

*Portland Maine Ostomy  
Support Group  
Newsletter*

***The Visitor***

January/February 2006



[www.uoaportland.com](http://www.uoaportland.com)

**Next Portland Meeting:  
Sunday, January 15. 2:00 p.m.  
Mercy Hospital**

Please bring extra supplies you don't need.  
We can arrange to send them to the  
**Friends of Ostomates Worldwide**  
Who distribute supplies to the needy  
We will also view a video describing what they do

Maybe we should also have a Super Bowl Party!  
(See picture of ad at right)

**The Next Seacoast Ostomy Meeting:  
Sunday, January 8 - 2 to 4 p.m.  
Wells Regional Conference Room**

**York Hospital**

Contact Jerra Sullivan with Questions  
351-3456

**One too many vowels  
In the word bowel**



The November meeting went very well, with a talk by Pam Dyer, psychiatric nurse, followed by a several questions and a discussion.

The January meeting seems like the toughest to schedule and the most often cancelled due to weather. Sometimes I think we should add a July meeting and eliminate the January one.

However, being that as it may, on January 15 we will meet as usual and we will watch a video describing the work that the Friends of Ostomates Worldwide (FOW) does providing ostomy supplies to people in other countries who otherwise would find it difficult or impossible to obtain supplies on their own. Supplies seem a little expensive to me with my health insurance not covering it, and I have heard stories of difficulties with Medicare, etc., but still we are fortunate to have the materials as readily available as they are.

My fictional piece continues on the back page, since there has not been a huge outcry to pull it. Past chapters can always be found on our website, as can past issues of this newsletter.

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(Editor: I have seen dozens of articles by dieticians over the years. I like this British article for a couple of reasons. For one thing, it has more common sense in it than usual, including several suggestions I gave my mother after her recent colostomy surgery. Secondly, I think their use of the word "wind" for gas is a real hoot.)

### Diet and the Ileostomist

Sister Kirstie Cartledge

**Diet is a very individual thing**, and different foods affect different people in a variety of ways.

The main advice is to eat sensibly, be aware of what you eat and the effect certain items have on your bowel specifically; what your ileostomist friend tells you doesn't suit them may be OK for you.

Initially after surgery your bowel and resulting ileostomy need a lot of TLC.

### Don't Make It Work Too Hard, Too Soon.

The surgeon has manhandled it during the op and it takes a while for the muscles to start working as normal (peristalsis). Fluids and diet will have been reintroduced gradually whilst in hospital, and it is best to continue in this gradual fashion once back at home.

Generally, try to eat little and often to begin with. If you eat a big meal, then nothing for 5 hours, then a big meal then nothing again for a few hours, your bowel has to do large bouts of activity, then lay dormant, then another large bout of activity. Far better to give your bowel a small amount of food to work on at more frequent intervals. It needs retraining to start resuming its normal levels of activity.

### Wind

When you do eat in the early days post surgery, choose food that is easy to digest and does not produce too much wind. This is essentially low fibre food (white bread, past, chicken). Avoid the foods that create excess wind high fibre foods, beans pulses, green leafy vegetables and the infamous onions. Avoiding these foods in the first few weeks is not to say that you can't eat them again, but you need to give your bowel time to be able to process them comfortably again you wouldn't expect to run a marathon without putting in a bit of training first!!

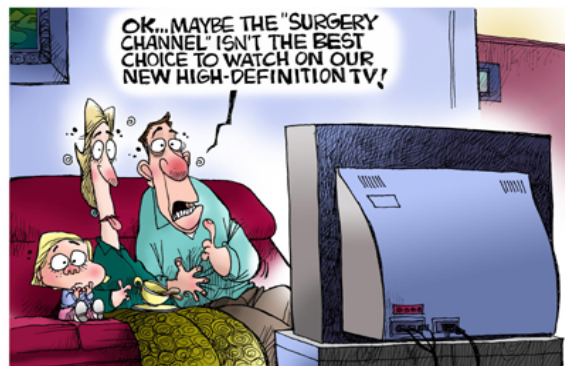
When you start to reintroduce these food items, do so slowly. Add a different one to your diet each day, then if you do experience any associated problems you will know which food it is attributable

**Individuality** is also important we are all different and no two bowels or their reaction to food is the same. If you don't try something you won't know.

**Variety** is also important. Having an ileostomy can be very frightening with the possibility of wind, bags leaking and having to empty offensive faeces, but do try and eat a varied diet including all food groups. At the end of the day you need to be in charge of your stoma and not it in charge of you.

