



# LIVE AND LEARN

Summer 2004

## President's Message

Hello members of the St. Louis chapter. I am writing this letter gathering my thoughts about our recent Product Fair at St. John's Mercy Medical Center, hosted by Sheila Kramer, Wound Ostomy Continent Nurse. It was informational and motivational. Peggy Nelson was our speaker, sponsored by Medical West. That was the motivational as she showed us how to live in the moment. Then for the informational, we had representatives from Coloplast, Convatec, Hollister, Cymed, Medical West, St. Louis Medical Supply, Crohn's and Colitis Foundation of America, the American Cancer Society, and the Wound Ostomy Continent Nurses among others. Thank you to all that participated and those who worked so hard to make this fair a success. I know that you were able to see what is new on the market for ostomates and see other support groups available in our area.

July 12<sup>th</sup> and August 2<sup>nd</sup> will be our next regular meetings at St. Luke's, and upcoming is the National Conference in Louisville, KY August 4<sup>th</sup> through 7<sup>th</sup>. Concurrent with the national conference the Young Adult Network, YAN, will be holding their conference. Look in the OQ for information on the conference. We had 3 winners for the free single registration contest, Martha Weaver, Paul Mollet, and Elizabeth Burris. Louisville is within driving distance, so think about attending the wonderful 4 day event.

Soon you will be hearing about our new dues system. Bill Lawson, membership chair, will explain this new change at upcoming meetings.

Mary Beth Akers will be going to California, as a counselor for the Youth Rally, in July. We are able to send several campers this year due to your generous support of our youth rally raffle. The campers will come to an upcoming meeting to tell us about their experiences at camp.

UOA makes a difference. The home office received 1,639 calls and e-mails this past year, and I have receive 22 calls in the last 2 months. These connections help us make a difference in the lives of ostomates, their partners and or caretakers.

Please have a healthy, safe and happy summer, and hope to see you in Louisville.  
Susan Burns, President UOASL

# PRODUCT FAIR RECAP

## EXHIBITORS

<i>Calmoseptine</i>	<i>Convatec</i>
<i>Hollister</i>	<i>Coloplast</i>
<i>Medical West Healthcare Center</i>	<i>St. Louis Medical Supply</i>
<i>Cymed</i>	<i>KEM Enterprises</i>
<i>Stoma Guard</i>	<i>Crohns and Colitis</i>
<i>NuHope</i>	<i>Ostifresh</i>
<i>St. Louis WOCN</i>	<i>American Cancer Society</i>

## PRIZE CONTRIBUTORS

<i>Denny's Restaurants</i>	<i>St. Louis Cardinals</i>
<i>Krispy Kreme</i>	<i>Imo's Pizza</i>
<i>St. Louis Rams</i>	<i>Uncle Bill's Pancake House</i>
<i>Harry's Restaurant</i>	<i>Panera Bread Company</i>
<i>Reiny and Doris Schulz (Famous Barr Gift Certificate)</i>	
<i>Ginghams Home Style Restaurant</i>	
<i>First Things First Foundation</i>	

## SPECIAL HONORARIUM FOR SPEAKER MEDICAL WEST HEALTHCARE CENTER

## TARA POINT BED & BREAKFAST WINNER *Father-in-Law of Paul Mollet (Member)*

## CONFERENCE REGISTRATION WINNERS *Martha Weaver, Paul Mollet, Elizabeth Burris*

## UOASL MEETING SCHEDULE for remainder of 2004

July 12

St. Luke's Hospital West, Institute of Health Education

2:00 pm Medicare What You Really Need to Know

August 2 St. Luke's Hospital West, Institute of Health Education  
7:00 pm Katie Pullman, ACS, "Did you know?"

