
Antelope Valley Ostomy News

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Local News...~ by Ann Wright, RN,
CWOCN, CNS, Editor Lancaster News

New Years greetings, one and all!! I hope you all had a very Merry Christmas and happy holiday season. It is my hope and prayer that you all have a happy, prosperous and healthful 2008!

We had a joyous time at our holiday gathering on December 15th. If you missed it, we missed you, but we did have a great time with fine food and of course much laughter and camaraderie. Many thanks to Gerry and Marty Anderson once-again for opening up their "club" house to us.

And a big thank to their daughter and son-in-law who pitched in to help with the details and beautiful tables. Thank you everyone!

To top it off, we collected over \$200 in gift cards, food and toys for our Healthy Homes families. Your generosity is so appreciated! A special thanks, too to Jeannie Munzer whose hand-made caps and scarves were such a special gift. Thank you to everyone for your ever-present generosity and good spirit! A letter of thanks is attached to this newsletter.

So, now we are in a new year. We had a very good meeting in November, and I appreciate Tami Host, from Coloplast, who attended and provided us with some helpful information and sample product. Our next

support group meeting is scheduled for **Sunday, January 20, 2008 at 2:00 PM** at the office of AV Home Care. Directions are on the back cover. I hope to see you all there.

The Legend of the Phoenix ~ By

Lawrence Litwack - Revised slightly from the original, published in the OQ, Vol 3, No. 2, Spring 1966.

"For now his feathers were afire, and the top of the palm tree burst into flame. Now there was nothing left of the bird but a still glow atop the charred tree. The flow took form and the color moved; sparks renewed, assumed the shape of feathers and the gentle desert breeze blended the sparks together into the new Phoenix, tall, iridescent, magnificent. For now, his rebirth was complete. And as he rose from the flames, his song also rose like a silver clarion call proclaiming his rebirth to the world."

The legend of the Phoenix has been told and retold through the ages, appearing in the literature of Greece and Rome, Arabia and China. It came to the United States to appear on the first Great Seal of the United States, the seal of the city of San Francisco and the State of Hawaii. In each case, the details vary, but the basic concept of rebirth from the fire remains constant.

Today, the name of the Phoenix appears through the universe from the Phoenix constellation in the southern hemisphere to the Phoenix Islands in the Pacific, from Phoenix, NJ to Phoenix, AZ. Always the symbols describe the bird rising from the flames.

First adopted by the Ileostomy Association of Arizona as its symbol, the Phoenix became the symbol of the United Ostomy Association in 1966. Selected by the board of directors, the Phoenix represents a fiery symbol of the spirit and feeling underlying the growth of the Association. For the ostomate, what more appropriate choice could have been made? From the ashes of despair and disease, from the fear of disability and death, from the ebb tide of physical and emotional being to the full flood of life - of hope - of health. Reborn to a life of fulfillment - of dedication - of giving to others. Although we are not immortal as was the legendary bird, we gain perhaps true immortality by giving of ourselves to others, so that we live on forever in the hearts and minds of others.

As the symbol of the constant renewal of spiritual values, of the flames of love and compassion of the seasonal spring of life may the Phoenix serve as a glowing, vibrant sign for us all.

(Larry Litwack was elected the first president of the UOA and served from 1962 until 1964. He was later elected director, and honorary director.

EATING SMART: HEARTBURN AND GAS

~ By: Sheldon Margen and Dale A. Ogar Via: The United Ostomy Association, Inc.

Everybody gets some form of heartburn from time to time, but as we age, the bouts may seem more frequent and severe. Reflux esophagitis refers to a backup of stomach contents into the lower esophagus, where the stomach acids produce a burning sensation. It is commonly known as GERD, for gastro esophageal reflux disease. The esophagus is a long tube leading from the mouth to the stomach. The upper three inches are designed to open when we swallow and close tightly between swallows. The tube gets a real workout, because most swallowing is unconscious and occurs at times when we are not even eating. In fact, we swallow about 2,500 times a day. As food goes down the tube, it is moved along by muscular contractions with a little help from gravity. At the lower end of the esophagus is another special muscular ring that relaxes when we swallow and closes in between. It serves as a valve to prevent the contents of the stomach from returning to the esophagus. In older people, obese people, pregnant women and individuals with stomach hernias, this lower muscle ring become weak, and when the stomach is full and contracts while trying to move its contents into the intestine, some of the digestive acids and food go back up through the weak muscle into the esophagus, instead of into the intestines, where they belong. The esophagus was never meant to be bathed in acid, so if this happens very often, the irritation can become severe and can cause almost continuous pain. Usually, however, the symptoms are annoying, but mild. There