### Conclusion

Above All the main watchword in all dietary advice is EXPERIMENT with food items. Try a different food item when you feel ready for it; see how you and your stoma react to it, and if it suits you keep it in your diet. If it does not agree with you leave it out of your menu, but in a few months try it again. Your bowel may have settled down and recovered more, such that it is now more accepting of this particular food.



(Editor: Some of these humorous fake questions about Health Care I found on a website. A few of them weren't very funny so I changed them. I won't say which ones.)

**Q: What does HMO stand for?**

**A:** This is actually a variation of the phrase, "Hey, Moe!" Its roots go back to a concept pioneered by Dr. Moe Howard, who discovered that a patient could be made to forget about the pain in his foot if he were poked hard enough in the eyes. Modern medicine has replaced the poke in the eye with outsourced claims handlers who keep rejecting claims for the same reason while telling you they will really fix the last person's error this time.

**Q: Do all diagnostic procedures require pre-approval?**

**A:** No. Only those procedures that are not on our list of pre-approved procedures need to be pre-approved.

**Q: I just joined a new HMO. How difficult will it be to choose the doctor I want?**

**A:** Just slightly more difficult than choosing your parents. Your insurer will provide you with a book listing all the doctors who were participating in the plan at the time the information was gathered. These doctors mostly fall into two categories: those who are no longer accepting new patients, and those who will see you but are no longer a part of the plan. There are a few exceptions, but if you look closely you will see that their diplomas are either photocopies or have Sally Struthers' signature on it.

**Q: What are pre-existing conditions?**

**A:** This is a phrase used by the grammatically challenged when they want to talk about existing conditions. Unfortunately, we appear to be pre-stuck with it.

**Q: Can I get coverage for my pre-existing conditions?**

**A:** It doesn't hurt to ask them. Maybe while they are wiping the tears from their eyes from laughing so hard, they will hit the wrong key while they are punching it in.

**Q: What happens if I want to try alternative forms of treatment?**

**A:** You'll need to find alternative forms of payment.

**Q: My pharmacy plan only covers generic drugs, but I need the name brand. I tried the generic medication, but it gave me a stomach ache. What should I do?**

**A:** Poke yourself in the eye.

**Q: What should I do if I get sick while traveling?**

**A:** Call your insurance company's 800 number and talk to their representative. Try and follow their complex instructions on how to get treatment that will be covered. And while you are traveling, buy some lottery tickets.

Those odds should match the odds that your treatment will be paid for.

**Q: Will health care be any different twenty-five years from now?**

**A:** If your current income is at least six figures a year, chances are your health care will be much improved by then. You will feel younger every year as they unravel the secrets of DNA and the aging process. If you are in a lower income bracket, your health care will be exactly what it is today, except the equipment will look two decades older and it will cost twenty times as much.

## Urostomy Tips and Hints

(As always, you may want to confirm these suggestions with your doctor or ostomy nurse.)

- 1) Urinary appliances adhere well with cement, Stomahesive, Relia-seal and Collyseals. The urinary stoma drains continuously, the urine may be mildly irritating to the skin and may be odorous.
- 2) Often blood is noted in the appliance and its origin is not immediately clear. One source may be irritation of the stoma by uric acid crystals formed in the appliance or on the skin around the stoma (when the faceplate is too large). This may be indicated by small white crystals that have an abrasive effect on the stoma. The crystals may be readily dissolved and the bleeding relieved by bathing the stoma and surrounding area with a half-strength vinegar solution 3 to 4 times a day while the appliance is being worn. Usually the best time to change a urinary appliance is in the morning before having anything to drink. Only drainable pouches should be used on urinary stomas - never closed pouches. A convex faceplate may be extremely useful with a flush urinary stoma.
- 3) Two to three quarts of fluid taken daily provide adequate movement through the urinary system to prevent the increase of bacterial growth that occurs in a "slow-moving" system. Increased bacterial growth may lead to urinary tract infection. Urinary pouches allowed to get to full will leak. Connecting the pouch to a leg bag will be helpful if unable to empty often enough. Attach the strap of a leg bag loosely to allow good blood circulation.
- 4) Bedside drainage bag will prevent getting up at all hours of the night to empty the pouch. Your pouch will not hold the amount of urine that may be excreted during the night.
- 5) Drinking cranberry juice has been found helpful in deodorizing urine. There are some foods that make odor more noticeable. If there is a persistent, unpleasant odor, this could be a sign of infection and must be treated by a urologist.

