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# Antelope Valley Ostomy News

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## *Spring Time Greetings!*

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

Greetings one and all!

I hope this finds all of you doing well and enjoying some of our warm weather and beautiful blue sky. (Although right now we have a little "June Gloom fog").

We had a wonderful meeting in March, and I appreciate all the great support and sharing. Many thanks to Tami from Coloplast who was our special guest.

Did you know that there are 5 (yes, five) Sundays in May? Therefore, I am changing our third Sunday meeting to the 5<sup>th</sup> Sunday in May...I have a scheduling conflict on the third Sunday, so I have decided May will be our "5<sup>th</sup> Sunday" celebration. So, please mark your calendars for our next support group meeting which will be on **Sunday, MAY 31, 2009** AT 2:00 pm in Conference Room 12 at Antelope Valley Hospital.

Why the change of location? Well, due to popular demand, I have been asked to share my pictures and experience during my trip to Africa last July. Therefore, I need

some additional space and equipment. I apologize for any inconvenience changing the date and location brings.

In addition to some slides of far away places, we will also have our usual support time, so bring your questions and advice...**join us Sunday May 31<sup>st</sup>!**

**CROHN'S DISEASE &  
ULCERATIVE COLITIS** ~ By Michael C. Brown, MD, Via: *Healthy Perspectives*, Prince William Health System, Manassas, VA, & Ostomy Association of Ft. Worth, TX.

Although Crohn's disease and ulcerative colitis are complicated diseases with potentially serious consequences, with prompt and proper treatment, most people diagnosed with either of these conditions are able to lead normal, productive lives. Crohn's disease and ulcerative colitis are forms of inflammatory bowel disease (IBD) and are distinct from Irritable Bowel Syndrome (IBS) explains Dr. Michael C. Brown, a gastroenterologist who practices at Prince William Hospital. Crohn's disease and ulcerative colitis are both caused by immune system dysfunction. In the case of ulcerative colitis, the body's own immune system attacks the lining of the colon, while in Crohn's disease, problems can develop not only in the colon but also in the small intestine "and in unusual cases", the

stomach and esophagus,” says Dr. Brown. The exact causes of these diseases, says Dr. Brown is not clear. “Both diseases are more common in developed countries, which is true with any autoimmune disease,” he notes. “There is a lot of thought and research going into the idea that the body’s immune response is triggered by a bacteria and then misdirected against the body itself.” In addition, both diseases are influenced by genetic factors. Crohn’s disease and ulcerative colitis usually develop in young people between fifteen and thirty years old and older adults in their seventies and eighties, although it is possible to develop either illness at any age. What can make diagnosis and treatment challenging is that the type and severity of symptoms can vary significantly between individuals. Bloody diarrhea, frequent bowel movements, and feelings of urgency are typical for ulcerative colitis. But for Crohn’s disease, “the symptoms really depend on where the disease is active,” according to Dr. Brown. “If it’s in the colon, it can mimic ulcerative colitis. If it’s in the small intestine you can have more problems with abdominal pain, bloating, nausea, or a combination of these.” Substantial weight loss can also occur, the result of chronic inflammation and poor absorption of nutrients. Anyone with chronic or progressively worsening symptoms of this sort should seek a physician’s evaluation. If Crohn’s or ulcerative colitis is suspected, colonoscopy and biopsy are used to properly diagnose these illnesses. “During colonoscopy, inflammation and ulcers can typically be seen”, says Dr. Brown. “It can be quite severe.” Dr. Brown notes that Crohn’s and ulcerative colitis are typically chronic illnesses requiring “a specific balance of medications and sometimes surgery at some point.” How these diseases are diagnosed and treated is very

## AV Ostomy Group News

individualized, explains Dr. Brown. “It’s not one disease, and for each patient, it’s very different.” Dr. Brown stresses the importance of early and proper diagnosis to prevent long-term complications of these diseases. “Malnutrition can be very serious. For children, that malnutrition can affect future growth and development. Chronic ulcerative colitis can lead to an increased risk of colon cancer. And Crohn’s disease can lead to the formation of intestinal strictures.” Developing a good relationship with a physician who will closely monitor symptoms and adjust treatment accordingly is one of the most important steps a patient can take to manage these illnesses, says Dr. Brown. Fortunately, he adds, “Most people are able to go about their lives relatively normally and deal with the disease and its symptoms as needed.”

## ARTHRITIS AND THE INTESTINES

*Via: The Pacesetter & GB News Review*

Arthritis is the most common non-intestinal condition associated with Crohn’s Disease and Ulcerative Colitis. Although most people with these diseases do not develop arthritis, three primary kinds may develop:

\* Rheumatoid-like Arthritis: This usually involves the wrists and fingers and may improve or worsen without regard to the course of the bowel disease. Sometimes people with this form of arthritis have an antibody in the blood called rheumatoid factor but not all people with rheumatoid-like arthritis have this antibody.

\* Ankylosing Spondylitis: This is a condition that involves the lower of the spine and adjacent joints. In addition to pain, it may

### 3

cause stiffening of the spine, hips, neck, jaw and rib cage. Its course is independent of the underlying bowel disease. As time goes on, the condition may develop even after the bowel disease has improved or the bowel has been removed. \* \* Large Joint Arthritis: This usually affects the knees, ankles, hips and occasionally the elbows and shoulders. The small joints of the hands, feet and spine are usually not involved. Unlike other kinds of arthritis this form often worsens as the bowel disease worsens, and improves as the disease improves. This type of arthritis does not leave permanent joint deformities. We do not know what causes these three forms of arthritis that develop with either Crohn's or UC. Many physicians have attributed the arthritis to some immunologic process that may accompany the intestinal disease but evidence for this is still lacking.

