

# UOASL 2017 MEETING SCHEDULE

[www.uoaastl.org](http://www.uoaastl.org)

*See enclosed flyer-Hang it on your fridge*

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**Any articles welcome for consideration:**

**personal experiences, health, obituaries, tested tips, etc.**

Publication Deadline February 25, 2017

Send articles to: Mary Beth Akers  
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### Mailing Information Update

**Please let Brenda Schulte know if your info changes.**

**Her address is: 115 Pine St., Old Monroe, MO 63369.**

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We would really like for you to keep getting the L&L's and postcards.

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# LIVE AND LEARN

Winter 2017

## President's Message

To All Members and Friends of UOASL,

I hope this newsletter finds you enjoying your holiday season or recovering from it as the case may be. May 2017 be an even more blessed year for each of you! It was wonderful to see so many of you at the Annual Banquet at Syberg's a couple weeks ago. The food was great, but the company was even better. We had a number of nurses and manufacturer's reps as well. It is always great to socialize with people who understand our circumstances. That is why we all continue to do what we do! Thanks to all those who brought gifts for our attendance raffle, including Jackie Kreite, Bill's wife, who made dozens of Christmas cookies and packaged them on beautiful trays. They were chosen quickly by the winners.

On November 5<sup>th</sup>, I attended a regional meeting in Arlington Heights, IL with several others from St. Louis. The weekend was yet another opportunity provided by the UOAA to bring people together to share and learn while living life after ostomy surgery. I hope many of you making plans to attend the upcoming National Conference in Irvine, CA August 22-26<sup>th</sup>. It is always informative.

November 7<sup>th</sup> was our annual Leonard Naeger Lectureship given by pharmacist Rebecca Hefele where we learned that we must carefully investigate any dietary supplements for efficacy, especially probiotics, as they are not approved by the FDA and may not be worth the cost. A few of us spoke with Dan Schneiderjohn, the new local rep for CCFA, who recommended Microbiome Solution by Robyne Chulkin MD which addresses the issue of reversing disease.

Hank Thill is recovering nicely from a fall he took on election night. He had broken ribs as well as collar bone which landed him in rehab. He is back home with Pat and planning a move to retirement community.

Please do not hesitate to call or e-mail me (636) 916-3201 or [marybethakers@excite.com](mailto:marybethakers@excite.com) with any questions.

Mary Beth Akers, President, UOA St. Louis





## Note from the Regional in Chicago

I had the best time at the ostomy convention. As a first time attendee it was an experience like no other. Everybody was super nice and I received a lot of info I did not know before. I highly recommend it for anyone that needs it. My room mates Mary and Kaytie were very helpful and so sweet. Looking forward to the Nationals in August.

Sincerely Sherry Lauderdale

## Pillow Talk

By E. McConnell, CWOCN, Snohomish Co., WA

Via Macon Rumble 9/16

Did you ever try to snuggle into a comfortable position in bed only to find that your tummy flab or pouching system seems to pull when you are on your side? Do not let it cramp your style. Happiness could just turn out to be a pillow. Try tucking one across your front and lean into it for firm support. If the pillow is too soft, first roll it like a bolster. A flat pillow placed between the legs in such a way that one end is brought up high enough to support the lower abdomen also helps to relieve or prevent any strain. If you lie on your back, try a pillow under your knees for added com-fort. If your feet get cold during the night, remember that pillows are not just for heads anymore. A soft pillow on the foot of the bed is perfect for tootsies to snuggle under. Try placing a pillow on top of you, under the sheet if you are stuck in a motel where bed clothing is inadequate for lowered temperatures—it will warm you up in a hurry. Even placing a pillow alongside your body helps. You know there are soft pillows, firm pillows, goose downs, satin jobs, king size, crib size, wedges, rings, triangles—anything your little heart desires. Movie queens surround themselves with heaps of pillows. Turks perch atop them with their legs crossed, tough guys slam their fists into them, kids have pillow fights and dogs and cats curl up and sleep on them. As people with ostomies, we started out as pillow people, one pressed firmly into our back to keep us on our sides, one under the arm with the IV in it, one clenched tightly in our arms across the incision when we were made to cough and even one under our bottoms when we painfully tried to sit up. If you have forgotten about pillows, just remember—they are a natural for people with ostomies. Try them—you might just like them.

