

*Portland Maine Ostomy
Support Group
Newsletter*

The Visitor

March - April 2007

**Next Portland Meeting:
Sunday, March 18, 2:00 p.m.
Mercy Hospital Auditorium**

**Hollister Representative
Andy Peck**

Please note that we have dropped the January meeting and have added a July meeting instead.

We will now meet on the third Sunday in March, May, July, September, & November
AAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAA

**The Next Seacoast Ostomy Meeting:
March 18, 2 to 4 pm
Ellis Conference Room
York Hospital**

Contact Jerra Sullivan for more details
207-351-3456



Our Chapter Website: www.uoaportland.com

From the Editor – Peter McGinn

Our speaker for the January meeting was to be our own Chris Chapman talking about the benefits of massage therapy.

Unfortunately even as we were meeting at Mercy Hospital, Chris was a patient at Maine Medical Center. We hope to feature Chris's talk as part of a meeting later this year.

For the March meeting we will welcome Hollister representative Andy Peck to present an update in products available from Hollister.

For anyone who is considering attending the first national conference of the UOAA in Chicago and who viewed the video we watched at a recent meeting about the amateur boxer living in Thailand, I have just learned that he is scheduled to be the closing speaker of the first UOAA conference.

What I Do Not Like About My Ostomy
by Don Korbin, Via Evansville Ostomy News

My colon was removed in March. It's really gone. I know that because my surgeon brought it to my hospital room during lunch one day, all six and one-half pounds in a glass beaker. It looked like a brisket. I suddenly wasn't hungry.

I opted for a continent ileostomy. So now I'm a kangaroo of sorts, except my pouch is on the inside. Getting used to the new plumbing hasn't been bad. Considering the shape I was in before surgery, I'd say this new system is better than the original, with one exception. My concern isn't the stoma. It is less than the size of a dime and disappears beneath the briefest of swimsuits. My concern is not the diet, as I have no dietary restrictions. Nor is it physical limitation: I'm even contemplating cross-country skiing on Oregon's Mt.

Portland Support Group Contacts	
Paul Brady, Treasurer	934-4055 pbrady@maine.rr.com
Sally Hinckley, Secretary	799-2235 Hhinckl1@maine.rr.com
Peter McGinn, Website/Newsletter	854-1741 narrator@maine.rr.com
Peggie Delparte, Mercy Hospital	879-3190
Kate Hill, Mercy Hospital	879-3190
Barbara Gardner, Visiting Nurse	780-8624
Jerra Sullivan, York Hospital	351-3456

As always, our thanks to the American Cancer Society for distributing this newsletter.

Bachelor. No, what I dislike is the operation's effect on one of my favorite pastimes. I used to spend many quiet moments sitting in the bathroom. Now I don't. Dr. Koch's efficient catheter system makes it unnecessary. A lifelong reading habit has been disrupted!

Hints for Colostomates

From Evansville ReRoute

(As always, you may want to consult your physician or ostomy nurse before trying something new.)

If you use a Stomahesive wafer and cut your own center hole, save the leftover pieces and use them to fill any skin indentions around the stoma underneath the wafer. Apply the pouch standing, lying or sitting down, but do not allow abdominal wrinkling or this will break the seal when you straighten out.

Colostomy diet is fairly normal. You will discover which foods may not agree with you by trying everything, a little at a time, wait a few weeks and try it again. If it doesn't work then, leave it alone for a few months, or forever if necessary. If you have difficulty with constipation, glasses of apple juice every morning and the night before irrigation may prove helpful. If you prefer, you might try taking your apple juice heated (add a little cinnamon.)

Colostomates who take antihistamines during the sneezing season may find that certain drugs have a tendency to slow down intestinal action and the irrigation process becomes slower. Some report relief from the drug reaction by increasing the fluid intake the day they irrigate, or eating laxative foods (in moderation). If you are irrigating and having problems with leakage between irrigations, try using less water. Too much water contributes to leakage.