**August 4-7<sup>th</sup> UOA National Conference in Louisville, KY  
Young Adult Conference running concurrently**

September 13 St. Luke's Hospital West, Institute of Health Education  
2:00 pm Discussion Groups-Traveling over the Holidays

October 4 Christian Hospital NE 7:00 pm

November 1 St. Luke's Hospital West, Institute of Health Education  
2:00 pm Robin Beckerly, Rep. Sterling Medical Services  
Update on Ostomy Supplies

December 6 St. Luke's Hospital West, Lower Atrium  
**6:30 pm HOLIDAY MEETING**

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#### **Rolla Satellite News**

Several members will be attending the National Conference.

For meeting dates, times, and place, contact:

Retta Sutterfield RN CNS CWOCN

Phelps County Regional Medical Center

Rolla, MO 65401

[retta\\_s@hotmail.com](mailto:retta_s@hotmail.com)

**Visitor Training Workshop will be held again this fall.  
For more info call Betsy Naeger at 314-725-4544.**

**Visit the UOA Website: [www.uoa.org](http://www.uoa.org)**

### **United Ostomy Association's Annual Youth Rally University of San Diego, California July 10 - 14, 2004**



We are happy to be sending at least 4 campers from the St. Louis area and one counselor. Look for a report from them in the next issue. It is the first time for all of the campers except one.

**For information for next year's rally call:  
Mary Beth Akers, UOASL, Youth Chair 314-522-8523**

## **JOIN UOA IN THE WINNER'S CIRCLE**



42nd National Conference  
United Ostomy Association, Inc.  
August 4-7 • Louisville, KY

Let's have a great showing from the St. Louis Chapter.  
It's as close as Kansas City, only a 4-hour drive.

**Let's form carpools!**

**Call Mary Beth Akers by June 25<sup>th</sup>.**

**Conference and Hotel Registration Deadline – July 1<sup>st</sup>.**

#### **Dues Information** Please note the following change:

All of you should have received a mailing regarding Direct Member Benefits and an explanation of the new process that will take affect in December 2004. Included is a postcard to return to the

National Office. You need to know our Chapter Number to include on the card.

### **UOA of Greater St. Louis # 105.**

Please send the card back to ensure that your membership continues to flow smoothly during this transition.

## **Want to help someone on the Road to Recovery?**

### **Drive a Cancer Patient to Treatment**

The UOASL is sponsored by the American Cancer Society. They do a lot for our local chapter. Here is an opportunity to help them in their efforts to serve all those touched by cancer. They need volunteers for "Road to Recovery" which is a service they offer to the many cancer patients who need transportation to hospitals and doctors' offices for treatment. Drivers donate their time and the use of their personal vehicles to help ensure that cancer patients get the lifesaving treatments they need. Drivers choose how often, how far, and what areas. Are you in a position to help? Call Bill Lawson for a "Volunteer Driver Contact Form" at 636-256-7703 or email him at [bill-jaci@sbcglobal.net](mailto:bill-jaci@sbcglobal.net).

## **RELAY FOR LIFE - ACS**

The American Cancer Society sponsors Relay for Life at several locations in the St. Louis Area. The walk can be done in memory of a family member or friend who has had or is currently fighting the disease. **The UOASL wants to form a team to walk at the Southwest County relay at AB Sports Center (Valley Park) on June 25, 2004. We had five members express interest at the Product Fair. We could use five more to help us meet our goal of sponsorship.** With a team, we would solicit sponsors and have someone on the track all night until dawn. Cancer survivors can register between 5:30 and 6:30 PM to participate in the Survivors' Lap at 7 PM, which by tradition is the first lap. The survivors will also receive a free T-shirt. There will be a reception with snacks provided. **Call Bill Lawson ASAP for more info. 636/256-7703.**

## **As an Ostomate, How Long Might You Live**

Well, prepare, for good news! There have been only a few long-term studies of the postoperative life of an ostomate. The findings that have been made known were mainly done during the past 10 years. What do you think is the ultimate outcome? What may an ostomate expect in terms of health and life expectancy? The studies that have been done indicate that the health of an ostomate is exactly the same as that of anyone else.