### FISH IS HEALTH INSURANCE AND MOST OF US LACK ENOUGH COVERAGE ~ Via: Hemet-San Jacinto, CA. Stoma-Life Newsletter

Eat fish! You've heard it before, but now the case is so compelling that you absolutely must pay attention or face overwhelming health risks. Fish's secret is its unique oil (omega-3 fatty acids), which is essential for proper cell functioning. But most of us get only 15% of the omega-3 we need.

Here's the latest research on fish oil's life-saving potential:

- - *Men: Drop-dead protection.* More than

### AV Ostomy Group News

250,000 Americans die suddenly of heart attacks every year; half have no warning signs. Yet, eating fatty fish could stop an astonishing 80% of such deaths in men, says new Harvard research involving 22,000 male physicians. It's the first time fish oil has been found to save lives in people with no history of heart disease. Men with the highest blood omega-3 fats had the lowest risk, because fish oil prevents the irregular heartbeats that trigger instant death in heart attacks.

#### *Women: Heart attack antidote.*

The more often women eat fish, the less likely they are to have a heart attack or die of a "cardiac event," says other Harvard research, tracking 85,000 female nurses. Eating fish only once a week cut heart attack risk by 29%; the figure jumped to 34% in women who ate fish five times a week. Researchers credit the omega-3 fat in fish.

*Cuts strokes...* Fish was even more dramatic in preventing strokes in the nurses. Women who ate fish more than five times a week suffered half as many strokes as occasional fish eaters. Primarily, strokes are due to blood clots. Like aspirin, omega-3 oils discourage clots and have anti-inflammatory action.

#### *Cancer block...*

New French research has found that women with the highest omega-3s in breast fatty tissue were nearly 70% less apt to have breast cancer than women with the least omega-3s. In a new Swedish study, women who ate fatty fish twice a week cut their risk of endometrial cancer by 40%, compared with women who ate fatty fish less than once a month. The same Swedish investigators found prostate cancer rates were two or three times higher in non-fish

## 4

eaters than in men who ate moderate or high amounts.

### *Brain food...*

Fish eaters are less apt to be depressed, violent, suicidal and antisocial. Probable reason: Omega-3 boosts serotonin, the brain's feel good chemical. Eating fatty fish also may help prevent and treat Alzheimer's disease, says Canadian researcher Julie Conquer. She found low omega-3s in elderly people who were intellectually impaired or diagnosed with Alzheimer's. Fish oil is essential for fetal and infant brains; in Danish research, pregnant women who ate fish once a week cut their risk of premature delivery by a third.

*Tips: fish and cooking for the greatest omega-3 benefit.*

Buy the fattest fish. Try mackerel, anchovies, herring, sardines, salmon, tuna and turbot. Frozen and canned are OK, the USDA says. Eat enough. Daily, if you eat 2,000 calories, get at least 650 milligrams of omega-3, experts say.

A week's quota might be ONE of these:

- \* 6-ounces fresh mackerel
  - \* 10 ounces canned sardines
  - \* 11 ounces pickled herring
  - \* 12 ounces fresh salmon
  - \* 13 ounces canned salmon
  - \* 14 ounces fresh tuna
  - \* 24 ounces canned albacore tuna
- \*Weigh before cooking

*Cook Correctly...* Deep-frying destroys the benefits. Best cooking methods: bake, broil, poach, steam, stir-fry, sauté or stew.

Cut back on bad fats... They neutralize omega-3s. Restrict trans fats (margarines, processed foods) and omega-6 fats (corn oil, regular safflower or sunflower oils, soybean oil). Use olive oil and canola oil. Get the right ratio. It's critical that the ratio of omega-3 to omega-6 be no more than 1:4. Most Americans' ratio is about 1:15. Don't eat fish? Take fish oil capsules. If

## AV Ostomy Group News

you're on medication, or taking fish oil for a specific problem, check with a doctor first. OK on your own: 800-1,000 mg of omega-3 supplements daily.

**Caution.** Pregnant women, nursing mothers and young children should avoid eating shark, swordfish, king mackerel and tilefish, which may contain high levels of mercury.

**ILEOSTOMY AND SALT** ~ *Via: UOA Resource Library & Ostomy Support Assoc. of Ft. Worth, TX. New Directions*

The salt output from an ileostomy is very high, around one teaspoon per day, as opposed to almost none in the feces of a person with an intact colon. Therefore, the proper intake of salt by the person who has an ileostomy is very important. The body, however, seems to compensate for the salt and water loss by discharging less salt than normal through the urinary tract and through perspiration. The intake of too much salt is avoided, in that it increases ileal output. Urine output is generally less with an ileostomy. Therefore, it would be advisable for the person with an ileostomy to increase their water intake above normal so as to increase urine output. In this way, the possibility of kidney stone development can be kept to a minimum.

*"Zen Thoughts for the Day..."*

*~ Always remember you're unique. Just like everyone else.*

*~ Never test the depth of the water with both feet.*

*~ If you think nobody cares if you're alive, try missing a couple of car payments.*