## Myths about Ostomies Debunked

Via Pittsburgh Triangle Oct 2016

More than 750,000 Americans live with an ostomy, a surgically created opening in the body for the discharge of body waste. Whether it's because of cancer, an inflammatory bowel disease like Crohn's disease or Ulcerative Colitis, diverticulitis, or incontinence, an ostomy can give people with debilitating illnesses a new lease on life - one with fewer hospitalizations and less debilitating pain. Despite the fact that having an ostomy can be life-saving, ostomies are often stigmatized. People sometimes equate having an ostomy with disability and a sub-par life. One example of a negative public campaign-- two years ago the Cincinnati Police Department launched a public education campaign to try and deter teens from entering a life of violence. While the ultimate goal of the campaign was admirable, they attempted to accomplish it by showing pictures of people with colostomies, declaring that a gunshot could lead to an ostomy for life. "You're not killed, but you're walking around with a colostomy bag and that's just not the way to get a girl's attention," said Lieutenant Joe Richardson in 2013. The Crohn's & Colitis Foundation of America understands the importance of educating the public and supporting patients, many of who live with colostomies, ileostomies, urostomies, and continent diversions. To do so, they want to debunk some of the common myths about ostomies.

### **MYTH: An ostomy is a death sentence.**

This couldn't be farther from the truth. For many facing ostomy surgery, they are extremely ill, and the alternative to having surgery is facing fatal complications. Many patients will say that getting an ostomy gave them their life back. Stephanie, a Crohn's disease patient who had ostomy surgery in 2012, said: "Having an ostomy has given me back my life and I am able to do all of things that I've always wanted to do, but had been held back before by Crohn's disease."

### **MYTH: Only cancer patients have ostomies.**

Most people hear about patients with cancer having ostomies. However, patients with common diseases, like Crohn's disease, ulcerative colitis, diverticulitis, familial polyposis, neurogenic bladder disease, and birth defects, may require ostomy surgery at some point in their life.

### **MYTH: Ostomies are permanent for everyone.**

For some patients, an ostomy is permanent. However, for many, an ostomy is performed to allow part of the intestines to heal from scarring, inflammation, infection, abscesses, and fistulas before the procedure is reversed to create an internal pouch. YouTube sensation Rebecca Zamolo

lived with a temporary ostomy for a year to allow her body to heal after a long battle with ulcerative colitis. Recently Rebecca had her ostomy reversed and now lives with a J-pouch, an internal pouch formed from part of the small intestine.

In a note penned to her ostomy bag before her reversal surgery, Rebecca wrote: “As I head into my final surgery I am hopeful and excited for the future you have allowed me to have. And I know that if at some point I need you again, my life will still be great. So thank you Ostomy Bag for showing me how special this life is, and letting me live it to the fullest.”

**MYTH: People with ostomies stink.**

Most ostomy products are built with air filters in them that use charcoal, which neutralizes potential odors. Unless the individual has an ostomy leak, you won't be able to smell anything.

**MYTH: Only old people have ostomies.**

For years, ostomies have been associated with elderly individuals who have some form of cancer. That isn't the case - anyone, at any age, can end up with an ostomy. Take Aria - diagnosed with ulcerative colitis when she was in kindergarten, Aria was seven years old when she had a proctocolectomy (removal of her colon and rectum). Following the surgery, she lived with an ileostomy bag for two months while her J-pouch healed. She is just one example of the many young people who live with ostomies.

**MYTH: You can't dress regularly if you have an ostomy.**

If you have an ostomy, you can wear the same clothing you wore before your surgery with very few exceptions. To provide peace of mind and additional support, some ostomates may wear special accessories to help keep the ostomy in place and prevent it from showing. According to the UOAA, “many pouching systems are made today that are unnoticeable even when wearing the most stylish, form fitting clothing for men and women.”

