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January/February 2011

# Metro Maryland

## Ostomy Association and Youth Group, Inc.

# Newsletter

A Non-Profit Volunteer, Charitable, Tax-Exempt, Rehabilitation Organization

Phone: 301-946-6661 • Fax: 1-800-543-5870 • www.marylandostomy.org

January/February 2011

E-mail: metromaryland@verizon.net

Volume 39, Issue 3

### Upcoming Events

**NO MEETING IN JANUARY**

**FEBRUARY 13, 2011 at 12:00 Noon**  
**Program & Location to be announced.**

Check our website at:  
 www.marylandostomy.org

To keep informed check our website at  
 www.marylandostomy.org. Or call the office  
 Monday through Friday from 9 AM to 12 PM.

Meetings are held the second Sunday of the month.  
 Location to be announced.

**\* In case of bad weather, listen to WTOP  
 News Radio 1500 AM or 107.7 FM  
 (WTOPNEWS.com) for cancellation news  
 of our meeting.\***

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### Message From Our President –

Dear Friends,

It is hard to believe that another year has passed,  
 and it is now 2011. I want to begin by thanking  
 all of our volunteers who make Metro Maryland  
 the spectacular organization it is. I would be

remiss if I did not acknowledge and extend a special thank you to  
 Sue Rizvi, who is our Newsletter Editor, and also worked tirelessly  
 with Michelle Gibbs and Jan Ernston to put together our holiday  
 party and product fair last month. We had 7 guests representing  
 most of the major manufacturers and suppliers. We also had a  
 wonderful turnout from our membership, and as always, it is so  
 nice to see each one of you.

As we move into 2011, we are looking for a new location for  
 our monthly meetings. We were notified by the Administration  
 at Washington Adventist Hospital that due to some new training  
 programs and activities going on at the hospital, they would no  
 longer be able to provide us space for our monthly meetings. As  
 disappointed as we all are, we must remember how supportive  
 Washington Adventist has been to Metro Maryland since our  
 founding by Horace Saunders in 1974. Metro Maryland was not  
 the only organization affected by this change.

The Board of Directors is meeting this month and will hopefully  
 be in a position to select a new location either near WAH or in the  
 Silver Spring area. Watch your mail for a postcard announcing our  
 new meeting location in late January. As a result of this change  
 we will NOT hold our regularly scheduled meeting in January.  
 Our next meeting will be February 13th.

I hope each of you had a wonderful holiday season and I wish  
 you nothing but good health and happiness in 2011.

Thank you and God Bless,

*Scott Bowling*

*"It is one of the most beautiful compensations of this life that no one  
 can sincerely try to help another without helping himself"- Emerson*

**Clostridium Difficile (C. diff) is now an Epidemic** – by Sue Rizvi, Metro MD. Sources: Washington Post and Online: MayoClinic.com, CDifficileColitisSupport Group.com, MedicineNet.com, and Webmed.com

**Some Facts about C. diff - Clostridium difficile is found in feces and infects people who haven't washed their hands with soap and water after touching contaminated food, items or surfaces and then touch their mouth or nose.**

The elderly and people with illnesses or conditions requiring prolonged use of antibiotics are at the greatest risk. "In many areas C. diff is the number one hospital-acquired infection," says Kevin Kavanagh, MD who runs a patient advocacy organization called Health Watch USA. He is one of several safety advocates joining the Consumers Union's Safe Patient Project in supporting a new federal effort, scheduled to begin in 2012 that will tie hospital Medicare payments to how well those facilities protect patients from C. diff and other hospital-acquired infections. C. diff can remain in hospital rooms for up to 40 days or longer after the infected patient has been discharged. Another driver is the increased use of alcohol-based hand sanitizers which don't kill C.diff spores, but soap and water does according to Becky Miller, an infectious-disease physician at Duke University Medical Center.

C. diff sickens about a half million Americans every year and every year the epidemic gets about 10% larger. People in good health don't usually get sick from C. diff. Your intestines contain millions of bacteria, some "bad" (C. difficile) and some "good" that protect your body from infection. Fortunately, when you are healthy and not taking antibiotics, the millions of good bacteria in your system keep the C. diff under control and in smaller numbers.

