

Triangle Ostomy Association Membership Application

Name _____ Today's Date: _____

Spouse's Name _____

Mailing Address _____

Phone Number: _____

Email: _____

[] I would like to receive the newsletter by email

I have a Colostomy _____ Ileostomy _____ Urostomy (Ileal conduit) _____

Other _____ Year of Surgery _____

I am not an Ostomate, but would like to be a member and support the organization _____

I cannot afford the dues but would like to be a member _____ (Confidential)

We welcome for membership ostomates and other persons interested in the in this group and its activities and appreciate the help they can provide as members. To join, complete the above form and send it with a check or money order for \$20.00 made out to Raleigh Chapter of UOA Mrs. Ruth Rhodes, 6616 Rest Haven Drive, Raleigh, NC 27612-2167.

Dues cover membership in the local chapter, including a subscription to the local By-Pass publication.

6616 Rest Haven Drive
Raleigh, NC 27612-2167



NEXT MEETING: October 2, 2007

SPEAKER: Convatec Rep, Bob Phillips talks about great NEW products!!!!



The By-Pass

Triangle Area
Ostomy
Association

October 2007



President's Message:

Hi Everyone and Happy Halloween,

I'd like to thank everyone for your outpouring of support for the September kick-off meeting. What a turnout!!! It was one of our largest meetings to date. And what a meeting it was. We started with some delicious pizza followed by one of Ruth's wonderful salads and topped off by sweet treats furnished by Bonnie.

Jennifer was the topic speaker and gave us a colorful slide presentation of her experience at the UOAA conference in Chicago. That was followed by Jane and Leanne giving us an update on their pouch wear-time project. It all was very interesting and gives us an opportunity to think about the next conference in "N'awlins" in 2009. Quite an adventure to look forward to.

Also, I want to give a big round of applause to our guests who graced us with their presence. Robert and Linda Knowles, Milton and Noreen Price and Joanna Burgess. Thank you for taking the time to join our special family and I hope to see you for this meeting and many more. You are very special to us.

Plus, I would like to thank some of our long time members for coming back and sharing some of their experience, strength and hope with us. What a wonderful site to see all of you showing the world how good life is for us.

Also, I would be remiss if I didn't mention the generous offer made by one of our dear members Ms. Anna Holmes. She has graciously offered to make a donation to our wonderful group. She is involved in fund raising for the Veteran's of Foreign Wars and next spring will be presenting it to us. Anna thank you so much for your generosity. It embodies the spirit of your fine cause and reinforces your dedication to help deliver the message to other ostomates. Thank you so much. We are blessed to have you among our membership.

Lastly, I hope you all will be at the next meeting. We are having the Convatec representative show us the latest and greatest ostomy products from his fine company. As you know Convatec has been a select vendor partner with the Triangle Area Ostomy Association for many years and we look forward to his visit.

So I hope you will find your way back to Rex on Tuesday the 2nd at 7:30 and join us for more ostomy fun and fellowship.

Yours in service.....Dan

MISSION of the Triangle Area Ostomy Association:

The mission of our organization is to assist people who have or will have intestinal or urinary diversions: including a colostomy, ileostomy, urostomy, and continent diversions including j-pouches. We provide psychological support, educational services, family support, advocacy and promote our services to the public and professional communities.

MEETING INFO:

Meetings are held the first Tuesday of each month (except July and August) at 7:30 PM in the **Rex Surgical Center Waiting Room, 4420 Lake Boone Trail, Raleigh, NC.** Enter through the Rex Hospital Main Entrance, which is near the Parking Garage.

REMINDER:

In the event of inclement weather on the day of a scheduled meeting, please contact Rex Healthcare at 919-784-3100

DISCLAIMER

Articles and information printed in this newsletter are not necessarily endorsed by the Triangle Ostomy Association and may not be applicable to everybody. Please consult your physician or WOC Nurse for medical advice that is best for you.