And, of more importance, there is no difference in your life expectancy from the general population. Every part of the intestinal tract works in harmony, so it might be expected that the removal of one part, such as the colon, might affect the rest. But the studies reveal no indication of this. Diseases of the intestinal tract such as gallstones and peptic ulcers are not found to be in higher incidence after ostomy surgery. There is, however, an increase in the formation of kidney stones in the ileostomate, possibly because of the increase in the absorption of certain chemicals that stimulate the formation of stones.

There is an enormous amount of data, which indicates that women with ostomies have no more problems with their pregnancies than women without ostomies. The gastroenterologist's major thrust in therapy has always been through the patient's diet. In recent years, however, it has been found that diet really has small value in most gastrointestinal conditions.

According to dietary studies, there is no one food that affects the ostomate out of proportion to other foods. To sum up, I would say that the diet of the ostomate should be a normal diet and that the outlook for his or her health is on a par with that of the population as a whole.

*L. Wruble, M.D*

**Any articles welcome for consideration:  
personal experiences, health, obituaries, find a pen pal, etc.**

Publication Deadline: August 25, 2004

Send articles to: Mary Beth Akers

8 Harneywold, St. Louis, MO 63136

314/522-8523

[marybethakers@excite.com](mailto:marybethakers@excite.com)

**For access to information on cancer 24 hours a day, call the  
AMERICAN CANCER SOCIETY**

**1-800-ACS-2345 or visit the web at [www.cancer.org](http://www.cancer.org)**

## **Know When You Are Dehydrated**

The human body is composed of more than 50 percent water. Drinking adequate amounts of water is essential for maintaining adequate blood volume and its flow to such vital organs as the brain and the kidneys. Also, it is important for maintaining optimal function in the cells of the body.

Dehydration can be defined as a significant decrease in the total water content of the body. It occurs when the rate of water intake (mostly by mouth) is lower than the rate of losing water from your body (urine, skin, lungs, gastrointestinal tract). When you lose a significant quantity of

water, you begin to develop symptoms and signs of dehydration. Some of these are non-specific, such as dizziness upon sitting or standing up from a lying position.

Why should you be worried about becoming dehydrated? The major reason is that it is important to avoid the complications of dehydration. When you become dehydrated, the volume of circulating blood decreases, and this in turn decreases the flow of blood to your vital organs.

Not only is blood flow a major problem, but as you become dehydrated, you lose water and two minerals (potassium and sodium), which are essential for optimal functioning of the body.

If dehydration is mild, you might try to rehydrate yourself by taking Gatorade or a similar drink slowly. In addition to water, Gatorade contains important electrolytes (sodium and potassium) that the body loses through vomiting or diarrhea.

When must you seek medical attention for dehydration? All situations, which indicate concern about maintaining adequate hydration, are significant. These include, but are not limited to, profuse diarrhea, protracted vomiting (unable to keep down liquids), and a very high fever. Obviously, if you develop any of the signs of dehydration, you should be concerned. Urgent attention to the problem should involve not only treating the underlying causes, but replacing the liquid and electrolyte losses with intravenous liquids, if adequate replacement by mouth is not feasible. While there are no clear cut guidelines as to when you should seek medical attention, if any of the above concerns exist, the best advice is to check with your doctor before complications develop.

It is most important for persons with ostomies to consume adequate amounts of water and not develop dehydration.

*(Michael Blume, M.D., CCFP)*

### **Ostomate's Bill of Rights (IOA version)**

It is the declared objective of the International Ostomy Association that all ostomates shall have the right to a satisfactory quality of life after their surgery and that this charter shall be realized in all countries of the world.

#### **The Ostomate Shall:**

Receive preoperative counseling to ensure that they are fully aware of the benefits of the operation and the essential facts about living with a stoma.

Have a well-constructed stoma placed at an appropriate site, and with full and proper consideration to the comfort of the patient.

