
Antelope Valley Ostomy News

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May/June 2007

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

Greetings, everyone!

Gosh, can you believe it's already May? From winter to summer...all in a couple of short weeks. I hope you're all doing well.

An important announcement:

Due to a scheduling conflict, I will not be able to coordinate the May meeting. So, I am postponing the May 20th meeting to **Sunday, June 3, 2007**. We'll meet in the conference room at Antelope Valley Home Care, 44335 Lowtree Ave. in Lancaster. Don't forget to mark your calendars – NO meeting May 20th, YES, meeting June 3rd! I am sorry for any inconvenience.

On to other news...we had a nice gathering at our March meeting. Gerry and Marty even drove from Arizona for the meeting!

Our web site is taking shape. Doug, our web master is adding new editions of the newsletter and other news regularly, so check it out! To find it, cut and paste the address into the address line on your internet browser. It should open right up. Let me know if you are having trouble.

The UOAA's annual conference is going to be held outside Chicago, August 15-19, 2007. If anyone is going to Illinois in August, perhaps you might like to stop by the conference!

UOAA UPDATE IN BRIEF

April 2007

Fall 2007 Elections:

This year we will have an election for 2 directors for 2 year terms each. These positions are now held by LeeAnn Barcus and Steve Strizic. If you or anyone you know is interested in one of these positions contact your group leader for more information.

2007 ASG Leadership Award: The deadline for submission for this award is June 1, 2007. If you know an outstanding person that has been volunteering their time and talents to make the world a better place for ostomates in your area let your group leader know.

GYGIG: "Get Your Guts in Gear" is a 3 day bike ride that benefits individuals with IBD. The UOAA is a beneficiary of these rides and in 2006 we received a check for \$47,000. Each rider has to come up with \$1900. In June the UOAA will be represented by 5 ostomates and their family members at the NY ride and if you'd like to sponsor these riders you can go to www.ibdride.org and click on donate. These riders are: Bob Baker, his son, Chris Baker, Julielyn Gibbons, Charlie Grotevant and Paul Warning. In August there will be another ride in the Pacific Northwest and we'll let you know the riders of that event in a later UPDATE.

Don't forget the UOAA National Conference in Lincolnshire IL - August 15 - 19th.

For more information about any of these topics you can call the UOAA office at 800.826.0826.

Spring Allergies: Nothing to Sniff At

While some people are planning family picnics, trips to the ballpark and other ways to enjoy the warm weather, 35 million Americans will also be preparing to deal with spring allergy symptoms, including congestion, sneezing, runny nose and itchiness in the nose, mouth, throat, eyes and ears. **Here are some tips for spring allergy season:**

- ◆ Minimize outdoor activity on days when it's windy or the pollen count is high. To find out the pollen and mold count in your area, check out the National Allergy Bureau's latest report for both the United States and Canada at www.aaaai.org/nab.
 - ◆ Take a shower after being outdoors to remove pollen and mold from hair and skin.
 - ◆ Use a filtering mask when mowing and raking.
 - ◆ Avoid hanging clothes and sheets out to dry since they can collect pollen and mold.
 - ◆ Close your windows at night to keep pollen and molds out of your home.
 - ◆ Roll car windows up when driving in your vehicle.
 - ◆ Take vacations to the beach or sea where pollen is usually less prevalent.
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WHAT IS OSTEOPENIA AND HOW IS IT DIFFERENT FROM OSTEOPOROSIS?

Via: MayoClinic.com., Worcester Ostomy Chapter & GB News Review

Both Osteoporosis and Osteopenia are medical terms for progressive loss of bone density and thinning of bone tissue. Osteoporosis is a metabolic bone disease characterized by a fracture. Osteopenia refers to milder bone loss that doesn't yet meet the criteria of Osteoporosis. A simple, painless bone density test (densitometry) can detect the presence and degree of bone loss. Bone loss has many causes. The leading cause in women is a deficiency of the female hormone estrogen after menopause. The leading causes in men are decreased testosterone production and use of corticosteroid medications. People with Osteopenia can slow the progression to Osteoporosis by doing weight-bearing exercise, such as walking, and consuming an adequate amount of calcium. If you're a woman, the National Osteoporosis Foundation recommends that you have a bone density test if you aren't taking estrogen and any of the following conditions apply to you. You use medications that can cause Osteoporosis, including corticosteroids such as prednisone, cortisone and dexamethasone. You have type 1 diabetes (formerly called juvenile or insulin-dependent diabetes), liver disease, kidney disease or a family history of Osteoporosis. You experienced early menopause. You are postmenopausal, are older than age 50 and have at least one risk factor for osteoporosis, such as a family history of the disease, tobacco use or depression. You are postmenopausal, are older than age 65 and have never had a

bone density test. Doctors usually don't advise routine bone density testing for men because the disease is far less common in men.