However, when you take an antibiotic, the levels of good bacteria are reduced down to a smaller number, possibly destroyed by the drug that is treating the bacteria causing the infection. The overpopulation of C. diff causes the bacterium to release toxins that can cause bloating and diarrhea with abdominal pain, which may become severe. Latent symptoms often mimic some flu-like symptoms and can mimic disease flare ups in patients with inflammatory bowel disease-associated colitis. Often, it can be cured simply by discontinuing the antibiotics responsible. In more serious cases, the drug regimen has to be carefully chosen and administered by a doctor in order not to exacerbate the infection. Relapses of C. difficile Antibiotic Associated Diarrhea (AAD) have been reported in up to 20% of cases. A more virulent strain of C.diff with the ability to produce greater quantities of toxins was reported by the CDC in 2004. The main reason for the increase in cases of C. diff is the overuse and inappropriate use of antibiotics especially use of the broad-spectrum antibiotics, including Cipro, for problems such as urinary tract infections that could be treated with drugs designed for a narrower spectrum of bacteria.

The antibiotics that most often lead to C. diff infection

include fluoroquinolones, cephalosporins, clindamycin and penicillins. C. diff was found recently to be resistant to Flagyl (metronidazole), a common antibiotic.

Antibiotic-associated C. diff causes diarrhea and more serious conditions such as colitis and sepsis, a bloodstream infection. Typical symptoms are watery diarrhea (at least three bowel movements per day for two or more days), fever, loss of appetite, nausea and abdominal pain or tenderness. More serious cases may include watery diarrhea 10 to 15 times a day, severe abdominal cramping and pain, blood or pus in the stool, dehydration and weight loss. If left untreated, in 1 to 2.5 percent of cases, C.diff infection is deadly. Certain probiotics or "good" bacteria such as *Saccharomyces boulardii* (a non-pathogenic yeast strain that has been used for treatment and prevention of diarrhea) may help against repeated C.diff infections.

Many infants and young children, and even some adults, are carriers (they are infected but have no symptoms) of C. difficile. C. diff does not cause colitis in these people probably because; the bacteria stay in the colon as non-active spores, and/or the individuals have developed antibodies that protect them against the C. difficile toxins.

**What Can Patients Do?**

1. Wash your hands with soap and water after using the restroom and before eating.
2. Clean surfaces in the bathroom, kitchen and other areas on a regular basis with household detergents and disinfectants.
3. Take antibiotics only to target particular germs. Ask questions when doctors prescribe antibiotics to prevent inappropriate use and overuse of the antibiotics, especially the broad spectrum antibiotics.
4. If you have symptoms, stop taking antibiotics that triggered the infection when possible for mild illnesses. This may be enough to relieve symptoms.

**What Can Hospitals and Doctors Do?**

1. Wash their hands with soap and water before and after treating patients. Alcohol-based hand sanitizers do not kill C. diff spores.
2. Enforce standards for hand washing. "Safety coaches" observe their colleagues and remind them of the rules.
3. Provide gowns and gloves to health care workers who care for infected patients.
4. Keep hospitals and doctors' offices and nursing home's surfaces cleaned with bleach solutions.
5. Isolate patients infected with C.diff
6. Educate patients about C.diff
7. Report the hospital infection rates.
8. Prescribe proper antibiotics and narrower spectrum drugs designed for specific bacteria.

**Simple solutions to fight the epidemic and decrease risk of having a C.diff infection :**

1. Wash your hands with soap and water frequently.
2. Take antibiotics only when a specific infection can be targeted with a specific appropriate drug.
3. Avoid overuse of antibiotics. ■

**Stoma Shape and Leakage** – by New Beginnings, via Hernando Co. FL and Metro Maryland

Are you aware that stomas sometimes change shape? This can happen when you change from a standing to a sitting position. Mirrors are handy gadgets - take a look! The stoma that is round when you are lying down or standing may be oval when you sit down. This may be a source of a leaking problem and merits thought. Remember, the stoma is a portion of the intestines brought to the surface of the abdomen. The healthy red color of the stoma means there is a good blood supply. The natural lubricant of the intestines is mucous. No adhesive will stick to the stoma because of the mucosal lining.