**MYTH: You can't be physically active if you have an ostomy.**

This is also wrong. Many people with ostomies are physically active and participate in sports of all types. Rolf Benirschke played as a placekicker for the San Diego Chargers while living with an ostomy. Al Geiberger played professional golf with an ileostomy. Ostomates have completed half marathons, triathlons, and IRONMAN competitions. Ostomates can participate in any sport they want! Every year, 130,000 people in America undergo life-saving ostomy surgery. Let's take the time to educate ourselves and others about the different kinds of ostomies and begin to raise greater awareness and acceptance of ostomies to combat the misinformation and stigma that exists in our society.

## **Urostomates and Fluids –**

by Juliana Eldridge, PNET via Metro Maryland

People with urinary diversions no longer have a storage area - a bladder for urine, so urine should flow from the stoma as fast as the kidneys can make it. In fact, if your stoma has no drainage for even an hour, it's time for serious concern.

The distance from the stoma to the kidneys is markedly reduced after urinary diversion surgery. Any external bacteria have a short route to the kidneys. Since kidney infection can occur rapidly and be devastating, prevention is essential.

Wearing clean pouches and frequent emptying are vital.

Equally important is adequate fluid intake, particularly fluids which acidify the urine and decrease problems of odor. In warm weather, with increased activity or with a fever, fluids should be increased to make up for body losses due to perspiration and increased metabolism.

It's important to be aware of kidney infection symptoms:

- Elevated temperature
- Chills
- Low back pain
- Cloudy, bloody urine
- Decreased urine output

All ileal conduits normally produce mucus threads in the urine which give it a cloudy appearance. Bloody urine is a danger signal. Thirst is a great index of fluid needs. If you are thirsty, drink up. Also develop the habit of sampling every time you pass a drinking fountain.

Important...If urine is collected for urinalysis, called C & S, sterile specimen, checking urine for infection, etc., be sure the doctor and nurse know a sterile specimen must be taken from the stoma directly and not from the pouch. Bacteria build up in the pouch immediately and will give false test results. If the medical staff are not sure how to do this, do the following:

- Remove your pouch
- Clean the stoma
- Bend over
- Catch the urine in a sterile cup
- If there is a slow flow of urine being expelled, drink a glass or two of water...the kidneys will work.

Urostomates who do not use a night drain run a big risk of puddling and the backing up of urine into the conduit up to the kidneys. This may cause irritation but also serious infection.

## Four Not So Common Reasons for Ostomy Surgery

www.ostomyconnection.com

The word "ostomy" is slowly becoming familiar in the media, but still very misunderstood. You may know people suffering from Inflammatory Bowel Disease (IBD) or colorectal cancer who require a temporary or permanent ostomy as part of their treatment, however there are other illnesses in which ostomy surgery may be needed. Here are four not so common reasons some patients require ostomy surgery:

### 1. Familial Adenomatous Polyposis

Familial adenomatous polyposis (FAP) is an inherited condition in which numerous adenomatous polyps form mainly in the epithelium of the large intestine. While these polyps start out benign, malignant transformation into colon cancer occurs when left untreated. According to an article from the National Center for Biotechnology Information, "Surgical management of familial adenomatous polyposis (FAP) is complex and requires both sound judgment and technical skills. Because colorectal cancer risk approaches 100%, prophylactic colorectal surgery remains a cornerstone of management." Patient advocate and blogger, Jenny Jones writes about her diagnosis with FAP, ileostomy and reversal straight pull through surgery her Life's a Polyp blog.

### 2. Colonic Inertia

Colonic Inertia (also known as slow transit constipation) is a motility disorder that affects the large intestine (colon) and results in the abnormal passage of stool. It is a rare condition in which the colon ceases to function normally. A study from the NCBI shows, "Patients with severe constipation due to colonic inertia who remain symptomatic after extensive medical therapy or partial colonic resection have occasionally been treated with ileostomy as a last resort."

