



# The Austi-Mate Journal

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

[www.austinostomy.org](http://www.austinostomy.org)

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



**Upcoming 7-8 pm In-Person & Virtual Meetings:**

**May 2, 2024**

**June 6, 2024**

**No July Meeting**

## **Executive Committee**

### **President, Website, Newsletter**

Amy Sloan Nichols, Ph.D.

### **Treasurer & Membership Director**

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### **Wound Ostomy Nurses**

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John Duncanson

### **Medical Advisors**

April Fox, M.D.

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512-339-6388

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This Bi-monthly newsletter is available  
online at [www.austinostomy.org](http://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.

## **May is Bladder Cancer Awareness Month**

Bladder Cancer Awareness Month was first recognized by the U.S. Congress in May 2015 and was the result of lobbying by the Bladder Cancer Advocacy Network. All the articles in this month's Newsletter are related to Bladder Cancer.

See our website for the **Austin Walk to End Bladder Cancer May 18, 2024** with John & Dorothy De La Garza here in Austin.



We talked about the Solar Eclipse & had a presentation on Hernias and at our April meeting. See Karen Hollis' PPT presentation on our website.



**Have you paid your dues?**

At our May Meeting, Shelby Moss, Coloplast Representative will join us. In June, Travis Hudson, Hollister Representative will be our guest. **\*Join us in person** ~ we always have free supplies for the taking!

## May is Bladder Cancer Awareness Month

American Association for Cancer Research



Bladder cancer is the sixth most common type of cancer in the United States. Approximately 82,290 people will be diagnosed with bladder cancer and some 16,710 people are expected to die from the disease in 2023, according to the National Cancer Institute's [Surveillance, Epidemiology, and End Results Program \(SEER\)](#). The incidence rate of bladder cancer is four times higher among men than among women, and twice as high in white males as among Black, Hispanic or Asian/Pacific Islander men.

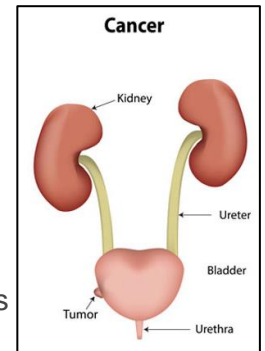
The National Cancer Institute (NCI) explains that there are three types of bladder cancer. These cancers are named for the type of cells that become malignant: transitional cell carcinoma, which begins in cells in the innermost tissue layer of the bladder; squamous cell carcinoma, which begins in the squamous cells, and may form after long-term infection or irritation; and adenocarcinoma, which begins in glandular (secretory) cells that are found in the lining of the bladder.

Cancer that is in the lining of the bladder is called superficial bladder cancer. Cancer that has spread through the lining of the bladder and has invaded the muscle wall of the bladder or has spread to nearby organs and lymph nodes is called invasive bladder cancer.

Risk factors for bladder cancer include tobacco use, having a family history of the disease, exposure to certain chemicals in the workplace, drinking well water with high levels of arsenic, and having a history of bladder infections, according to the NCI. Approximately 78 percent of people diagnosed with bladder cancer survived five years or more after diagnosis between 2012 and 2019, according to [federal estimates](#).



## History of Bladder Cancer Month



Historically, bladder cancer has been associated with environmental carcinogens. This was first discovered in 1895. Before this, German urologist Maximilian Nitze came up with the process of cystoscopy (endoscopy for the urinary bladder) in 1877. Surgical removal of some parts or all of the bladder was performed as a treatment for this type of cancer. It wasn't until 1903 that radiation was used to treat cysts or tumors in the bladder.

Since the early 2000s, several treatment options have been put in place, thanks to the advancement of science and technology. In 2000, a new chemotherapy combination was introduced, which is deemed more effective and with fewer side effects than M.V.A.C. therapy. More recently, in 2016, new techniques were discovered that detect cancerous tumors in the bladder that are invisible to the naked eye. Now that's quite some progress, don't you think?