Receive experienced and professional medical support and stoma nursing care in the preoperative and postoperative period both in hospital and in their community.

Receive full and impartial information about all relevant supplies and products available in their country.

Have the opportunity to choose from the available variety of ostomy management products without prejudice or constraint.

Be given information about their National Ostomy Association and the services and support which can be provided.

Receive support and information for the benefit of the family, personal care givers, and friends to increase their understanding of the conditions and adjustments which are necessary for achieving a satisfactory standard of life with a stoma.

Receive assurance that personal information regarding Ostomy surgery will be treated with discretion and confidentiality to maintain privacy.

Issued by the IOA Coordination Committee June 1993, revised June 1997

### **Urinary Tract Stones**

Via: UOA Newsletter Archives

Urinary tract stones, particularly kidney stones, have been known for many, many years. The disease manifests primarily in adulthood, although its occurrence in children is not unknown. Three times as many males suffer from the malady as females. The pain associated with the disease, i.e., the result of passing of the stones, is recognized to be the most severe known.

Heredity is one factor that contributes to the disease. If one member of a family has stones, most likely another family member will also develop stones. Age is also a contributing factor, with males in the fifth decade of life being at the highest risk.

Summer time is the "peak" season for kidney stones because

outdoor activity leads to perspiration which, in turn, may result in dehydration. Replacement of lost fluids with such liquids as ice tea or soft drinks does not adequately correct the dehydration or the tendency to form kidney stones. The ingestion (drinking) of ample amounts of water is most important to help prevent kidney stones.

Urostomates are at high risk of developing infections of the urinary tract and of kidney stones. Ileostomates who have lost large sections of the bowel are also at risk of developing kidney stones because they have difficulty with absorbing liquids and are thus subject to dehydration and consequently stones.

The currently preferred treatment for the majority of patients suffering from urinary tract stones employs shock waves, which break up the stones rapidly and with a minimum of discomfort. Usually one day in the hospital is all that is required.

As time goes by, we may see advances in the field of pharmaceuticals, which will bring us medicine, which will prevent the formation of urinary tract stones. But until such time arrives, our best defense remains drinking an adequate amount of fluids, the best being water.

### **Something to Laugh About**

**Columbus' Mother:** "I don't care what you've discovered, you still could have written."

**Michelangelo's Mother:** "Can't you paint on walls like other children? Do you have any idea how hard it is to get that stuff off the ceiling?"

**Thomas Edison's Mother:** "Of course I'm proud that you invented the electric light bulb. Now turn it off and go to bed!"

**Mona Lisa's Mother:** "After all that money your father and I spent on braces, that's the biggest smile you can give us?"

### **Tips For Swimming With An Ostomy**

Via: UOA Newsletter Archives

Allow considerable time after changing a flange before swimming (overnight is best, but at least several hours). Flanges with waterproof tape built into the flange (flexible ostomy system) work best. If not using a flexible flange, "picture frame" the flange with waterproof tape (that is, put tape around all four sides of the flange, as if you were putting it in a picture frame). Some say the pink tape is most effective. Micropore and similar paper-like tapes

can be made more waterproof by covering them with Skin Prep after they are in place. Cloth belts stretch in water, so wear a rubber belt if you wear one at all.

Swimsuits, with "busy" patterns camouflage the pouch; solid colors reveal the pouch. Skirts, bows, sashes, ties, drapes on a swimsuit can camouflage the pouch. Boxer-style trunks work well for men. A tight garment under your swimsuit can help hold the pouch in place. Try a lightweight two-way stretch panty girdle, the top part of old panty hose, biking shorts, or sew a pocket in the lining of your swimsuit to support the pouch. These are "unisex" ideas! Men can also try a pair of jockey shorts for similar support. Mini, non-drainable pouches may be more comfortable and have a lower profile under swimsuits than your usual pouching system. They may be used over and over if you rinse them out and air dry after every use. Avoid pouches with built-in filters for swimming. Water can get in, and water mixed with stool can soil your clothing. Plan ahead for swimming. Try to calculate your transit time (how long it takes food to get from mouth to pouch), and eat your meals at a time that will allow you to have the least amount of output when you plan to swim. For most people, the first few hours after getting up in the morning will be the time of least output.