If you are a colostomate who uses a convex insert in your faceplate, and the insert becomes gunky or sticky, try good old Unisolve to remove the gunk. Especially in hot weather, wear protection between the pouch and your skin to prevent rash from perspiration. You can make a pouch cover with an old handkerchief, a baby's bib, etc. Pouch covers can be purchased also.

If you are taking a bismuth preparation,

try to stop taking it for one day before having an intestinal x-ray or tell the doctor, because it sometimes shows up opaque on an x-ray.

Odor Management

From Evansville ReRoute

Isn't it interesting that people with normal intact bowel tracts and urinary systems manage odor problems in an acceptable manner in our society? But when disease or trauma strike, and the person is the owner of an ostomy, the one big concern is the fear of offending society with an odor.

Basically, and simply, an ostomy is a man-made exit site that changes the point of exit from the bottom of our body to the front. Our eyes and nose are obviously on the front of our body, which leads us to be more aware of our changed body image and our odor-producing products. You've heard the statement "You've come a long way, baby." Yes, ostomy management has come a long way-considering that as little as ten years ago we had very few 100 percent odor-free pouches.

When ostomy surgery was first developed, ostomates wore anything to collect output. Tin cans, rubber gloves, cups of all sizes, bread wrappers, and plastic margarine cups, just to mention a few, were standard supplies for the ostomate. Not only the feasibility, but odor problems these types of supplies produced, was enough to give ostomy surgery and people with ostomies a deplorable place in our society.

Presently, almost all ostomy supplies available to us today are made of odor-barrier materials. Therefore, if an ostomate does have a fecal or urinary odor about them, some detective work should be done: Check out the application of the pouch to the body-is it leaking? Check out the closure of the pouch-is it closed properly so that no fecal matter is oozing out after the closure is applied? Do not put holes in the pouch, as gas will seep out continuously.

A urostomate should rinse or wipe off the spout of the pouch with a bathroom tissue after emptying. Those few drops left in the spout after closing the pouch can

cause a urine odor under clothing. It's interesting to note that most urostomy pouches on the market are odor-proof, but the connector tubing and bedside and leg bags are not. You must dispose of and replace these products when they take on odors, or else your entire living quarters will smell.

Emptying an ostomy pouch is comparable to a person with an intact bowel or urinary tract having a bowel movement or emptying their bladder. How does the non-ostomate handle the odor produced by this normal function of their body? Room deodorizing sprays are popular; a quick flush of the toilet when defecation occurs, and striking a match or opening a window are some acceptable methods that have been used for odor management since the invention of indoor plumbing.

Why then are we ostomates so "up-tight" about the odor produced when our pouches are emptied? This complaint has encouraged ostomy supply manufacturers to create products to meet this need of "odor control." The trouble is, the ostomy deodorants do not work for everyone and they are expensive. Can we then consider ourselves "as normal as blueberry pie" so far as waste odors are concerned? Just remember, there is not a man or woman on this earth whose wastes do not smell.

What Would You Do If?

By: Ellice Feiveson, Metro MD.

Trust me, every ostomate has had or will have an "ostomy accident." By accident, I mean a pouch leak of some kind. The question is, "are you prepared in case an accident occurs away from home?" Not so much prepared as far as having a change of clothes and extra pouches, but prepared emotionally to deal with the unexpected mishap. The reality of it is that every ostomate must think of what he or she would do if at a party, in a restaurant, work or anywhere else, your pouch leaked because it wasn't on securely, or the clasp came off and the contents were spilling out.

The question is, "What do you do if you feel your pouch is not on securely or you feel wet around your pouch? First of all, you think that everyone is noticing you and

knows what's happening. Stay calm. Go to the nearest bathroom and take care of business. Most likely, your friends are continuing their conversation in the restaurant or in your workplace and no one knows you are temporarily missing. When I encountered an accident while I was in a group situation, I just removed myself and took my time in freshening up and rejoined my friends. No explanation is ever necessary! The more outings you take and the more public situations you are in, the more confident you will be as time goes on.