Therefore, any part of the faceplate that comes in contact with the mucus on the stoma will automatically refuse to stick. Thus the seal around the stoma does not change even though the stoma shape changes. This means that if the stoma is oval in a sitting position, perhaps the opening on the faceplate should be oval. This particularly applies to the people who are sedentary most of the day. This is not an absolute rule, but a consideration if you find leakage a problem. ■

**MMOA Website** –

Metro Maryland is working on updating our website design. We need help from those of you who have some computer knowledge and skills to maintain the website after it is designed. No need to be certified just a desire to give back to MMOA. Please call the office to see how your knowledge may help. ■

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Name \_\_\_\_\_ Birth Date \_\_\_\_\_

Street Address \_\_\_\_\_ Spouse Name \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Occupation \_\_\_\_\_

Ostomy Info: ( ) Colostomy ( ) Ileostomy ( ) Urostomy  
( ) Alternate Procedure (specify) \_\_\_\_\_

Date of Surgery \_\_\_\_\_ Reason for Surgery \_\_\_\_\_

- Check the items below where you can volunteer with MMOA:
- ( ) In the office ( ) With the Newsletter ( ) With the database ( ) With the website ( ) With health fairs
  - ( ) As a Visitor, in person (hospital or in homes) or by telephone
  - ( ) Give Rides to meetings ( ) Arrange refreshments for meetings
  - ( ) Assist in a language other than English What language? \_\_\_\_\_

**Membership Dues are \$30 per year, May – April, unless other arrangements are made.**  
**Donations are also needed and gratefully accepted. All contributions are Tax Deductible.**  
Send check to: Metro Maryland Ostomy Association, 2416 Blueridge Avenue Suite 102, Silver Spring, Maryland 20902-4662  
**www.marylandostomy.org** Email: **metromaryland@verizon.net**  
Tel: 301- 946-6661 • Fax: 1-800-543-5870

#### **MD HOSPITALS, OSTOMY CLINICS & WOCN NURSES:**

**Anne Arundel Medical Center** - Annapolis, MD, **Phone: 443-481-5508**  
Irene Repka, RN, WOCN. or Michelle Perkins, RN.

**DOCTORS' COMMUNITY HOSPITAL** - Lanham, MD  
**Phone 301-552-8118, ext.8530** - Fran Austin, RN, WOCN.

**HOLY CROSS HOSPITAL** - Silver Spring, MD, **Phone 301-754-7000, page**  
Theresa Emmell, RN, WOCN / Toli Stopak, RN, WOCN  
Rezia Lake, RN, WOCN

**HOWARD COUNTY GENERAL HOSPITAL**- Columbia, MD  
**Phone 410-740-7500, page 9626** - Lolly McCance, RN, WOCN.

**MONTGOMERY GENERAL HOSPITAL**- Olney, MD  
**Phone 301-774-8882 - Wound Ostomy Consult Line 301-774-8731**

**NATIONAL INSTITUTE OF HEALTH** - Bethesda, MD **Phone 301-451-1265**  
Tye Mullikin, RN, CWOCN & KC Chandler Axelrod, RN CWOCN

**PRINCE GEORGES HOSPITAL CENTER** - Cheverly, MD  
**Phone 301-618-2000** - Barbara Smith, RN, CWOCN, CWS **301-618-6462**

**SHADY GROVE ADVENTIST HOSPITAL**- Rockville, MD **Phone 301-279-6000**  
Barbara Copenhaver, RN, WOCN and Lyndan Simpson, RN, WOCN  
**Shady Grove Wound Clinic** - Linda D'Angelo, RN, WOCN **Phone 240-826-6106**  
**Shady Grove Cancer Care Navigator** - Jan Tapirmeister, RN **240-826-6297**

**SOUTHERN MARYLAND HOSPITAL**- Clinton, MD 20735  
**Phone:301-877-5788 or 301-868-8000**, Kimberly Mauck, RN or Anna Riley, RN

**CHESAPEAKE-POTOMAC HOME HEALTH AGENCY, INC.** Clinton, MD 20735  
**Phone: 1-800-656-4343 ext. 227 or 301-274-9000 ext. 227**, Amber Fowler, ET

**SUBURBAN HOSPITAL, Bethesda, MD** - Melba Graves, RN, WOCN  
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**V.A. MEDICAL CENTER**, Washington, D.C.  
**202-745-8000** page Erlinda G. Paguio, RN, WOCN.; Leslie Rowan, RN,  
Natalie Tukpak, RN

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**202-782-3816** Sharon May, RN, WOCN

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**Phone 202-715-4000**, Debbie Sears, RN, WOCN

**GEORGETOWN UNIVERSITY HOSPITAL** - Washington, D.C.  
**Phone 202-444-2000**, page Dot Goodman, RN, WOCN & Loren Myers, RN, WOCN

**United Medical Center (UMC)** - Washington, DC  
**Phone 202-574-6150**, Donna Johnson, RN, WOCN

**HOWARD UNIVERSITY HOSPITAL** - Washington, D.C.  
**Phone 202-865-6100 page 769** Faith Winter, R.N.

**PROVIDENCE HOSPITAL** - Washington, DC  
**Phone 202-269-7548 or 7000**, page Beverly Styles, RN, WOCN

**SIBLEY MEMORIAL HOSPITAL** - Washington, D.C. **Phone 202-537-4111**  
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## **Raisins vs Colon Cancer – via an article in the Mesa Tribune & Nevada Town Karaya and Metro Maryland**

New research sponsored by the California Raisin Marketing Board (CRMB) shows that California Raisins are a good source of **insulin**, a naturally occurring fiber-like carbohydrate that helps keep the colon healthy.