## **THE BEST MEDICINE**

Via: "The Pouch" Northern VA, Chapter & Vancouver Highlife

A year or so after my ostomy surgery, ever-increasing pain in the abdominal area led me to my doctor, who diagnosed my symptoms as that of kidney stones. The urologist successfully removed the stones with a little umbrella-like instrument he inserted into my penis. I was quite recovered in a day or two. As I talked with my doctor afterwards, he said, "Do you get thirsty often?" I replied, "No."

"There's the reason for your kidney stones, he replied. "Water is essential for everyone and ostomates need more than usual because they've lost so much of their intestinal absorbing area. The best medicine I can recommend is water. When you are thirsty, don't drink just enough to alleviate your thirst. Drink a glassful and drink a glassful often. Never pass a drinking fountain without taking a drink." As I've followed his advice, I've had no recurrence of stones and have been grateful over the years for "the best medicine." Reading up on the subject, I've discovered that water not only helps us get rid of wastes, but is vital for digestion and metabolism, helps us keep cool through perspiration, lubricates our joints, moistens our lungs so we breathe better, and even helps us lose weight. Water helps to metabolize fat, and if you're not getting enough water, your body will retain what it has, thus keeping your weight up. Normal people need eight to ten glasses throughout the day and evening.

## **HEALTH CARE AND OSTOMIES**

By: Peggy Christ, CWOCN & Ed Gambrell

What do health care personnel need to know about ostomy surgery? Communication is the key. Now that you have an ostomy or an internal diversion, some changes have occurred in the normal routines of life. This is especially true of medical treatment and hospitalization. Some medical and hospital assumptions and routines applicable to non-ostomates may no longer apply to you. For your comfort, well-being and in some instances, your health and personal safety, it is important that you know how you need to be treated differently. You need to communicate this information appropriately to doctors and medical attendants who need to know. Your doctor, ostomy nurse and others who normally attend your ostomy are no doubt well-informed of the difference in treatment

you require and will help you communicate with medical personnel uninformed about ostomy matters. The fact that some health care personnel may be uninformed is quite understandable. The staffs of the thousands of hospitals in North America see relatively few ostomy patients. Few nurses and other hospital attendants have ever cared for an ostomy patient. And, many of those who have are not aware of the different types of ostomies and the special considerations each requires.

Doctors have become highly specialized to bring more expert care to patients. Therefore, many rarely have the occasion or the time to develop expertise in ostomy care, which is very much a specialty in itself. So don't be shy about communicating your condition and its special requirements to all who attend to you for non-ostomy ailments. This is for their benefit as well as your own. If strong insistence should fail to bring about understanding, you have the right to refuse any procedure you consider harmful to yourself. Dr. Marshall Sparberg, author of the excellent book *Ileostomy Care* and a frequent writer on ileostomy matters, has this to say: "It is within the individual patient's right to refuse any hospital procedure, and no amount of insistence from an uninformed individual should change this decision." Ostomies are different. One of the most serious misunderstandings is that all stomas represent colostomies, and that all colostomies are the same. This can be disastrous for the patient who has an ileostomy or urostomy. It can cause trouble for the person with a transverse colostomy when treated as a sigmoid colostomy. In addition, even those with the same type of ostomy require variations in care and treatment. Ostomies vary greatly in nature just as individuals vary. With regard to irrigation and enemas: Those with urostomies should never be given an irrigation or enema through the stoma. An irrigation could cause serious kidney infection and damage. Those with ileostomies should never be given an irrigation unless a doctor, ostomy nurse or other expert gives one to break up a blockage, or for other compelling reasons. An irrigation or enema of the small intestine may cause the ileostomate ill effects.