Currently, with the introduction of new technologies and the rising efforts of awareness campaigns, people are slowly getting acquainted with bladder cancer. However, they are still not fully informed of the risk factors, causes, how to detect symptoms, when to get diagnosed, and other crucial matters. Bladder cancer is commonly observed in the older population and it still poses a threat with its rampant nature.

Healthcare specialists and scientists could not zero in on what exactly causes this type of cancer. But over the years of research, they have discovered some of the common risk factors to be smoking tobacco, arsenic in drinking water, and previous exposure of the pelvic area to radiation. Notably, painters, hairdressers, and dry cleaners are highly susceptible to the disease because of their long-term exposure to harmful chemicals at their workplaces. It's high time such people are made aware of the consequenc

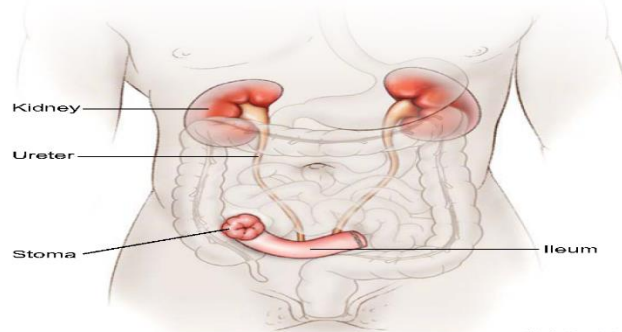
## UOAA is Here for Bladder Cancer Survivors (edited version)

MAY 9, 2023

Since its inception United Ostomy Associations of America, Inc (UOAA) has supported and welcomed members living with a [urostomy](#) (ileal conduit) or [urinary diversion](#) as a result of bladder cancer and related conditions.

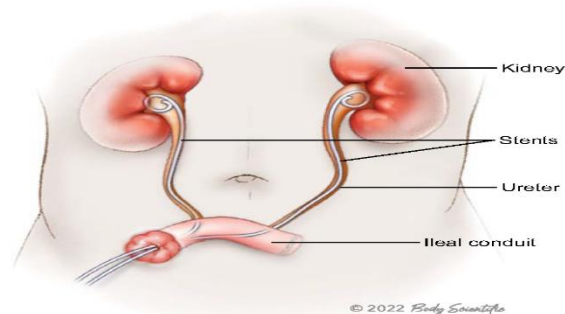
In the case of a urostomy, an ileal conduit (most common type of urostomy), is created from a section of the small bowel, or ileum, which is brought to the surface of the body, and a stoma is formed from that part of the intestine. At times, a section of the large intestine or colon is used for the conduit, called a **colonic** conduit.

### Ileal Conduit



At the time of surgery, internal or external stents (one in each kidney) are placed to protect the connections between the ureters and the **conduit**. Urine may come through the stents and/or around the stents. You may see the stents in your pouch. The length of time the stents will remain in place is determined by the surgeon. They may be removed prior to your hospital discharge or post discharge. It is best to ask your surgeon how long they will remain in place. While most people do not experience pain when the stents are removed, others may feel a sensation of discomfort or pain during removal.

### Ileal Conduit with Stents



*Urostomy surgery is explained in a page from UOAA's Living with a Urostomy Guide*

May is Bladder Cancer Awareness Month. The American Cancer Society's estimates about 82,290 new cases of bladder cancer United States for 2023 and about 16,710 deaths from bladder cancer (about 12,160 in men and 4,550 in women)

While this common cancer is most often treated without radical surgery a urologist may suggest [bladder removal surgery](#) to stop the cancer if a bladder tumor reaches the deeper muscle wall or resists other therapy. A urinary diversion is needed to replace the bladder. This involves using parts of the intestines to allow urine to pass from the kidneys to either an internal urinary reservoir pouch such as [Indiana Pouch or a neobladder](#) or an external ileal conduit, when a stoma is formed. An [ostomy pouch](#) is worn over the stoma to collect urine.