**Metro Maryland and Saskatoon Newsletters**

## The Back Page - Fiction by Peter McGinn

(In Chapter 1, we met the main character's mother, who had a surprise announcement. If you missed it, don't despair, you can find it on the chapter website at [www.uoaportland.com](http://www.uoaportland.com)).

### Chapter 2

Dad came to see me the next evening, as planned. During his twelve years of marriage to Mom, Dad had been a long-distance truck driver, with a girlfriend in every port, I suspect. We didn't see much of him, and what we saw we didn't much like. Oh, I loved him, I suppose. He brought presents home to me and made a show of being a devoted father, with one eye on the door and one ear listening for his idling rig outside. I used to dig my hands into his pockets, looking for my present and pulling out lottery tickets from all over the country. That was an obsession of his that he and Mom argued about - him dropping all that money on lottery tickets.

But the gods have a sense of humor, and Dad won a jackpot of 23.4 million dollars one September day. He sold his rig and became a man of leisure, and the marriage didn't last a month with them spending more time together. He dropped a cool million on Mom in the divorce settlement, because she wouldn't take more, settled a smaller amount into what he referred to as "Dale's wink-wink college fund," which I haven't dipped into very much yet, and then he went off to have fun. Anyone who says money can't buy happiness hasn't met my father. The big surprise, to me at least, is that he invested most of it wisely. I had him pegged as a rags to riches to rags story in the making, but there is still no sign of the rags returning.

I was in a good mood when he and Michelle showed up in my hospital room. I was feeling much better, and there was talk of me going home in a day or two, as soon as my reformed bowels came to life and functioned properly.

Dad came over and took my hand. I slam my father a lot, so it's only fair to point out that becoming a millionaire improved his personality immensely. I highly recommend it for men who have gone through life feeling cheated. He is generous now, and patient about human foibles, as only a person can be who views life from atop a huge pile of cash.

"You haven't met Michelle yet, have you?" he asked by way of introducing us.

"We've only spoken on the phone," she said, coming over take my hand in turn. "But I've heard a lot about you."

"And you still came," I joked weakly.

Dad sat in the stuffed lime green chair and Michelle took the metal-framed one at the foot of the bed.

"How are you?" Michelle asked. "Your father has told me about your illness and this surgery, and I have to say it sounds like hell warmed over for you."

I remember thinking at that moment, darn, I might

even like this one. It's harder when I like them. She was blonde, like 75% of Dad's girlfriends have been. The other 25% made up for that lack with their other charms, mostly the sort that threaten to poke through a sweater. We chatted a little about what I'd been through, and she made motherly noises like she had experience at it. I wanted to ask if she had a kid, but I saw Dad start to get antsy, as he does when the conversation strays away from him for too long. So I said, "Dad, what is it?"

"Dale, there's something I should tell you..."

I figured he was going to tell me they were engaged, like what happened to several other of his blondes, but thinking of Mom I blurted instead, "Let me guess; Michelle's pregnant."

"How did you know that?"

"I must be psychic." I rested my head back on the pillow and closed my eyes.

"What's wrong with you?" Dad asked me. "It's my problem."

"Honey," Michelle interjected, "I thought you said it isn't a problem."

I was shaking my head. "I've got to stop inviting people to visit me here."

"What do you mean?"

"It's Mom. She told me last night that she's pregnant. It must be something they've put in the town water."

Dad stared at me as if I'd told him I was the one who was expecting.

"She's crazy," he said finally. "She's forty years old. What's she thinking?"

I laughed, and boy, did that hurt my abdomen. Dad makes me laugh nearly as often as I make Mom laugh, except it is often unintentional with him.

"She is thirty-eight," I corrected him, "and who are you to talk? Don't you have a few years on her yourself?"

"I'm letting Michelle actually have the baby. She's younger than your mother, if you haven't noticed. Besides, your mother feels her age. She could never keep up with me back in her prime."

"That's because she was keeping up with me. Something you could have done more of." That was a sore subject, so I turned to Michelle. "What do you do?" I asked her.

"I own a well-drilling company. My father ran it for years, before he went under."

I smiled at the pun, until I saw it was unintentional on her part. "So you bought it from him?" I asked.

"No, but he's out of the picture," she said.

I was thinking, what, buried in her back yard, in the witness protection program, where? But she went on.

"If your father hadn't given me a business loan, I never would have made a go of it."

Whoa, pregnant and he has given her money already? She could be the best gold digger yet.

"Welcome to the family, Michelle," was all I could think of to say.

To be continued in the next newsletter...