Hi everyone,

Springtime is finally here, and I hope all of you are enjoying the warmer weather. Remember that pouch wear-time may change from season to season depending on the temperature, humidity, how much you sweat, etc. So make sure to pay attention to how much your wafer has “eroded” at each pouching change and how your skin looks. You may find that you need to change more often in the summer or you may be the same regardless of the seasons.

Unfortunately, one of our dear members, Ken McDilda passed away in February. See his obituary on page 9 of this newsletter. His wife donated all his extra supplies to our group which will be sent to Friends of Ostomates Worldwide. What a great way to help others through her own loss.

I look forward to seeing you all on Tuesday night May 4th at 7:30pm for a great meeting.

See you on Tuesday! Jennifer Higdon
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. If Wake County schools are closed due to weather, then we will not meet.

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CALENDAR OF EVENTS:
May 4 UOAA Meeting, Rex
May 5 Cinco de Mayi
May 9 Mother’s Day
May 17 CCFA Meeting, Rex
May 31 Memorial Day

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.

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MINUTES OF THE April 6, 2010
MEETING OF THE TRIANGLE OSTOMY ASSOCIATION

President Jennifer Higdon opened the Triangle Ostomy Association April meeting at 7:45 PM in the Rex Surgical Center waiting room. 28+ members and guests were welcomed and Jennifer thanked Blanche Banomdede for providing delicious refreshments.

Sonya Withers will have the program at our May meeting and will discuss Social Service Disability benefits. Sonya and Ed will also provide refreshments for our May meeting. Terry Kuczynski, counselor at Rex Cancer Center, will be our guest speaker at the June meeting and will discuss dealing with feelings.

Reuben Gradsky announced that he and Jennifer had a team for the CCFA Take Steps Fundraiser Walk on June 5 at Lake Crabtree Park and invited anyone who was interested to walk and to support the team.

Stephanie Yates introduced Dr. Daniel Vig, General Surgeon with the Rex Surgical Specialists Group who gave a power point presentation and discussed laparoscopic surgery. Laparoscopic surgery is now used for ostomy surgeries when possible instead of invasive abdomen surgeries. During the presentation, members were encouraged to ask questions. Dr. Vig gave a very informative and entertaining program.

The May meeting will be on Tuesday, May 4 at 7:30 PM.

Respectfully submitted,
Bonnie Sessums
• Rounding off the edges of a firm wafer will decrease the chance of the belt catching on the corners.

• Do not expect the same wear time in the summer months as you realize the rest of the year.

• Fats of all kinds should be kept to a minimum by most Ostomates. Fats induce an increased flow of bile into the intestine and make the body wastes more liquid and harder to control. They also tend to produce gas.

• The best time of the day to schedule a pouch change is first thing in the morning when the stoma is less active.

• Urostomates should avoid carbonated beverages. These tend to make urine alkaline. Stick with cranberry juice and plenty of water.

Register Now for BCAN's North Carolina Patient Forum. Registration for our North Carolina Patient Forum is now available!

Our next patient forum, "Understanding Bladder Cancer," will take place on Saturday, May 15, 2010 at the Friday Center for Continuing Education at UNC Chapel Hill. The forum is aimed at patients, family members, and caregivers.

Two BCAN Scientific Advisory Board Members, Dr. Matthew Nielsen from the University of North Carolina and Dr. Deborah Bradley from Duke University Medical Center, are serving as our faculty co-chairs. Joining them will be doctors from the University of North Carolina, Duke University Medical Center, and Wake Forest University School of Medicine. This expert panel of bladder cancer specialists will give an overview of the disease, and will give you time for questions and answers. After the presentations, there will be an interactive discussion with a panel focusing on Survivorship Issues.

We look forward to another successful educational program, and hope that many of you will be able to attend. For more details about the forum and presenters, please view the informational flyer on our website. http://www.bcan.org/stay-informed/forums/north-carolina/

May 15, 2010 in Chapel Hill

Many thanks to Endo Pharmaceuticals for supporting our North Carolina Patient Forum with an unrestricted educational grant.
Remembering One of Our Members: Kenneth Lee McDilda

Kenneth Lee McDilda of Raleigh, NC, passed away on February 17, 2010, surrounded by his loving family. Ken, a Mason and a Shriner, retired in 2006 as a senior software engineer with Visara International. The father of Michelle and Kristin McDilda, and grandfather of Nathan McDilda, Ken was married to his wife Stephanie for 18 Years.

Ken is also survived by his brothers, Michael McDilda of South Hill, Va., and Ron and his wife Aileen McDilda of Emporia, Va., and a large number of nieces and cousins. He was predeceased by his parents, Claude Raymond and Helen Grace McDilda.

The visitation for Ken was held on Friday, February 26 from 6:00 - 8:00 pm at Brown-Wynne Funeral Home, 1701 E. Millbrook Rd., Raleigh. The funeral service was on Saturday, February 27, 2010 at 2:00 pm at Benson Memorial United Methodist Church on Creedmoor Rd., immediately followed by the graveside service at Raleigh Memorial Park on Glenwood Avenue.

OSTOMY YOUTH RALLY JULY 11-17, 2010

The Annual Youth Rally will be held this year from July 11th to the 17th at Xavier University in Cincinnati, Ohio. The Youth Rally provides youth between the ages of 11 and 17 with an opportunity to learn how to live an independent life with an ostomy or other bowel or urinary conditions, to meet with, and share life experiences with fellow campers, and to have fun in a university setting that will help to prepare them for future educational activities.