“When insulin from the raisins ferments in the colon, beneficial bacteria grow, and harmful bacterial growth is limited”, explains Julie Jones, Ph.D, licensed nutritionist and college professor of nutrition. Thus insulin fermentation creates conditions that promote healthy colon cell growth and that helps prevent growth of abnormal cells that may lead to disease.

A standard 1/4 cup serving of raisins contains 105 grams of insulin. Recommended daily intake levels of insulin have yet to be established. The amount of insulin is about 58% of what USDA surveys show the average American eats daily. Only a few other commonly eaten foods, such as onions, garlic and wheat, are know to be sources of insulin.

A healthy diet is important in the colon cancer battle and raisins may be an important weapon in the battle. ■

#### **TO OBTAIN A TRAINED, VOLUNTEER, OSTOMY REHABILITATION COUNSELOR-VISITOR**

Call our office 301-946-6661, M-F until 12:00 PM or leave a message. We will get back to you as soon as possible. OR join us at monthly meetings held the second Sunday, at 12 Noon at the Conference Center Building of the Washington Adventist Hospital, Takoma Park, Maryland.

### **Colo-Majic Liner Address:**

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V7M2T1

E-mail: colomajic@shaw.ca

Website: <http://www.colostomymajic.com>

Tel: 1-888-808-1177 (12:00 to 7:00 Est. Std. Time)

### **OUTPATIENT OSTOMY DEPARTMENTS**

#### **Holy Cross Hospital**

Out patients seen on Tuesday, Wednesday and Thursdays.  
**No Walk-ins. Must have an appointment. Call 301-754-7295**

#### **Shady Grove Adventist Hospital**

Outpatients seen on Tuesdays from 8 AM to 12 Noon  
in the Outpatient Wound Clinic in the hospital  
with Dr. Joshua Katz and Linda D'Angelo CWOCN  
Appointment required - Call 240-826-6106

#### **Washington Hospital Center**

Surgical Clinic - Ostomy Care,  
Ground Level, Rm GA48,  
Wednesdays from 12:30 PM to 4:30 PM  
By appointment only - call 202-877-7103

**A Reminder:** A doctor's referral is required before visiting. Tell your doctor that you will need this document to see a WOCN and that there may be other instances that will require a visit to the Nurse. Request him to fax the referral to the ostomy out patient department you will be visiting.

## **You Can't Quit – by Hubert H. Humphrey, via Ostomy Association of Oakland County (Mich.) and Metro Maryland. (Good Advice for 2011)**

The following is an ageless essay from an American whose indefatigable style of living and whose courage in the face of adversity inspired millions around the globe during his struggle with cancer. We hope it will inspire you even now, for his wisdom lives on beyond his own days in this life. Although in this, he focuses on his fight with cancer, the author's can-do attitude can be a boost to ostomates regardless of whether or not they have fought cancer, for he carried on a very active public life as a urostomate.

“The worst moment of my life was when I discovered I had cancer. I know what this dreaded disease can do to a person and what the chances of survival are. But if you think of yourself as a statistic, then you are really in trouble.

You have to believe you can win this fight. You have to gear yourself to the continuity of the struggle, knowing that there will be days when you won't feel good.

My faith and hope get me from day to-day. Deep down I believe in miracles. They have happened to a lot of people who were given up to die and then were restored to good health. But there will be days when I get discouraged.

When I start feeling sorry for myself, I tell myself, ‘the doctors told you this would happen. You can't do anything about it, so get on with living.’ If you can't get over self-pity; the game is all over.

I think the biggest mistake people make is giving up. Adversity is an experience not a final act. Some people look on any setback as the end. They are always looking for a benediction rather than an invocation. Most of us have had enough problems so that almost any day we could fold up and say, ‘I've had it.’ But you can't quit!!!