With surgery comes new things to learn and adjust to in order to achieve the quality of life you were used to before bladder cancer.

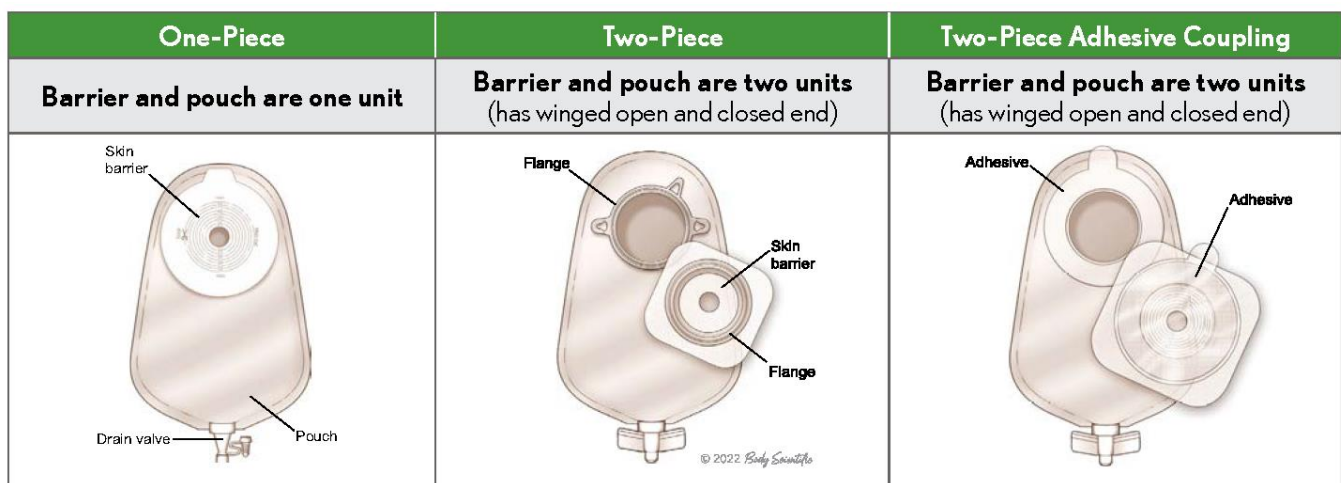
UOAA has over 270 [Affiliated Support Groups](#) around the United States. Bladder cancer survivors attend many of them and also serve as volunteers and leaders. Peer support and preparation can put you on the path to success in what may be a challenging time both [emotionally](#) and physically.

We recognize that those with an ileostomy, colostomy and various gastrointestinal disorders may dominate public conversations and education about living with an ostomy. Please know that the voices of urostomates and those with a urinary diversion are also supported and amplified by UOAA.

A new [Living with a Urostomy Guide](#) was launched this year and is available for free online. Created by ostomy nurses with input from a urostomy patient and a leading urologist, this trusted resource is vital to anyone who has or may have to have this life-saving surgery.

Learn about the unique aspects of a [urostomy pouch](#) and options that help improve sleep for urostomates like a night drainage bag.

Ostomy.org is also home to a guide on [continent urostomies](#) and other specific considerations.



UOAA advocates on a national level for all people living with an ostomy or continent diversion. Consider taking out a National Individual [Membership](#) to help amplify our voices and receive special member benefits along the way.

Check out our many [self-advocacy tools](#) designed to help you know what to expect and to take control of your healthcare. Learn that you matter and become a champion for the [Ostomy and Continent Diversion Patient Bill of Rights](#).

It's important to learn the facts about [living with an ostomy](#). After the healing period outlined by your surgeon you can [swim](#), bathe, [travel](#), and [embrace](#) a new normal life. Reading patient stories from both the [male urostomy patient](#) and [female bladder cancer survivor](#) perspectives are also helpful.