RALEIGH AREA OFFICERS AND CONTACT INFO:

| | | |
|---------------------|-----------------|--------------|
| President: | Dan Wiley | 919-477-8363 |
| VP / Editor: | Jennifer Higdon | 919-553-4770 |
| Secretary: | Bonnie Sessums | 919-403-7804 |
| Treasurer | Ruth Rhodes | 919-782-3460 |
| Past President: | Kathy Bong | 919-303-6475 |
| Webmaster: | Ed Withers | 919-217-9218 |
| Member Support: | Susie Peterson | 919-851-8957 |
| | Alison Cleary | 919-387-3367 |
| BOD/Member Support: | Shirley Peeler | 919-787-6036 |
| | Donald Meyers | 919-781-0221 |

Website: www.RaleighUOA.org

New Email: TriangleUOAA@EmbarqMail.com

Ten Commandments for the New Ostomate

By Anita Price, ET UOAA UPDATE SEPT 07

1. There is no answer for “why me?” but it is normal to ask and you do need to work through this and other questions.
2. Stomas change in size and shape the first few months. The initial stoma swelling will decrease and your stoma diameter will decrease. Check the size of your stoma with a measuring guide each pouch change until the size stabilizes to its permanent size.
3. Each person’s ostomy is different, even as our fingerprints are different.
4. Support and information from someone who has an ostomy can be helpful. Ask your doctor or ET to arrange for an ostomy visitor.
5. It is your ostomy. Learn to manage your ostomy and do not let your ostomy manage you. It is normal for your new ostomy to be the center of your existence. However, with time and practice your ostomy and its care will become just a normal part of your daily life.
6. Fundamental management techniques can be learned. New experiences and problems that develop must be met and managed as they occur. As you learn and practice these new skills, you will become comfortable with your ostomy care. Do not confuse accidental leakage or spillage with what is normal.
7. One of the most important goals for healthy living is good nutrition. The difference in having an ostomy and setting your nutritional goals is that you need to take information provided for the general public and adapt it to your needs, keeping ostomy management in mind.
8. You are not alone! Surgeons make at least 65,000 ostomies every year. One out of 500 persons has an ostomy and over two million of us make up almost one percent (1 percent) of the U.S. population.
9. You’re alive! You will get better and stronger as you recuperate from surgery. Give yourself time to get over your surgery and to adjust to this body change and adapt yourself to your ostomy.
10. Share what you have learned with another new ostomate, with your family, friends and others. It is up to you whom you tell that you have an ostomy. As you grow accustomed to living with an ostomy, there will be opportunities to help others along the way.

 **WOC NURSES**Wake Medical

Leigh Ammons 919-350-5171
Melanie Johnson 919-350-5171
Leanne Richbourg 919-350-6462

UNC Hospital

Jane Malland 919-843-9234
Barbara Koruda 919-843-9234

Durham Regional

Tom Hobbs 919-470-4000

Duke

Jane Fellows 919-681-7743
Michelle Rice 919-681-2436

Duke Health Raleigh Hospital

Krys Dixon 919-954-3446

Maria Parham Hosp.

Kathy Thomas 919-431-3700

Durham VA Center

Mary K. Wooten 919-286-0411

Rex Hospital

Ann Woodruff 919-784-2048

 **CROHN'S & COLITIS
FOUNDATION OF AMERICA****SUPPORT GROUP**

Date: Third Monday of every month
Time: 7:30 pm – 9:00 pm
Place: Rex Healthcare, surgical waiting room
Contact: Reuben Gradsky
reuben513@yahoo.com



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Factors that Affect Ostomy Function

UOAA UPDATE SEPT 07

Ostomy function may be changed by a variety of medications and medical treatments.

The following are examples:

Antibiotics—These often cause diarrhea, even in patients without an ostomy. Make sure your doctor knows about your ostomy, and inform him/her of problems as they occur. Drink plenty of liquids that will help maintain your electrolyte balance if diarrhea strikes.

Pain Medications—These are often constipating. Extra irrigations or laxatives or stool softeners might be required for colostomates to combat the side effects of pain medications. Perhaps the dosage of pain reliever may be reduced to eliminate the situation. Again, be sure to drink plenty of liquids.

Chemotherapy—Many cancer patients have follow-up chemotherapy after surgery or as an alternative to surgery. That often produces nausea and/or vomiting. You need to drink fluids that help you maintain your body chemistry balance.

Radiation Therapy—This often produces the same effects as chemotherapy.

Travel—Travel may cause constipation in some people and diarrhea in others. Be aware that these are possibilities. Altered diet when traveling accounts for some of this, plus the excitement of new surroundings. Allow sufficient time for irrigations and take along an anti-diarrhea medication. (*Check with your doctor before taking any medications.*)

Antacids—Some types of antacids may cause diarrhea—usually those with magnesium. There are many fine new products on the market. Find out which is best for you.

Drink plenty of liquids. You need to maintain your electrolyte balance in case of diarrhea. Tea, orange juice and even Coca Cola are sources of potassium. Bouillon cubes mixed in hot water are a source of sodium. Remember that some of the signs of electrolyte imbalance are irritability, nausea and drowsiness.