### 3. Chronic Intestinal Pseudo Obstruction

Intestinal pseudo obstruction is a clinical syndrome caused by severe impairment in the ability of the intestines to push food through. It is characterized by the signs and symptoms that resemble those caused by a blockage, or obstruction, of the intestines.

The National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK) explains, "...when a health care provider examines the intestines, no blockage exists. Instead, the symptoms are due to nerve or muscle problems that affect the movement of food, fluid, and air through the intestines." Sara Gebert was diagnosed with Chronic Intestinal Pseudo Obstruction (CIPO) and Gastroparesis which required her to have ileostomy surgery in December, 2014. To raise awareness for CIPO she created Sara's

Army, a nonprofit organization created to fund her own medical treatment as well as research towards a cure for this disease.

### 4. Hirschsprung's Disease

Hirschsprung's disease (HD), also called congenital megacolon or congenital aganglionic megacolon, occurs when part or all of the large intestine or antecedent parts of the gastrointestinal tract have no ganglion cells and therefore cannot function. It is a disease of the large intestine that causes severe constipation or intestinal obstruction. According to the NIDDK, "People with HD are born with it and are usually diagnosed when they are infants." As a result, "some children with HD can't pass stool at all, which can result in the complete blockage of the intestines, a condition called intestinal obstruction." Thousands of people fell in love with 2 year old Jameus after a post from his mom, Dallas Lynn went viral on Facebook. The family documents his journey to raise awareness for Hirschsprung's Disease.

Editor's note: If you like to read current articles and personal stories, go to [www.ostomyconnection.com](http://www.ostomyconnection.com) and subscribe to their newsletter. It is free and you will receive emails frequently with links to stories like the one above.

Macon Oct 18, 2016

### Stomal Prolapse

Diane Kassner, RN, MS, ET, Baltimore, MD;  
via UOAA Update, June, 2014

Prolapse is a relatively frequent stomal complication (affects up to 14 percent of all ostomates) defined as the excessive protruding of the bowel out of the abdomen. The piece of bowel that protrudes may often be as long as 15 cm (6 inches) and as wide as 7.5 cm (3 inches). If your stoma prolapses, you should remove your pouch, so that the bowel has space without being constricted. Apply a cool compress. If this is the first time you have prolapsed, call your physician or WOCN nurse immediately. If you cannot get in touch with a WOCN and especially if your drainage has stopped, it would be wise to go to the emergency room at your local hospital. If your stoma has prolapsed before, you may have been taught by the physician to "reduce" your stoma and you should try to do so.

## 5 Ways Ostomy Surgery Can Affect Mental Health

By: Stephanie Horgan, LCSW via OSTOMY CONNECTION

### The Psychological Impact of Ostomy Surgery

Every ostomate is different and not one size fits all for the emotional/mental aspect either. Some find a stoma life-saving, and for others it is devastating. Some people have strong social supports and some people are isolated. The goal is to be true to your own experience and not compare yourself and acknowledge that it takes time to heal physically and emotionally. Research professor and author Brene Brown says, "Owning our story and loving ourselves through that process is the bravest thing that we will ever do."

#### 1. Disclosure

Think back to when you first got your stoma. Do you remember how you explained it to people? Everyone is different in the level of disclosure they feel comfortable with, and that is okay. When you are ready to disclose, start small, and potentially share it with other ostomates and close family or friends. Rehearse explanation for acquaintances or colleagues. Have a way to deflect intrusive questions like "I don't really like talking about it a lot, I just wanted you to know the general idea." It is sometimes helpful to start by asking whoever you are telling if they've ever heard of an ostomy. Your ostomy does not have to define you, and it's your choice of who you tell. However much you choose to disclose is up to you, but it can be harder to hold it in and have anxiety about keeping a secret from others.

