

Triangle Ostomy Association Membership Application

Name _____ Today's Date: _____

Spouse's Name _____

Mailing Address _____

Phone Number: _____

Email: _____

[] I would like to receive the newsletter by email

I have a Colostomy _____ Ileostomy _____ Urostomy (Ileal conduit) _____

Other _____ Year of Surgery _____

I am not an Ostomate, but would like to be a member and support the organization _____

I cannot afford the dues but would like to be a member _____ (Confidential)

We welcome for membership ostomates and other persons interested in the in this group and its activities and appreciate the help they can provide as members. To join, complete the above form and send it with a check or money order for \$20.00 made out to Raleigh Chapter of UOA Mrs. Ruth Rhodes, 6616 Rest Haven Drive, Raleigh, NC 27612-2167. Dues cover membership in the local chapter, including a subscription to the local By-Pass publication.

6616 Rest Haven Drive
Raleigh, NC 27612-2167



NEXT MEETING: Tuesday, March 4, 7:30pm, REX

SPEAKER: Breakout sessions with WOC Nurses



The By-Pass

Triangle Area Ostomy Association

March 2008

President's Message:



Hi Everyone,

I hope everyone is healthy, wealthy and wise as we move into this Spring season. It will be good to be back to some warm weather. Thanks for a great February meeting. In case you missed it Dr. Chris Ingram of the Infectious Diseases Clinic at Wake Med. spoke to us on the MRSA virus. It was very informative and educational. And in layman's terms. Thank you so much for your time Dr. Ingram.

The March meeting promises to be a good one also. It is our "Breakout Session with the Ostomy Nurses". It's always a good meeting when we can go one on one with the local WOCN's and talk about issues related to our own ostomies. I have been experiencing some leakages so I'm looking forward to finding out what I can do to prevent them.

So, I hope to see each of you on Tuesday, March 4th, at 7:30 pm. Please bring a guest and have them join us for our meeting and refreshments.

Yours in service.....Dan

MISSION of the Triangle Area Ostomy Association:

The mission of our organization is to assist people who have or will have intestinal or urinary diversions: including a colostomy, ileostomy, urostomy, and continent diversions including j-pouches. We provide psychological support, educational services, family support, advocacy and promote our services to the public and professional communities.

MEETING INFO:

Meetings are held the first Tuesday of each month (except July and August) at 7:30 PM in the **Rex Surgical Center Waiting Room, 4420 Lake Boone Trail, Raleigh, NC.** Enter through the Rex Hospital Main Entrance, which is near the Parking Garage.

REMINDER:

In the event of inclement weather on the day of a scheduled meeting, please contact Rex Healthcare at 919-784-3100

DISCLAIMER

Articles and information printed in this newsletter are not necessarily endorsed by the Triangle Ostomy Association and may not be applicable to everybody. Please consult your physician or WOC Nurse for medical advice that is best for you.

RALEIGH AREA OFFICERS AND CONTACT INFO:

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Past President:	Kathy Bong	919-303-6475
Webmaster:	Ed Withers	919-553-9083
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	Alison Cleary	919-387-3367
BOD/Member Support:	Shirley Peeler	919-787-6036
	Donald Meyers	919-781-0221

Website: www.RaleighUOA.org

New Email: TriangleUOAA@EmbarqMail.com

EAT SMART

from Vintage Voice



You are what you eat. It's an old saying that still holds true today. Eating smart is essential to being a healthy person.

Choosing the right variety of foods and following a few simple recommendations is one of the most important ways you can maintain a high quality of life and prevent many chronic diseases such as heart disease, diabetes and some types of cancer.

A healthy diet includes plenty of fruits and vegetables every day. Fresh, canned or frozen fruits and vegetables are all good choices.

When dishing up dinner, fruits and vegetables should fill up half your plate. Enjoy fruit for dessert instead of pie, cake or cookies, which are high in fat and sugar. Snacking on fruits and vegetables can also help you get the servings you need.

Add vegetables to your favorite recipes such as pasta dishes or casseroles. Put more flavor in your pizza with a variety of vegetable toppings. Fiber-rich foods and whole grains are also vital to a healthy diet. Three servings of enriched or whole-grains, pastas and rice every day, along with more fruits and vegetables, will give you the fiber you need. And three cups of fat-free or low-fat milk or dairy products are also important to meet your daily needs.

When it comes to food, quantity is as important as quality. Eating smaller portion sizes can help you maintain a healthy weight. A serving size is a piece of meat the size of a deck of cards or a cup of cereal, milk or pasta. Using smaller plates will help you eat smaller portions. Your plate will still be full, but you will be eating less. And be sure to limit the total amount of fat in your diet. Most of the fats you eat should come from foods that contain polyunsaturated and monounsaturated fats such as fish, nuts and vegetable oils.