IN LOVING SYMPATHY

To all our dear members and friends,

It is with sadness I report the passing of one of our members, Rachel Ward. She passed away from medical issues unrelated to her ostomy. She was unable to attend any meetings but was in touch with Jennifer Higdon and Dan Wiley for some phone conversations. We have mailed a card to her husband Alva Ward on behalf of our organization. Additionally, he has offered our group her left over ostomy supplies which we will be sending to FOW Worldwide.

Push the Skin—Don't Pull the Tape!!

UOAA UPDATE SEPT 07

Damaging the skin around a stoma (or anywhere else), is asking for infection. Don't peel your pouch away from your body. Hold the edge of the adhesive sections or tape, and PUSH THE SKIN AWAY FROM THE TAPE.



Take a good look at what is happening when you pull tape. The tape is pulled upwards, dragging the skin with it until it is pulling hard enough to break loose. It even looks painful. (Sometimes the skin breaks before the tape comes loose.)

Now look at what happens when you push the skin away from the tape. It doesn't hurt, the tape is separated from the skin gently and the outer layer of skin remains intact. People who think yanking it fast is best ought to take a good look at the skin afterwards. It is usually red and irritated.


If you have a leak, digestive enzymes in the discharge will excoriate your damaged skin quicker and deeper than if your skin is ok or protected with some sort of skin preparation. The farther away from the rectal area the stoma is in your intestines, the stronger the digestive enzymes in the discharge (leak), and the sooner your skin can become excoriated. Pulling the tape off the skin can do great damage. It is extremely difficult to keep a pouch on an oozing surface. Learn to treat skin gently.

In a nutshell, when removing tape, push the skin away from the tape, do not pull

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*Patent Pending

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Tips Of The Month! Tips Of The Month! Tips Of The Month!

From SGVMedical.com

1. Drinking orange juice or cranberry juice can help control colostomy and ileostomy output odor - as well as eating parsley!
2. For those travelling with a Urostomy it may be helpful to connect the urostomy pouch to a leg bag for added capacity.
3. Lengthy sitting in one place can force the pouch contents upward around the stoma and cause leakage. Getting up occasionally will help.

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Medical Humor

UOAA UPDATE SEPT 07

A man comes into the ER and yells, "My wife's going to have her baby in the cab!" I grab my stuff, rushed out to the cab, lifted the lady's dress, and began to take off her underwear. Suddenly, I noticed that there were several cabs and I was in the wrong one.
Submitted by Dr Mark MacDonald, San Antonio, TX.

At the beginning of my shift I placed a stethoscope on an elderly and slightly deaf female patient's anterior chest wall. "Big breaths", I instructed. "Yes, they used to be", replied the patient.
Submitted by Dr. Richard Byrnes, Seattle WA

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Powder

By Karen Schankweiler RNET UOAA UPDATE SEPT 07

Powder is used to treat irritated skin or a fungal infection. Yeast (fungal) infections are very common, especially in the summer or when you perspire from regular exercise.

Micro granulated antifungal powder is used only when there are signs of a yeast infection present; i.e., an itchy rash, raised red bumps. Discontinue use when the fungus infection clears.

Powders with a pectin base—like Hollihesive or Stomahesive—or karaya type powders are used to treat irritated skin.

To apply any powder: Clean the peristomal skin well with plain water and dry. The skin should be completely dry before applying the powder. Dust the skin with the powder, gently rub it around and then brush off any excess. The barrier can be applied directly over the powder. You may also seal-in the powder by applying a skin sealant over the powder and allowing it to dry. Be careful...skin sealants retard the adhesion of the new extended wear barriers and are not recommended. The barrier is applied over the sealant covering the powder.

Powder is not needed routinely. Most modern, disposable barriers are designed to adhere to the skin by themselves. But keep some powder on hand for when you do need it.



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IT'S THAT TIME OF YEAR AGAIN, MEMBERSHIP DUES ARE DUE!

If you missed the meeting last month, then please read the following information:

Dear Chapter Member: It is time to renew your chapter membership for the Triangle Ostomy Association. Your dues help us to provide chapter services and programs such as newsletters, meetings, a patient visitation program, etc. to serve patients and their families in our community.