## **A FRUIT'S HUE COLORS ITS NUTRITIONAL VALUE**

Via: Niagara Frontier Ostomy Assoc.

The next time you walk down the produce aisle, let color be your guide; the more intense the pigment of a fruit or vegetable, the richer it is in health-promoting compounds. Blueberries,

blackberries, and strawberries pack the highest nutritional wallop, says Dr. Luke Howard, professor of food science. They owe their vivid colors to generous portions of cancer-fighting pigments. As a bonus, blackberries and strawberries also contain vitamin C. Deep green vegetables like spinach and broccoli also score high in the nutrition game, but even pale vegetables like onions contain pigments that protect against heart disease. They've also been shown to lower cholesterol and maintain a healthy immune system. Here again though, color counts: red and yellow onions have more nutrients than white ones. The same holds true for tomatoes; they get their scarlet color from lycopene, which may protect against prostate cancer, and the redder they are, the more lycopene they have.

### ASK THE ET?

This month's questions from the GB News Review & Southern MD Counties

**Question:** Do you think it is a good idea to rinse out my **colostomy** bag when I empty it?

**Answer:** I usually teach my patients the proper procedure for rinsing your pouch when emptying it, but then leave it up to you if you want to continue to rinse or not. By proper procedure, I mean rinsing the pouch up to the level of the bottom of the stoma. I find sometimes people rinse the pouch too vigorously and cause the adhesive seal around the stoma to loosen from the inside of the pouch by introducing water at the seal. Some people feel more comfortable using an opaque colored pouch and not having to worry about rinsing it at all. Again, I think it is a personal preference with what you are most comfortable with. Many people get along just fine without ever rinsing the pouch.

**Question:** When a **colostomate** who wears a pouch gets a blockage from eating too much food, should a laxative such as prune juice be taken? Should heat be applied? Would it be a good idea to irrigate?

**Answer:** When a colostomate gets a blockage, in most cases it is due to constipation caused by eating constipating foods, lack of physical activity, or use of pain medication. It is quite OK for a colostomate to take a mild laxative. The use of prune juice is an excellent suggestion. Foods with fiber, like bran, make the stools less constipating. For a person who has not irrigated, the other methods should be tried first.

### Be Careful of High-Protein Diets

High-protein diets may help you lose weight quickly, but they can also cause you to become dehydrated—A special no-no for ostomates. According to a study released by the University of Connecticut, even very fit athletes on a high-protein diet can become so dehydrated it puts a strain on their kidneys. These diets call for menus packed with steak, bacon, fried eggs, and other high-protein foods, while forbidding most carbohydrates, including potatoes, pasta, vegetables and fruit. Study author William Forrest Martin recommends a daily protein intake of not more than 2 grams per kilogram of body weight. While many dieters have hailed the high-protein diets as a sure and quick way to shed pounds, they have been assailed by the American Heart Association, which insists there is no scientific evidence that the weight will stay off over the long term. Common side effects of protein loading include fatigue, dizziness and bad breath.

Martin and his colleagues studied the effects of low-, medium- and high-protein diets on endurance runners. The more protein they ate, the more dehydrated they became. Increased protein leads to a build-up of nitrogen in the blood. "In the end, the nitrogen ends up at the kidney in the form of urea which needs to be filtered out and excreted in the urine," Martin told Reuters.

And that places an extra strain on the kidneys. Scariest still, the runners did not feel thirsty – even though their hydration levels had sunk below what is considered healthy. Bottom line: If you must go on a high-protein diet, increase your fluid intake.