Healthy cooking doesn't have to be complicated. Use the microwave to cook vegetables quickly. Wash fruits and vegetables and keep them in the refrigerator where they are easy to grab for a snack. Keep lean meat, such as chicken, in the freezer, ready to go for a quick dinner. And remember to choose and prepare foods with little added sugar and salt.

For good health, choose your food wisely and live like your life depends on it.



- Wake Medical
- Leigh Ammons 919-350-5171
- Melanie Johnson 919-350-5171
- Leanne Richbourg 919-350-6462
- UNC Hospital
- Jane Malland 919-843-9234
- Barbara Koruda 919-843-9234
- Durham Regional
- Tom Hobbs 919-470-4000
- Duke
- Jane Fellows 919-681-7743
- Michelle Rice 919-681-2436
- Duke Health Raleigh Hospital
- Krys Dixon 919-954-3446
- Maria Parham Hosp.
- Kathy Thomas 919-431-3700
- Durham VA Center
- Mary K. Wooten 919-286-0411
- Rex Hospital
- Ann Woodruff 919-784-2048



SUPPORT GROUP

- Date: Third Monday of every month
- Time: 7:30 pm – 9:00 pm
- Place: Rex Healthcare, surgical waiting room
- Contact: Reuben Gradsky
reuben513@yahoo.com



Tips Of The Month! Tips Of The Month!

www.sgvmc.com

- Yogurt, Cranberry Juice and butter milk help combat urinary order. Parsley is excellent at combating fecal odor.
- The stoma will shrink in the first few months after ostomy surgery and should be remeasured as needed during that time to ensure proper fitting appliances.
- Minimize skin excoriation when removing wafers by holding down your skin with an adhesive remover wipe pad and go side to side with the pad while gently pulling the wafer down and away from your skin.

Hints for Being a Good Visitor

December 2007 UOAA UPDATE

Be well groomed and dress attractively, you are being observed. Be sensitive to the patient's needs. Be cordial and friendly—speak softly. Assure privacy if the patient is not in a single room. Ask if he (*or she*) would like to have the curtain drawn. Sit where the patient can see you easily without head turning (*when facing each other, communication may come more easily*). Look at the patient, listen to what is being said and attempt to 'sense' what is not being said. Respond simply and to the point. Encourage the patient to ask questions. Answer tactfully and honestly. If you don't know the answer to a question, say so and offer to find the answer. Briefly discuss the normal life you lead with your ostomy.

Do not dwell on your surgery and medical history. Remember that this visit belongs to the patient. Respond factually to questions, accept emotional responses, do not press any issues that the patient does not wish to discuss. If the patient is angry or feels like crying, don't attempt to stop it, accepting feelings usually will make you both feel closer. Remember that nonverbal communication is meaningful. A warm smile (*or just being there*) may show you care more than does the spoken word.

Questions on care should be directed to the ET Nurse. When asked about ostomy management techniques, stress the fact that every ostomy is as individual as the person. Be helpful without pushing your own techniques. Say nothing that will detract from the doctor-patient or nurse-patient relationship. Do not practice medicine or give medical advice. The patient may wish to show you their stoma or ask your opinion of his surgery, so be prepared.

Do not pass judgment on the surgery or criticize a physician, even by implication. Never show your stoma or pouch. Bring and show a sample, instead. Be considerate of the patient and if there are signs of fatigue, try to conclude the visit and suggest that you could return another day. Assume the responsibility for continuing contact with a follow-up telephone call, a note, another visit or an invitation to an ostomy chapter meeting. When bringing the patient (*and possibly the family*) to a chapter meeting, make arrangements to assure that the patient receives a warm reception. Above all, be yourself, use your own good judgment and use COMMON SENSE!

Ostomy Tips for the Pool Getting into the Swim of Things

December 07 UOAA UPDATE

“Can I go swimming with an ostomy?”

The answer is a resounding “YES!!!” Swimming is an excellent exercise—an opportunity for a good cardiovascular workout without overly stressing your joints (like knees and hips) or your spine. The pool is a great place to work on those range-of-motion exercises, too. The water helps support your body while you move. And water exercises can be done in the deep end or while sitting in the shallow end of the pool. Best of all, swimming is an activity you can enjoy with family and friends of all ages and abilities! So, why are so many of us afraid to get back into the water? Here are some of our issues and solutions.

I’m afraid that my pouch will leak or come off while I’m in the pool. This is by far everyone’s number one concern. The thing to remember is that your pouching system is designed to be leak-free and water-proof, and your wafer adhesive actually gets stronger in water. As long as your seal is strong and intact, strap on your swim fins and jump in.