Please pay at the October 2, 2007 meeting or if you won't make it, then mail your check made payable to: Raleigh Chapter-UOA to Mrs. Ruth Rhodes, 6616 Rest Haven Drive, Raleigh, NC 27612-2167. Call Ruth with any questions at 919-782-3460

*****Please fill out form entirely so we can crosscheck
the information with our records.*****

Statement/Invoice for Dues: September 2007-August 2008

Date: _____

Dues Amount: \$20.00



Member name: _____

Spouse/family member name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Email: _____

Type of ostomy: _____ Year of surgery: _____

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**MINUTES OF THE September 4, 2007
MEETING OF THE TRIANGLE OSTOMY ASSOCIATION**

President Dan Wiley opened the September meeting, the first meeting of the 2007-2008 "ostomy season", of the Triangle Ostomy Association at 7:45 PM in the Rex Surgical Center waiting room. 36+ members and guests, including Ann Woodruff, WOC nurse from Rex, Jane Fellows, WOC nurse from Duke, Leanne Richbourg, WOC nurse from Wake Med, and Stephanie Yates, Nurse Practitioner at the Wound Management Institute at Duke, enjoyed a pizza party! Dan, Ruth Rhodes, Treasurer, and Bonnie Sessums, Secretary, provided pizza, salad, sweets and beverages. Dan thanked all of the officers for the great jobs they have done for the past few years. He then introduced some past members who have not attended meetings for a while, some first time attendees and Tom Rinkacs, the tri-athlete who was visiting from Laurinburg. He also welcomed Betty Martin whose husband, David, a member of the TOA, is a resident in an assisted living home. We appreciate Betty's continued support and participation in our group. Dan welcomed everyone and expressed our sympathy to Ruth Rhodes for the death of her mother and read Ruth's thank-you note to the group for the flower arrangement we sent to the funeral in Greenville, NC. Dan also expressed our thanks to Ann Woodruff for Rex Hospital's continued support by making copies of our newsletter for mailing and the use of the waiting room for our meeting.

Dan explained that the Raleigh group sponsored a booth at the UOAA National Conference for Jane Fellows and Leanne Richbourg for a survey regarding ostomy pouch wear time. He then introduced Jennifer Higdon, Vice President as our guest speaker.

Jennifer reported that the boy, Jacob, who we had sponsored to Youth Camp, had not been able to attend due to surgery. She stated that we sponsored another boy and more information regarding his experience would be reported in the future.

Jennifer showed us wonderful slides from her experience at the UOAA National Conference in Chicago in August. 500 people attended this event and she met fellow ostomates from all over the world. The theme of the conference was "It's all about the A" referring to the added "A" in "UOAA" (previously UOA), however, Jennifer said she thought it should have been "It's all about you" meaning the members of our support group, officers and WOC nurses without whom we would not be there. She attended a Hollister cookout and tour of the Hollister plant as well as a pep rally to motivate attendees! Her slides

Minutes continued from page 6

also included Coco the Colossal Colon, the IBD Quilt, the 2008 Colondar, Jane and Leanne's booth and the Friends of Ostomates Worldwide booth. Jennifer also attended the ConvaTec Banquet, the NuHope Fun Run and many workshops including Affiliated Support Groups Leadership Workshop, Overcoming Negative Thoughts, Sexual Function after Surgery, Ostomy Pouching Management, Ask the WOC, Coping with Psychosocial Aspects, Staying Motivated, Ask the Pharmacist, Conquering Skin Complications, and How Foods Affect your Ostomy. Jennifer also attended the YODDA group, Young Ostomates and Diversion Alliance of America. She told us many interesting things she had learned from the conference and encouraged everyone to mark their calendars for August, 2009 for the next UOAA National Conference. Watch for more information and tips in future newsletters. Thank you Jennifer for an inspiring program and for representing us in such a special way at the conference.

Jane Fellows reported on the booth she and Leanne manned at the conference and gave us a brief report of their survey findings. Out of 527 surveys the average wear time was 4.88 days. The participants included 45% ileostomates, 36% colostomates, and 19% urostomates ages 20-96 years with an ostomate who had had an ostomy for 62 years as well as a number of ostomates who had had ostomies at least 50 years. The second part of their survey was passed out among members. This survey deals with what factors affect wear time. Jane and Leanne will give us a more in depth report at the November meeting.

Dan thanked Ed Withers for setting up the slide equipment for Jennifer's talk and for hi and Sonya's continued support and everything that they do for our group. Dan announced that Bob Phillips from ConvaTec will be our guest speaker for the October meeting and Tom and Kit Hemma will provide refreshment. The October meeting will be Tuesday, October 2. After a number of door prizes were awarded, Dan adjourned the meeting at 9:00 PM.

Respectfully submitted,

Bonnie Sessums