#### 2. Social Anxiety

It is very common for ostomates to have anxiety about accidents, odor, or noise. Although there are some pieces outside of your control, there are very concrete ways of decreasing this anxiety. Be prepared with an extra set of clothes and spare supplies. Control the pieces you can like diet, odor-reducing products, finding the right pouching system, and clothing you feel confident in. Activities and sports should not be impacted. According to most experts, patients should be able to resume normal activities, but use caution in the case of high contact sports until approved by your physician. There are protective products, undergarments and belts for extra support. Also, emptying the bag before activities and locating bathrooms around the activity decreases anxiety. Eating and diet can be tricky. Everyone is different so ask your doctor or ostomy nurse about their recommendations. Add new foods in gradually. For specific advice, meet with a nutritionist.

#### 3. Dealing with Loss and Grief

There is a strong mind body connection – when your health is affected, your mental health is impacted. There are many different phases of grief and

adjustment to having an ostomy. There's a very real loss of a natural body function of being able to control when you poop. This loss is not minimized even if the ostomy saved your life. This loss is sudden and significant and makes ostomates feel different or separate from others. Some studies draw parallels to amputees, except ours is a hidden amputation. All sorts of emotional reactions can come up: Shock (unable to process), fear, sadness, denial, retreating/minimizing, anger, bargaining, depression, acceptance, apathy, bitterness. All of these reactions are normal. Important thing is to have places to express your feelings such as a support system, therapist, journal, or online community. Don't underestimate the mental and emotional impact. Be open to getting help and receiving support and acceptance from others. Support groups are a wonderful way for patients to share experiences and gain encouragement about their situation. It is also a place to feel normal and to swap ideas. Tell your story. Talk to others, write a blog, journal it. Ultimately, it's normal to have the thoughts of "Why Me?" but those can get patients stuck. Once you are ready to move forward, instead of focusing on things you cannot control, focus your energy on steps you can take to improve your quality of life.

#### 4. Body Image and Self-Esteem

Appearance changes can cause feelings of inferiority, disfigurement, loss of femininity, feeling alienated from your body, or feeling angry at your body. Losing a function like being able to control pooping or passing gas can change your self-concept. Reframe your perspective- What did you lose by getting a stoma? What did you gain? Realize the lack of options you had and how severe the illness was that you had to do this. Appreciate that you get another chance at life and reconsider your life priorities. Change your perspective of yourself from victim to fighter/survivor. Define yourself and live out your purpose. An ostomy is just one small part of you- it doesn't define you. Embrace your scars, they tell your story of what you have overcome and are your battle wounds, so be proud! Stop believing in the media's version of beauty and look for beauty all around you. Cut out media that is clouding you with unhelpful messages (like TV, magazines, music). Write messages of affirmation and put them around house or in your phone as reminders. What messages do you believe about your body or tell yourself when you look at your stoma? It's important to challenge unhelpful messages.

#### 5. Sexuality and Disclosure

One thing I hear a lot with ostomy patients is the stress about when to disclose your ostomy if you are single and dating. In my opinion, the earlier the better, but definitely once you are approaching intimate moments, you'll

need to bring it up. Honestly, it's a good test. A good partner will truly be with you for you, not for how you poop. Disclose using simple language and don't get too technical. Emphasize why you chose it and what it did positively for you. Your partner will most likely take their cues from you. If you portray it as a devastating and sad, they may be concerned. If you portray it as positive and life-saving, they may not think twice about it. It is important to have an ongoing open dialogue with your partner as they may have questions or concerns. Talk through expectations for sex and make sure to ask for what you want and need. It can be helpful to talk about your fears and hopes regarding sexuality. Wearing waistline wraps can decrease anxiety such as emptying your pouch before intimate moments, and there's also ostomy lingerie that can make people feel more comfortable. Check in with yourself about your sexual desire. Low self-esteem, medications, or mood disorders can decrease this so it's good to talk about this with your doctor or therapist. Experiment with different sexual positions, and have patience and humor as you do this. Allow yourself to be touched and held as is comfortable, even if you don't feel sexy. Your biggest sex organ is your brain! Identify thought patterns that are not helpful during your intimate moments.