TIP #1: Don’t go swimming right after you’ve put on a new wafer.

TIP #2: Make sure your pouch is empty.

TIP #3: Picture framing your wafer with water-proof tape isn’t necessary, but may give you the extra confidence you need.

TIP #4: Avoid wearing pouches with filters into the pool. Water may get in through the filter.


I’m concerned that people will be able to see my pouching system under my bathing suit. Dark colored suits with a busy pattern will camouflage your pouch better than light colors like white or yellow, which can become almost transparent when wet. Note—your pouch will dry just as quickly as your suit will, so no need to worry about a tell-tale damp spot.



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Make the Smart Move and try Adapt Lubricating Deodorant today!

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Coloplast Optimal Comfort with Corsinel

Corsinel hernia support underwear has been developed to support a parastomal bulge that has appeared in connection with a stoma operation. It will offer you unrivalled support just where it’s needed.

Optimal flexibility: Corsinel is made with 50% elastane. An elastic material that makes the underwear far more flexible than a normal support garment. It is easier to put on and you can move freely.

The 2 in 1 solution: The upper part of the Corsinel underwear support the hernia and improve your body image. The lower part is made from softer material making it more suitable for wearing all day long while avoiding pressure on areas where compression is not required. The combination of the two kinds of material makes Corsinel unique.



Osto-EZ-Vent™

#1 Venting Device for all Ostomy Pouches

“I’m sure this is just one of innumerable thanks for your Osto-EZ-Vent™. I’ve had an ostomy for over 30 years, since I was 6 yrs. old. As a child my life would have been much easier had it been possible to discreetly release gas, instead of scrambling to find a bathroom, or worse emptying my pouch outdoors behind a tree, or other impossible situations... or as a teen desperately trying to find a way to hide a bloated bag from a girlfriend.

As an adult, this product has helped me beyond words. Incredible that something so simple and so easy to use could make such a profound difference in one’s life. I feel this is the single most important advance in ostomy maintenance.”

Thank you again,
Eric M. PhD
Indiana, PA

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Murphy’s Lesser Known Laws

December 2007 UOAA UPDATE

If the shoe fits, get another one just like it.

Give a man a fish and he will eat for a day. Teach a man to fish and he will sit in a boat all day drinking beer.

A flashlight is a case for holding dead batteries.

The shinbone is a device for finding furniture in a dark room.

A fine is tax for doing wrong. A tax is a fine for doing well.

HEART ATTACK WARNING SIGNS

From the Springfield Ostomy Newsletter



Some heart attacks are sudden and intense, but most of them start slowly, with mild pain or discomfort. Here are signs that can mean a heart attack is happening:

Chest discomfort. Most heart attacks involve discomfort in the center of the chest that lasts more than a few minutes, or that goes away and comes back. It can feel like uncomfortable pressure, squeezing, fullness or pain.

Discomfort in other areas of the upper body. Symptoms can include pain or discomfort in one or both arms, the back, neck, jaw or stomach.

Shortness of breath. This feeling often comes along with chest discomfort. But it can occur with or without chest discomfort.

Other signs. These may include breaking out in a cold sweat, nausea or lightheadedness.

If you or someone you're with has one of more of these signs, call 911...Get to the hospital right away.

If you're the one having symptoms, and you can't access the emergency medical services (EMS), have someone drive you to the hospital right away. Don't drive yourself, unless you have absolutely no other option.

For more information, contact your nearest American Heart Association office or call 1.800.AHA.USA1 (1.800.242.8721), or online at www.americanheart.org.

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Swimming Continued from page 4:

TIP #1: For women, choose a suit with a small, well-placed ruffle or skirt.

TIP #2: For men, choose a suit with a higher cut waist or longer leg.

TIP #3: You may wish to wear a smaller, nondrainable pouch (those designed for intimate moments work well here, too!)

TIP #4: If you have a colostomy and you irrigate, you may try wearing a stoma cap while you swim.

I'm embarrassed about changing into/out of my bathing suit in the locker room and people noticing my ostomy pouch. Some of us don't care who sees what, while others are more modest when it comes to who knows about our ostomies and pouching systems. If you're a little on the shy side, try to find a spot that's out of the way or less crowded. Don't let the possibility of problems arising when changing prevent you from an enjoyable afternoon swim with family or friends.

TIP #1: You may wish to change and towel off in a convenient bathroom stall.

TIP #2: Put on a dry, oversized T-shirt as a cover-up while you change.

TIP #3: A dry suit is easier to take off than a wet one. Relax by the side of the pool with a good book or a talkative friend before heading for the locker room.