ARE YOU GETTING THE NUTRIENTS YOU NEED?

From ConvaTec's Health & Vitality, Fall 2003, Via: Hemet-San Jacinto, CA.

Everybody has trouble eating right. When you have an ostomy, though, the challenges can be even tempt to control diarrhea, fluid balance, gas, and odor can stop you from eating enough healthy foods. And even if you do eat right, you may worry that your intestines don't absorb the vitamins and minerals you need. The first thing to know: people with an ostomy usually don't have any absorption problems unless significant portions of the small bowel have been removed. If you're not sure, ask your surgeon (if possible) or physician about the location and extent of your surgery. And listen to the experts. They say nutrient deficiencies (in people living with an ostomy) are often self-inflicted.

FOOD CHALLENGES: "If people living with an ostomy have deficiencies, it's because they're afraid to eat, and they impose too many restrictions on themselves," says Claudia Mueller, RD, a colorectal dietician at the Cleveland Clinic Foundation in Ohio. Trying to help each other, people with an ostomy often share war stories about the foods that bother them, creating a "do not eat" list of foods that can limit nutrient intake and compromise health. But it's important to try out these foods for yourself, since each digestive system reacts differently. Keep a food diary, testing one suspected food every 3 days. A registered dietician can help expand your food choices.

Following are the two most common food concerns: **Fear of Fiber** Fear of a fiber-clogging stoma is big. But fiber is usually

only an issue for people who don't chew their food very well, Mueller contends, although corn, popcorn, and nuts may always be a problem for someone with an ileostomy. **The solution:** Take your time, and chew, chew, chew—at least 25 times with each bite of food you take. **Fear of Odor The challenge:** "Six to 12 months out, most people with an ostomy have achieved a good comfort level," says Leslie J. Bonci, RD, author of the American Dietetic Association Guide to Better Digestion, "and they're more concerned with odor". Fish, coffee, onions, garlic, chives, asparagus, and sometimes even poultry are the culprits. **The solution:** Try smaller portions, suggests Bonci, and include buttermilk or yogurt at the same meal to counter the odor-causing foods. Fresh parsley and spearmint help too—a reason to eat your garnishes.

FREQUENTLY ASKED QUESTIONS

Excerpted from Diet & Nutrition Guide, UOA 2002, Via: Cleveland, O.A., OH

Question: How soon after ostomy surgery can I return to a normal diet?

Answer: Physicians and ostomy nurses suggest that you begin slowly, depending upon your recovery and/or other medical complications. Add back one new food at a time. If you experience any problems, discontinue for a few weeks and try again.

Question: In the past, certain foods caused me some trouble with digestion. How will they affect me since my ostomy surgery?

Answer: Check them out. You may find that some of those foods will continue to be troublesome and others may not.

Question: Will my ileostomy continue to produce output even if I do not eat?

Answer: Yes, the small intestine will continue to produce gas and digestive juices. An empty digestive tract seems to produce excessive gas. Eat small meals to keep something in the gut. Peristalsis happens!

Question: After ostomy surgery, I have gained excess weight. What happened? What types of food should I eat?

Answer: The relaxation of dietary restrictions, freedom from debilitating illness and malabsorption promotes a rapid gain in weight. Follow the same weight reduction diet as recommended by nutritionists and dieticians. Eating small quantities of a well-balanced diet and increasing water/fluid intake will assist with weight reduction.

Question: What is meant by "low residue" diet?

Answer: Low-residue refers to a dietary regime which eliminates bulk-forming, hard-to-digest or high-fiber foods. **Question: Will spicy foods cause any damage to my stoma?**

Answer: If you can tolerate spicy foods through your digestive system, the output through your stoma should not cause any harm. The stoma is formed from the lining of the bowel and it is tough and can tolerate those spicy foods.

Question: What effects will oral odor control medications have on my ostomy?

Answer: Some individuals who have a colostomy report that they experienced some constipation from bismuth products found in oral odor control medications. Individuals who have an ileostomy have more benefits and fewer side effects from oral preparations (chlorophyll tablets, bismuth subgallate and bismuth subcarbonate). Most foods do not effect an individual with a urostomy. A strong urine

odor may be an indication of dehydration and the need for increased fluid intake.

JUST FOR LAUGHS...

Did you hear about the guy in Paris who almost got away with stealing several paintings from the Louvre?

After planning the crime and getting in and out past security, he was captured only two blocks away when his SUV ran out of gas.

When asked how he could mastermind such a crime and then make such an obvious error, he replied: "Monsieur, I had no Monet to buy Degas to make the Van Gogh."

And you thought I lacked De Gaulle to send you a story like this..

I feel like my body has gotten totally out of shape, so I got my doctor's permission to join a fitness club and start exercising. I decided to take an aerobics class for seniors. I bent, twisted, gyrated, jumped up and down, and perspired for an hour. But, by the time I got my leotards on, the class was over.