(CompuServe News)

## COMPARING THE ILEOSTOMY AND COLOSTOMY

Via: Macomb CO, MI chapter & Hemet San Jacinto CA, UOA

If I am a stoma, my color should be a healthy red. I am the same color as the inside of your intestine. If my color darkens, the blood supply might be pinched off. First, make sure your pouch is not tight. (It should fit 1/16<sup>th</sup> to 1/8<sup>th</sup> inch larger than your stoma.) If this is not a solution, call your ET nurse or physician. IF it should turn black (very unlikely, but it happens occasionally), seek treatment at once. Go to an emergency room if you cannot locate your doctor. Be sure to remove your pouch for them to examine your stoma. Take extra pouches along.

I might bleed a little when cleaned. This is to be expected. Don't be alarmed. Just be gentle, please, when you handle me. If I am an **Ileostomy**, I will run intermittently and stool will be semi-solid. If you notice that I am not functioning after several hours and if you develop pain, I might be slightly clogged. Try sipping warm tea and try getting in a knee-chest position on the bed or on the floor. Have your shoulders on the floor and your hips in the air. Rock back and forth in an attempt to dislodge any food that might be caught. If I do not begin to function after about an hour, call your physician. If you cannot locate him readily, go to an emergency room. In the meantime, I might have begun to swell. Remove a tight pouch and replace it with a flexible one cut slightly larger.

If I am a **Colostomy**, located in the descending or sigmoid colon, I should function according to what your bowel habits were before surgery (daily, twice daily, three times weekly, etc.) I can be controlled, in most cases with diet and/or irrigation. This is a personal choice. There is no right or wrong to it as long as I am working well. My stool is fairly solid.

If I am a **Urinary Diversion**, I should work almost constantly. My urine should be yellow, adequate in amount and will contain some mucous. If my urine becomes too concentrated or dark, try increasing your fluid intake. IF my mucous is much more excessive than usual, I might have an infection. Please seek help. This cause needs evaluation and correction.

### IAP: The Ileoanal Pouch

**What Is an Ileoanal Pouch, Anyway?** It is an internal pouch made out

of small bowel. It actually goes by many names, such as the "J" pouch, the "S" pouch, the "Park's" pouch, and the ileoanal anastomosis.

**Who Can Have One?** The only people who can opt for an IAP are people who have or have had ulcerative colitis (UC) or familial Polyposis (FP). If your large bowel has already been removed, you may or may not be a candidate for this surgery, as sphincter muscles must still be in place. Yet, not everyone with UC or FP is recommended for this surgery. Many factors must be taken into consideration. It is best that you discuss it with your surgeon and gastroenterologist to find out if you are a possible candidate for this surgery..

**If I Am a Good Candidate and Opt for This Surgery, What Are Some of the Things I'll Have to Look Forward To?** Well, first of all, it usually requires a two-step surgery, sometimes three, but occasionally it has been done in one step. (The success rate of the one-step surgery appears at this time to be lower than the other surgeries, although at present, no statistics are available.)

The first surgery required is to create the pouch. This is the longer of the two operations. The second surgery usually follows anywhere from 8 to 18 weeks later, depending on the patient and the physician. After the first surgery, the patient has an ileostomy, usually a "loop" ileostomy. The second operation is to close the ileostomy and to return the patient to as near normal bowel movements as possible when one does not have a colon.

After closure, then what? Patients will usually find that after closure, they will have anywhere from three to eight bowel movements a day. Often they require medication loperamide hydrochloride (Imodium A-D) to ensure that proper absorption occurs and that bowel movements don't become excessive. Modifications in the patient's diet are often necessary at first and can sometimes be fairly restrictive. However, over time, the small bowel pouch adapts; more and more foods can be added and less medication is required. Many patients find Metamucil-type products very helpful in regulating absorption.

**Other Changes After Surgery?** Making other changes can be beneficial for some people – such as eating smaller amounts of food more often and restricting fluid intake while eating. Another major concern for anyone missing a large amount of bowel is to remember to drink plenty of fluids.

Although some of this may seem restrictive, most patients find the adjustment easy and are soon back to normal – or even better than normal, now that they are no longer fighting a disease.