Seize any opportunity to meet other urostomates. People living with an urostomy as a result of bladder cancer may experience unique sexual issues. Consult with your doctor but also learn about some common issues in our [sexuality and intimacy guide](#).

Misinformation and stigmas surrounding both ostomy surgery and bladder cancer still exist. Nonprofits like [Bladder Cancer Advocacy Network](#) (BCAN) and UOAA are working to improve quality of life with support and information. Bladder cancer survivors are an important part of UOAA, join with us to create a better tomorrow.



# Mythbusters!

## Facts and Truth to Fight Ostomy Stigma



### MYTH:

Everyone will know that a person is wearing an ostomy pouch.

### FACT:

**No one will ever know** unless an ostomate chooses to tell someone. Clothing rarely reveals an ostomy.

### MYTH:

Only older people have ostomies.

### FACT:

People of **all ages** have this life-saving surgery, even infants.



### MYTH:

Ostomates are disabled and can't work.

### FACT:

People living with an ostomy work every type of job imaginable. They lead active lives, play sports, swim and socialize.

*You have likely met a person with an ostomy and never knew it.*

### MYTH:

People with an ostomy can only eat certain foods.

### FACT:

Ostomates are not on a restricted diet. But they should be aware of the effects that various foods will have on stool output such as gas, color or blockage.

### MYTH:

People wearing an ostomy pouch smell.

### FACT:

Modern ostomy pouching application systems are **made to be odor-proof**. For added confidence some ostomates also use odor-control filters and deodorants.

### MYTH:

People with an ostomy aren't physically intimate.

### FACT:

People with ostomies live full and meaningful lives that include dating, having relationships and children/grandchildren.

**MYTH:** People with an ostomy are homebound because their pouch leaks.

### FACT:

A properly fitted pouching system with a secure seal will not leak. There are many types of pouches and accessories on the market. Specialty nurses such as Certified Wound Ostomy Continence nurses can evaluate stomas and find the proper pouching system to prevent leakage. It is possible on rare occasions an accident may occur.



**MYTH:** Ostomies are permanent for everyone.

### FACT:

For some they are, but **many ostomies are temporary** to help the digestive system heal after surgeries or conditions such as diverticulitis and then they are reversed.

**For more information or support, visit [www.ostomy.org](http://www.ostomy.org)**

\* Statistic calculated from researched UOAA population estimates and census data

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## May & June 2024 Yearly Anniversaries

Linda Broadbent & Steve McCourt



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

May 2

June 6

No July Meeting

August 1

September 5

October 3

November 7

December 5

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? 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

**Newsletter Preference: Check one**

\_\_\_\_\_ Printed version via US mail

\_\_\_\_\_ Email notification/download to your computer via website [www.austinstomy.org](http://www.austinstomy.org)

Membership benefits include:

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



The Phoenix magazine is the official publication of the United Ostomy Associations of America. The Phoenix magazine is published quarterly - Annual subscriptions are \$19.95.

<https://phoenixuoaa.org/>

## Free Problem -Solving Clinic

This free clinic is open on the first Thursday of the month at the Gethsemane Lutheran Church from 1-4:00 pm

- Text or call Karen Hollis, Retired RN, CWON at 512-785-7448
- Text/leave your name, number, type of ostomy, and problem
- Karen will contact you



SenSura<sup>®</sup>Mio



# Find a better fit with SenSura<sup>®</sup> Mio!

*"It just fits around the stoma. I don't have to worry that I'm going to have an accident. I can be free and just enjoy life."*

Rachel<sup>\*</sup>, SenSura<sup>®</sup> Mio Convex Flip user

**Every body is different** – so your pouching system should be, too! From flat, to convex, to the **NEW** convex flip – there are options to fit every body.

There's a **Mio** for every body



**Find your fit today!**

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PM-0430C 03.19



# Hollister

people

program

products

services



Heinrich Köberle, Germany



Jonathan Mendez, USA