News from the UOAA

❖ **Affiliated Support Groups** – Since our last UPDATE in November the number of support groups that have affiliated with UOAA now totals 232, and when you include the Outreach Support Groups, UOAA now represents **248 ostomy patient support groups!**

You can see the entire list at this link:

<http://www.uoaa.org/supportgroups.html>

❖ **2007 National Conference:**

If you are planning to attend UOAA's inaugural National Conference, August 15 through the 18th, at the Lincolnshire Marriott, just outside of Chicago, I suggest that you book your hotel room as soon as possible. Since this is UOAA's first National Conference the hotel room block is smaller than the room block UOA secured at previous conferences.

QuickTime™ and a
TIFF (LZW) decompressor
are needed to see this picture.

**Support the UOAA
Subscribe to the Phoenix!**

Go to UOAA.org for details.

Page 3

The Back Page- Fiction by Peter McGinn

(The first eight chapters of this great American novel can be found on our website at www.uoaportland.com.)

Chapter 9 – Who's Zoomin' Who?

Everybody likes money. I think we can agree on that. People who don't have much money daydream about what they would do if they had it, and people who have a lot of it daydream about what they would do if they had even more of it. My father is an exception. He has a lot of money, and he doesn't particularly care about getting more. He knows that he has enough money to live on for the rest of his life as long as he doesn't develop a taste for world travel or compulsive gambling or the like. His big thing is regulating his spending. That is why I was surprised to see he was inclined to pay off Jake to the tune of 25 thousand dollars. To me, suddenly suspicious of Michelle, that was as big a gamble as you can find in Vegas or Atlantic City.

So I began to worry about Dad, because nobody else would. What if Michelle wasn't planning to divorce Jake, and only wanted the money for herself? After all, what did I really know about her? I made a list. 1) She says she is pregnant. 2) She says she owns a well-drilling company. 3) She met Dad through a loan he gave her, which was paid back. 4) She asked me to pretend to be her fiancé to help her get a divorce. So basically I didn't know anything about her. And I remembered that, back when I met her in the hospital, when I jokingly suggested that she was pregnant, Dad had said no while she had said yes. What was that all about? Was she pregnant or not? Did she pay off the loan? Did she own a company? I decided to start asking questions.

I found them in the living room. "Dad," I began, "you guys really are having a baby, right?"

They replied in unison, except Dad said "No," and Michelle said "Yes."

"Great, I'm glad we cleared that up," I said, using sarcasm, my favorite weapon. Michelle tossed her head of lovely blonde hair and got up.

"Explain it to him," she said to Dad, and

she left the room. I remember thinking, this ought to be good.

"It's really quite simple," Dad began, which I immediately translated to mean that it was really very complicated.

"We're not having a baby, at least not the normal way. I had a vasectomy after the divorce. I didn't want any women getting pregnant to take a piece of my winnings." That at least sounded like something he'd do. He continued. "We're adopting a baby. Michelle doesn't want people to know we are adopting, so she is going to go away and come back with the baby. People will think she had it the normal way."

"Women don't usually leave town to have babies," I felt compelled to point out. "People will wonder why she dropped out of sight, won't they?"

He shrugged. "She is married to someone else. I will just tell people we wanted to keep it quiet."

"Terrific," I said. "I'm in a Bronte novel. No one cares about that sort of thing any more."

"Michelle cares," he said, as if that explained it all. And perhaps it did. A wicked thought occurred to me.

"I take it this baby will cost a lot of money."

"Yes, but you can't put a price on happiness."

Michelle can, I was tempted to say, but I figured I had to be careful. If I accused the woman he loved of being a lying, money-grubbing wench, Dad might stop confiding in me. Besides, I had liked Michelle when I first met her. What if I was wrong? The fact that she was lying to Jake, with my help, about whom she was marrying didn't mean she lied every time she opened her pretty mouth. But if my worst suspicions were true, I would need help dealing with her. Jake had an interest in all this. It was his 25 grand Dad would be forking out. I decided to tell Jake the truth, that it was my father, not me, who was planning to marry his wife.

Next time: I Enlist Jake's Help