Know how to prevent sagging? Just eat till the wrinkles fill out.

It's scary when you start making the same noises as your coffeemaker.

These days about half the stuff in my shopping cart says, "For fast relief".

Remember: You don't stop laughing because you grow old; you grow old because you stop laughing.

PRODUCT SPOTLIGHT: Convex skin barrier molds and shapes to the size of stoma

ConvaTec (Princeton, NJ) now offers SUR-FIT® Durahesive® Moldable Convex Skin Barrier. The flange allows the skin barrier/wafer opening to be molded to the shape and size of the stoma without using scissors. The moldable barrier must be used with SUR-FIT Natura® pouches.

The barrier is ideal for urostomates, ileostomates, and colostomates with difficult stoma pouching situations such as a retracted or flushed stoma that may be located within skin folds or creases.

To Mother's Everywhere...

*You mean so very much to me,
And I want you to know
That you are always in my heart,
No matter where I go.*

*You're always giving, always there
To help in any way;
The loving things you've done for me,
I never could repay.*

*I can't imagine what I'd do
Without the love you give.
I'll treasure your sweet heart of gold
As long as I shall live.*

Happy Mother's Day!!!

IF I HAD MY LIFE TO LIVE OVER

by Irma Bombeck

I would have talked less and listened more.

I would have invited friends over to dinner even if the carpet was stained and the sofa faded.

I would have eaten the popcorn in the "good" living room and worried much less about the dirt when someone wanted to light a fire in the fireplace.

I would have taken the time to listen to my grandfather rambling about his youth.

I would never have insisted the car windows be rolled up on a summer day because my hair had just been teased and sprayed.

I would have burned the pink candle sculpted like a rose before it melted in storage.

I would have sat on the lawn with my children and not worried about grass stains.

I would have cried and laughed less while watching television, and more while watching life.

I would have gone to bed when I was sick, instead of pretending the earth would go into a holding pattern if I weren't there for the day.

I would never have bought anything just because it was practical, wouldn't show soil or was guaranteed to last a lifetime.

Instead of wishing away nine months of pregnancy, I'd have cherished every moment, realizing that the wonderment growing inside me was the only chance in life to assist God in a miracle.

When my kids kissed me impetuously, I would never have said, "Later. Now go get washed up for dinner."

There would have been more "I love you's" and more "I'm sorry's"

*. . . but mostly, given another shot at life, I would seize every minute . . .
look at it and really see it . . . and never give it back.*

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In memory of Erma Bombeck, who lost her fight with cancer.

AVOSG Newsletter

APPLICATION FOR MEMBERSHIP

Name _____ Date _____
Address _____ M _____ F _____
City _____ State _____ Zip _____ Home Phone _____
Business Phone _____ Date of Birth _____ Ostomy Type _____
Reason for Surgery _____ Year of Surgery _____

Please consider joining the Antelope Valley Ostomy Group. To do so, please send this application with a check for **yearly dues** of **\$10.00** to **Gerri Godde, 6510 W. Avenue L, Lancaster, CA 93536**. Make checks payable to AV Ostomy Support Group. Meetings are held every other month (January, March, May, July, September and November) on the third Sunday of the month from 2:00 to 4:00 PM.

For additional information contact: Ann Wright, RN, CWOCN, CNS 269-9509 or Gerri Godde 943-3508

Where do your dues go?

- Postage for newsletters and other mailings
- Support for the Youth Rally
- Annual dues to affiliate with the UOAA
- Off-set expenses for social gatherings
- Support to Friends of Ostomates Worldwide
- **PLEASE help support us by paying your dues!!! July is dues month.**

NOTICE:

Beginning in 2007 newsletters are now available on-line! If you would like to receive your newsletter via e-mail please let me know. This could help save some postage as well as ensuring you are receiving your newsletter delivered directly to your computer! YEA!

Meeting location: Antelope Valley Home Care – 44335 Lowtree Ave. Lancaster
Directions: From J and 15th St. West take Ave. J east one block to Lowtree. Turn right on Lowtree into the business park, then the first driveway, take a right. Look for the address on the door

Donate Supplies – Friends of Ostomates Worldwide (FOW-USA)

FOW-USA collects ostomy related supplies from generous individuals, associations, ostomy chapters, and companies. If you would like to donate ostomy supplies, please send them to:

**FOW-USA
4304 Regency Drive
Glenview, IL 60025**

We need new, used, clean, current stock ostomy supplies, preferably in the original packages. Partial boxes may be combined with other partial boxes. Loose pouches and barriers should be placed in plastic bags and marked with the brand and size. We do not accept any liquid supplies or prescription medications, due to security issues. We do not accept any products that are beyond the expiration date. (Even excellent usable equipment beyond the expiration date is impossible to ship because of the extremely delicate custom rules.)