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are some things that you can do to prevent acute heartburn, and some lifestyle changes you can make which may help to keep it from becoming chronic: —Try not to lie down immediately after eating a meal. Laying down makes it easier for food and acid to be pushed back into the esophagus. Eating light meals early in the evening will usually help. Eating more frequent, smaller meals during the day is better than one or two large meals. —If pain occurs, sit or stand for a while to take advantage of gravity. If it is really heartburn, the pain should go away in a few minutes. —If you have developed chronic heartburn that occurs when you are in bed, try elevating the head of your bed by about six-ten inches. —Avoid foods that decrease muscle tone (and weaken that lower muscle ring). These include fats, chocolate, alcohol and probably coffee. Citrus fruits and tomatoes also may aggravate the condition and should be avoided, especially before bedtime if you are having problems.—Avoid tobacco (this comes under the heading of good advice under any circumstances). —If you are troubled with heartburn, try over the counter antacids or some of the newer acid blockers. Do not take these drugs regularly—for more than two weeks—without consulting with your doctor. If you have any other underlying problems, consult your doctor before taking any medications. —If the sensation persists and is severe, and especially if it does not respond to any conservative treatment, seek medical advice as soon as possible. Better to be embarrassed in the emergency room than end up in the coronary care unit. The symptoms are very similar to those of a heart attack, and you can't be blamed for not knowing the difference. —If you are obese, try to lose weight. This will take pressure off of the muscle at the base of the esophagus. —If you are pregnant, wait until after delivery. Do not take any antacids

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or acid blockers without consulting your doctor. For some people, one of the unwanted side effects of changing to a diet high in fiber (lots of fruits, vegetables, beans, legumes and whole grains) is the possibility of experiencing intestinal gas. The trouble begins when complex sugars (oligosaccharides) in these foods stay undigested until they get into the large intestine, where they get attacked by bacteria. Still, there are a few things you can do to reduce the formation of intestinal gas. —When you cook dry legumes (beans), throw out the water that they have soaked in. Cook the beans fully to make their sugars more digestible. If you are using canned beans, drain and rinse them before using. —Try to gradually increase your consumption of high fiber foods, and eat a variety of them. The worst problems usually occur when people who seldom eat these foods make a sudden switch. —Try some of the over-the-counter preparations that can be taken before or after eating or are sprinkled on your food. Some work, some don't, but they are relatively inexpensive and probably harmless for most people.

THE SECRETS OF PREVENTING BLOCKAGES AND HERNIAS

Via: Chicago's North Suburban Chapter & The Cleveland Ostomy Association Newsletter

Certain steps can be taken to minimize the risk of Blockages. Here are some ideas:

1. When eating, always concentrate on chewing the food. Make sure it is chewed well before swallowing. For instance, if a

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piece of meat appears too tough and grisly, it might be better to leave it. Don't take the chance of swallowing it and having it cause a partial or food blockage.

2. Try new foods in moderation. Do not eat a huge helping of something you have not tried before. This is a good rule to follow whenever you eat anything. As an ostomate, it is better to eat small quantities of food at more times during the day than to eat one big meal. Always follow this rule for better health.

3. If a particular food has given you problems in the past, try to avoid it until you feel you can do so without a problem. Most of us try very small amounts of problem foods from time to time, and if we chew it well and drink water with it are able to tolerate most anything.

4. Drink plenty of water or other fluids throughout the day. We should drink at least 64 ounces, about two liters, of water a day. These include fruit juices and non-caffeine herbal teas. Caffeine drinks, alcohol in any form, soft drinks and beverages don't count. In fact, these items actually require you to drink additional water. These drinks are all dehydrating.

With regard to Hernias, prevention is not under our control all the time. But there are certain proactive steps that we should do routinely.

1. Never lift anything heavy. For some people, even 10 pounds may be too much. Picking up children and tumbling around with them could cause a hernia.

2. Slow down your actions and be more deliberate.

3. Try to exercise three or four times a week. This means about an hour each time. You should discuss a plan with your doctor. He/she will help advise you what is best for your exact health situation. But this warning stated, healthy people only benefit from exercise. You will build up your abdominal muscles which will prevent hernias. It is

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curious to note that every time a muscle is exercised, it tears a bit. When it repairs, it builds muscle. A big tear is a hernia.

4. Don't push boxes on the floor with your feet. This can definitely put a strain on your back and cause a hernia.

Above all, use common sense. "God gave it to you as a tool, not an ornament. Rather be safe than sorry!"

Learning Experiences about Skin

Cancer ~ *By Co-President Ben Byer, Knoxville, TN (10/07 UOAA UPDATE)*

On June 1, I was diagnosed with a basal cell skin cancer on my nose that required some memorable surgical procedures. I can say that had I known what this treatment was going to be like, I would have taken much better care of my skin. However, here are some facts about skin cancer that you might like to know:

My doctors (3 of them in the group) tell me that they see about 30 new cases of skin cancer every week. About all of these are on adults and more are on older adults than on younger ones. These cancers are caused by cumulative exposure to the sun over the years that damaged the skin. Even sunburns from 20-30 years ago may eventually show up as skin cancer. Most of the cancers occur on the head (nose, cheeks, ears, and brows) while substantial numbers occur on the tops of the shoulders. There are many treatment regimens for these conditions: simple freezing with a spray, chemical processes, laser techniques, and several forms of surgery.

There are definite signs of these cancers and if you have any of them you should see a dermatologist ASAP!!!! They are:

- Any skin sore that does not seem to heal as you normally expect.
- Any change in the color, shape, size, or sensitivity of moles, warts, or

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blemishes. Itching is also a sure sign of a problem with a mole.