### **A great story that needs to be shared!**

Via Sacramento, Placerville, and Carmichael CA October 2016

"Just spent 2 hours with an elderly man at Kroger. It started with me just smiling at him, making eye contact.... As I walked past him he looked like he needed something. I went back and asked him if I could help him. Tears welled up in his eyes and he said, 'I have colon cancer and I have had a really bad accident, if I get up out of this cart everyone will know ... What should I do?' The look of his dignity lost left me with a lump in my throat. From that moment on, Kroger staff quickly fetched us wipes, undergarments and discreetly took him to their employer bathroom area where he was given clothes. He cried and apologized. He said he had to hurry as his wife was at home alone. When we walked to the register we found his groceries all bagged and somehow paid for. He cried harder. He said he fought in Vietnam and Korean War and loved his country, but up until today he said he thought his country forgot about him. We both cried and I shared with him my own struggles and fears... He gave me words of wisdom and encouraged me that maybe after all, humanity still does care about one another. Today proved it. Thank you Elmer, thank you Kroger and thank you God for the lesson and reminder I received today."#LoveWhatMatters  
Credit: Lisa Lemming

## **Reality ET: Dietary Considerations after Ostomy**

By Mary Lou Boyer, BSEd, RN, CWOCN Via UOAA Update

### **Fear Factor Diarrhea**

What is normal? What is diarrhea? Diarrhea is having more liquid stools occurring more frequently than normal. It is caused by illness, stress, certain medications (e.g., antibiotic therapy, antacids containing magnesium), environmental factors, certain foods, chemo or radiation therapy

**Foods that may cause diarrhea or loosen stool are:** green beans, broccoli, cabbage, spinach, raw vegetables, raw fruit, milk, beer, excessive coffee or other caffeinated beverages, fruit juice, prune juice, grape juice, chocolate, licorice, large amounts of candy, diet candy containing sorbitol, large meals, and high volume of fluids with meals.

**Foods that can thicken stool or slow diarrhea are:** applesauce, boiled white rice, ripe bananas, creamy peanut butter, tapioca, bread, weak tea, mashed potatoes, oatmeal, cheese, yogurt, pasta, pretzels, ginger snaps, boiled milk, cream of rice, and marshmallows.

It is very important to realize that you cannot slow or stop the bowel or bladder from working by not eating or drinking. If you have a colostomy and usually irrigate, stop irrigations until diarrhea subsides. Use a drainable pouch. Diarrhea can lead to severe dehydration and should be taken seriously. Return to a low residue diet while having diarrhea and try to prevent dehydration by replacing fluid and electrolytes. Contact your doctor if diarrhea persists.

**Replacing Fluids and Electrolytes:** A rule of thumb is to drink a glass of replacement fluid each time pouch is emptied. Try replacement drinks such as sports drinks, fruit or vegetable juices (V8), broth, or Cera Lyte. Electrolytes (sodium and potassium) are lost when the body loses a lot of water. Foods containing potassium are orange juice bananas and tomato juice. If diarrhea is caused by antibiotics or bacterial imbalance, replace the normal intestinal flora (bacteria) with yogurt, buttermilk, acidophilus, or VSL#3.

### **Fear Factor Dehydration**

Dehydration occurs when you are losing more fluid than you can take in. It can result from: prolonged diarrhea, vomiting, excessive sweating from fever, hot weather or exercise. No matter whether or not you have an ostomy and no matter what type of ostomy you have you can get dehydrated.

**Signs and Symptoms of Dehydration:** Dry mouth, excessive thirst, abdominal cramping, low urine output, dry skin, fatigue or tiredness,

headache, cramping or tingling sensation in hands or legs, muscle cramps, sunken eyes, nausea and vomiting, dizziness, feeling faint, shortness of breath or confusion.

**Dehydration: What To Do:** Increase your fluid intake, especially electrolyte replacement fluids such as Gatorade, Cera Lyte, soups, bouillon, or tea. Eat low residue foods that help slow stool output. Replace potassium with bananas or orange juice. Use a little extra salt on your food to replace sodium. Contact your physician who may want to start you on anti-diarrheal medications.

