, also affect the nutritional value of the final product. In addition, the changes in milk constituents that occur during lactic acid fermentation influence the nutritional and physiologic value of the finished yogurt product. The final nutritional composition of yogurt is also affected by the species and strains of bacteria used in the fermentation, the source and type of milk solids that may be added before fermentation, and the temperature and duration of the fermentation process.

8. Properly Chew Your Food: Eating should be one of life’s biggest pleasures. Eat slowly, savor the flavors! By chewing each mouthful 20 times, you can prevent blockage in your stoma.

Article Borders: All Ostomy Types Urostomy related Colonoscopy & Ileostomy related

Ostomy Anniversaries: July & August 2023

Christina Luna, 21; Trudy Faloon, 44; Dorothy Mogoyne, 7

Meetings
First Thursday of the month, 7-8 pm
Meetings are In Person & Virtual combined
No July Meeting
August 3
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

"Don't worry about burning the calories — that's already been done!"

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 www.austinostomy.org

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://phoenixuoaa.org/

Toll-free 800-750-9311.