TIP #4: Wear your bathing suit under a jogging suit or sweat pants and don't worry about changing at all.

General Tips:

Do some planning—you know your body better than anyone and how long after eating your ostomy starts to work. Try to arrange your swimming for a time when your output will be minimal.

If you are still concerned about entering the pool with your pouch, try this—put on your bathing suit, fill your bathtub with water and sit in it for half an hour. You'll feel more confident when you see there's no leakage. You'll also get to see what your suit (and your covered pouching system) looks like wet.

A support garment or bike shorts under your suit or a snug, Lycra bathing suit can help to keep your pouching system in place and prevent your pouch and clip from migrating to the groin area. Some ostomates sew pockets into the inside of their suits as a way of providing additional pouch support, if needed.

If you wear an ostomy belt, you should know that cloth belts stretch in the water—wear a rubber one if you want to wear a belt in the pool.

Again, remember to get your doctor's okay before you take to the water or begin any exercise program.

Most of all, **have fun!**

Dan Wiley, President opened the meeting by welcoming everyone present.

Dan asked Jennifer Higdon to report on a recent trip to San Diego. Jennifer Higdon told the group about a recent trip to San Diego, sponsored by UCB Pharmaceutical Company. The company wined and dined individuals who have a history of Crohn's Disease so the Pharmaceutical Sales Rep's could understand what it is like to live with this debilitating disease. Jennifer met several ostomates that were also at the National UOA conference.

Dan then introduced Leanne Richbourg, (WOCN from WakeMed Hospital) who introduced the speaker for the evening, Dr. Chris Ingram. Dr. Ingram practices at WakeMed, Rex Hospital and other area facilities. He is part of the Raleigh Infectious Disease medical practice.

Dr. Ingram educated the group regarding MRSA. MRSA stands for Methicillin Resistant Staphylococcus Aureus. Staph Aureus is a bacterium that is responsible for causing infections in humans. It is part of the normal flora of germs that we encounter all the time. It is believed that 1 out of every 4 people carry the Staph Aureus germ on their body. MRSA refers to those strains of Staph Aureus bacteria that have become resistant to the antibiotics methicillin, oxacillin nafcillin, cephalosporins, imipenem, and/or other beta-lactam antibiotics. An individual that is a carrier of MRSA is referred to as being "colonized" with MRSA. One can be colonized, but not show any signs of infection. However, when the MRSA bacterium invades a part of the body, an infection can occur causing a variety of symptoms which may include fever, wound infections, pneumonia, or other respiratory illnesses. MRSA can occur in the blood stream, the sputum, a wound or in the urine. MRSA is often treated with Vancomycin or other antibiotics to which it is identified to be sensitive to. This is determined by a culture of the infected site.

MRSA was first identified in the 1960's. From the 1960's to 2000, it was mostly seen in the hospital setting. Hospitals are ideal places for Staph Aureus to grow and cause infection as that is where surgeries occur, wounds are treated, IV's are inserted etc.

In the early 2000's, we began to see Community acquired MRSA. This was often identified in health club settings, among sport team members and other athletes. Any settings where

individuals may share clothing, shower together, health club equipment or interact in other close quarters were at risk for an outbreak. Community based MRSA is a very efficient germ, more resistant to drugs and advances quickly.



In the hospital setting, patients are placed on Contact Isolation, meaning that healthcare workers wear gloves and gowns when interacting with the patient to prevent spreading the germ to other patients.

As outpatients, patients are often asked to bathe in special solutions prior to surgery to sterilize the skin and prevent an MRSA infection post surgery.

In the community, the most important way to prevent the spread of MRSA is through good hand washing. Alcohol based gels also work well to prevent the spread of MRSA. It is important to note that MRSA does not linger on solid surfaces so individuals do not need to worry about picking up this germ from doorknobs, chairs etc.

Once colonized with MRSA, it is very difficult to become "decolonized". If the individual does not have any open wounds and does not have a fever, decolonization can be attempted by using Bactriban on the nares and bathing in Hibiclens solution for at least 2 weeks. However, this is only effective approximately 50% of the time.

Dr. Ingram answered several questions regarding MRSA, mostly related to the need to use good hand washing to prevent the spread of the germ.

Dan Wiley then reminded everyone to bring extra ostomy supplies to each meeting. Sonya Withers is now collecting the extra supplies to ship to Friends of Ostomates Worldwide to be used by individuals in other countries that do not have easy access to much needed appliances.

Dan invited everyone to next months meeting where we will break into discussion groups based on the type of ostomy. These meetings are always helpful in identifying problems ostomates are having and provide for brainstorming solutions to those problems.

Refreshments were provided by Sonya and Ed Withers.

Submitted by Sonya Withers.