Try this recipe for homemade electrolyte replacement: 1 tsp salt, 1 tsp baking soda, 1 tsp white Karo syrup, 16-ounce can frozen orange juice, Add water to make one quart, mix well.

#### **Fear Factor Food Blockage**

A food blockage is an intestinal obstruction caused by eating high fiber foods too quickly or in large amounts. It is characterized by: cramping, abdominal pain, a thin watery output or flow of waste which may stop completely, increased odor of stool, abdominal swelling, stomach area swelling and/or vomiting.

**Foods that may cause a blockage (high fiber foods) are:** celery, coconut, corn and popcorn, Chinese vegetables, dried fruits, foods with skins / peels, nuts, mushrooms, raw fruits, raw vegetables, seeds or kernels, meats with casings (skins), coleslaw, shrimp, lobster, oysters, clams, mussels, or other shellfish.

**What to do if you have a blockage:** Try taking a warm tub bath to relax abdominal muscles. Gently massage abdomen or around stoma area. Lie in a knee-chest position. If your stoma is swollen, remove your pouch and replace it with a pouch with a larger stoma opening. If you are able to tolerate liquids, increase fluid intake by sipping small amounts at a time. Gulping fluids too rapidly may push food mass more tightly together.

**Notify your physician if:** Your blockage symptoms persist; You are unable to tolerate or replace fluids; or if the signs and symptoms of fluid and electrolyte imbalance occur.

**Tips to Help Avoid Blockage:** Avoid high fiber foods for two weeks after surgery. Add high fiber foods to your diet one at a time. Chew food well to make it easier to digest. Avoid swallowing large bites of meat or vegetables. Remove skins of fruit if you are prone to blockage. Anything too tough to cut is probably too tough to eat. Corn kernels on the cob can be slit with a serrated knife before eating. Juice fruits and vegetables in a juicing machine. Consider taking a whole food concentrate such as Juice Plus+®.

**Maintaining Health and Wellness:** "Diet Talk" is everywhere. Be careful with fad diets and fad foods. Eat a well rounded diet. Moderation is the key. Natural vitamins are more beneficial than are artificial. Make sure supplements are readily absorbed. Be careful with herbal preparations. Take only medications prescribed for you. Tell your pharmacist, dentist and any physician that you have had bowel resections so they can prescribe or dispense the right kind of medication for you.

#### **VISITING SERVICES**

Upon request from you, a Doctor, a Nurse, or an Enterostomal Therapist (Wound Ostomy Continence Nurse): A **VISITOR**, who has been specially trained will be sent to visit an Ostomy patient, either Pre-Op or Post-Op. The visitor will be chosen according to the patient's age, sex and type of Ostomy. There is **NO CHARGE** for this service and **WE DO NOT GIVE ANY TYPE OF MEDICAL ADVICE**. We only show the patient that his/her operation is not the end of the world, but a **NEW** pain free beginning to life again. Call Betsy at 314/725-1888.

#### **It's a Matter of Sharing**

-- Ostomy News Review, Green Bay, WI

I know a man, a colostomate, when asked why he didn't join the ostomy chapter said, "I've adjusted just fine. I don't need the group." His complacency set me back a bit. I thought it over. So, maybe he doesn't need the chapter—whatever that means. But the group needs him and others like him—well adjusted ostomates who walk around flat-tummied and non-odorous. Of course, I'm not talking about after-shave or perfume. An ostomy chapter is not a "half-way house" sort of thing. We don't get together to feel sorry for ourselves, to talk exclusively about the "fun and games" of our various operations. We get together because we want to help each other or maybe to get some help with some little problem that's been bugging us. Something our doctors can't answer but another ostomate may. We want to prove to all those non-believers—oops, guess I'd better call them skeptics—and non-ostomates who may think an ostomy is the end of the world—well, it's not. In most cases, it's the beginning. We are alive because we are ostomates.