Do you have someone in your support group who would benefit from attendance at this event? Please give some thought to providing them with a full or partial sponsorship. The registration fee is $425 and most campers require air travel to get to camp. Any amount that you would like to donate would be most welcome. If you do not have any candidates within your group, but would still like to sponsor a camper, your donation would also be greatly accepted. Checks or credit card information should be made payable to “The Youth Rally Committee” and sent to Linda Aukett, YRC Secretary/Treasurer at 424 Bradford Avenue, Westmont, NJ 08108. If you have any questions feel free to contact Linda directly at laukettrally@snip.net.

For more info, please go to http://www.rally4youth.org/

You may want to consider being a counselor and helping to support others with ostomies. WOC Nurses are needed too!!!

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Hey Raleigh... Make Noise and Be Heard!

We have already achieved so much but there is much left to do! The health of our economy has improved, but unfortunately, the health of Crohn's disease and ulcerative colitis patients is uncertain. The Crohn's and colitis community in North Carolina is committed to continue awareness and fundraising efforts because we need to find better therapies and ultimately a cure for our friends and neighbors who struggle daily with these terrible digestive diseases.

At over 100 Walk sites across the country, thousands of people will gather this spring and summer to join the fight against digestive diseases. Together we’ll raise money for crucial research and raise awareness of these diseases that afflict millions of people.

After two successful years, Take Steps has raised over $13 million for research and patient programs. Our goal is even higher in 2010 and we know we can BE HEARD as we raise awareness and critical funds!

Reuben Gradsky and Jennifer Higdon have formed a team called JUICY TOOTS. If you would like to support our cause, please donate today at www.ccfa.org. Thank you for your support!

Turning the Tide

Studies show that it’s never too late to rebuild lost muscle through resistance training.

Challenging your muscles at least three times a week can net positive and noticeable results. You can give your muscles a workout with exercises that use your own body weight as resistance or even simple free weights or elastic resistance bands.

A study of nursing home residents found that 10 weeks of progressive strength training for thigh and lower leg muscles increased muscle strength an average of 113 percent. Their ability to climb stairs improved, as did their walking speeds. Some traded in their walkers and canes.

Added benefits of regular strength training include maintaining and increasing bone mineral density. And because muscle burns three times more calories than does fat, increased muscle mass boosts metabolism, making it easier to maintain a healthy weight.

In addition to strength training, aerobic training such as walking or biking should be done at least three times a week. To keep joints and muscles flexible, gentle stretching is recommended before any exercise.

Adequate nutrition also is important. Work with your doctor or dietician to design meals suited to your health condition.
SAVE THE DATE...
THURSDAY, NOVEMBER 11, 2010
ATTEND CCFA’S TRIANGLE SOCIAL EVENT (GOURMET GALA)!
Help Support the Crohn’s and Colitis Foundation

TRIANGLE’S MOST SOUGHT AFTER VENUE...
BAY 7 AT AMERICAN TOBACCO CAMPUS!

TICKETS ARE LIMITED
DUE TO LARGE COMMUNITY SUPPORT, OUR TRIANGLE SOCIAL EVENT
(GOURMET GALA) HAS RELOCATED TO THE TRIANGLE’S PREMIER
LOCATION!
● LIVE AND SILENT AUCTIONS ● INTERACTIVE PARTICIPATION ●
● CONTESTS ●

WE HOPE TO SEE YOU THERE!
TICKETS ON SALE SOON

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For more information about Take Steps in Raleigh, please contact Tracey Coppedge via email tcoppedge@ccfa.org

Glossary for Urinary Ostomies
UOAA UPDATE 5/18

- HYDRONEPHROSIS: “Hydro” = water; “Nephrosis” = kidney. Enlargement or swelling of one or both kidneys caused by quantities of urine which cannot escape freely.
- HYDROURETERONEPHROSIS: Enlargement or swelling on one or both kidneys and one or both ureters caused by quantities of urine which cannot escape freely, or run backwards to the kidney.
- ILEAL CONDUIT: An operation which allows the urine to pass from the kidneys through a short segment of small intestine (ileum) to the outside of the body. This operation is performed when the patient’s bladder may no longer be used because of disease or defect. Also called “Bricker Loop,” “Ileal Loop” or “Ileal Bladder.”
- PERISTALSIS: The squeezing motion in the ureters and ileal segment that pushes the urine down from the kidneys.
- IVP: An X-ray of the kidneys and urinary passages to show if there is any blockage or abnormality. Medicine is injected into the vein so the kidneys, the ureters and the bladder may be seen. (Normally, soft organs like these do not show in an X-ray).
- ENCRUSTATION: “Warty” looking, gray raised area on the skin around the stoma caused by alkaline urine bathing the skin. This condition may be corrected by cauterization with silver nitrate and decreasing the diameter of the pouch opening so that no skin is exposed to the urine.
- PSA (PROSTATE SPECIFIC ANTIGEN): A blood test given in conjunction with digital rectal examination to detect cancers at an earlier stage than the rectal exam along.
- REFLUX: A flowing back—this means urine is flowing back from the bladder into the kidneys.
- RESIDUAL URINE: Quantity of urine pooling in bladder, conduit or ureterostomy. A large residual of stagnant urine may invite germs and cause repeated infections.