Life is always a struggle. If anything is easy, it's not likely to be worthwhile. The important thing in any setback is whether you can pick yourself up. That helps me with my illness. I keep thinking ‘Well tomorrow is another day.’ There are many people who say, ‘It's all right for you to talk about tomorrow being another day, but if you knew how much pain I suffer.’ I do know.

Let me tell you something. When you give, you receive back a thousand fold. If you have a well and draw water from it, it fills. If you don't draw water, it gets stagnant. You have to learn to give yourself.

I hope I can demonstrate for others that you don't have to throw in the towel when you have something like cancer. Be grateful for every day of your life. Be buoyant about it, and do the best you can with what you have. My goodness, there are people who live their lives with physical defects-doing marvelous things. Ray Charles is blind, and he is one of our greatest musicians. Look at Max Cleland, who is a dynamic director of the Veterans' Administration. He came from Vietnam minus two legs and a right arm.

I'm sure many people think my odds against cancer are not good, But it's a race, and I'm in it; I can't get off the pony. I've got to ride it and hope that I'm going to win. How long should a person live? I don't know. What's more

important is how you live and what you live for. As long as I have a breath of life, I'm going to try and live actively and be a part of my daily life and my family and friends, my job, neighborhood, community, and country. I'm not changing my life because I have cancer. With the help of the good Lord, my wife and family, the love and affection of so many friends, the care of my doctors, and my own love of life, I expect to be around for quite a while. Yes, I'm an optimist, I am one who continues to believe that the struggle is worth it, I'm not a quitter!!!” ■

## **Ten Important Questions to Ask Your Doctor After a Diagnosis – via Metro Maryland**

These 10 basic questions can help you understand, your disease or condition, how it might be treated, and what you need to know and do before making treatment decisions.

1. What is the technical name of my disease or condition, and what does it mean in plain English?
2. What is my prognosis (outlook for the future)?
3. How soon do I need to make a decision about treatment?
4. Will I need any additional tests, and if so what kind and when?
5. What are my treatment options?
6. What are the pros and cons of my treatment options?
7. Is there a clinical trial (research study) that is right for me?
8. Now that I have this diagnosis, what changes will I need to make in my daily life?
9. What organizations do you recommend for support and information?
10. What resources (booklets, Web sites, audiotapes, videos, DVDs, etc.) do you recommend for further information? ■

## **Why Do We Meet? – Metro Maryland**

1. Our presence is encouragement to others.
2. No matter how long ago your surgery, no matter how many meetings you have attended, there's always information to be gained.
3. Keep up on newer developments and hear the speakers who are invited with information pertinent to ostomates.
4. We may have questions and problems that can be asked and answered at the meeting or researched.
5. Give support and encouragement to the volunteers (leaders and trained visitors) and to each other.
6. Be role models for new ostomates to show an active life can continue.
7. See that many of those who were in trouble are now helping others.
8. Learn what's new in management equipment.
9. Feel good with our peer support group.
10. Experience a sense of accomplishment and renew a positive attitude for life and fulfillment. ■

**Not too late to get your flu shot!**



## Memorials and Tributes

*A generous donation in memory of or in honor of a loved one or friend will aid in the continuation of Ostomy rehabilitation.*

*Please make your tax-deductible contribution to:  
Metro Maryland Ostomy Association, Inc.  
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In Memory of    Honoring    Other/Donation

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Send tribute to: \_\_\_\_\_

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## Managing An Ileostomy – Metro Maryland

The actual site of the ostomy determines some of the dietary individualization. With an ileostomy, the colon is missing; therefore, water and those minerals normally reabsorbed by the colon are lost in the discharge. These nutrients must be replaced to prevent dehydration. Hot weather and heavy exercise make this replacement especially important. Unless your doctor specifically puts a limit on them, foods high in sodium and potassium should be eaten daily.

Remember that the stoma usually is smaller in diameter than is the colon. For ileostomies, this is not usually a problem, since the main content is liquid. However, blockage by large pieces of food can occur when food has been insufficiently chewed. Therefore, that old rule about chewing your food thoroughly really becomes important. In addition, since some very high fiber foods and meats with lots of connective tissue can pass through the intestine relatively unchanged, they may need to be eaten sparingly or not at all. Very high fiber foods are: corn on the cob, coleslaw, tough meats, pea pods, bean sprouts, bamboo shoots, orange pulp, coconut, raw pineapple, and other raw fruits, popcorn, raw celery, carrots and radishes, skins and seeds of fruits and vegetables.

Even if fluid and mineral balance is maintained, a large volume of effluent can be a real inconvenience. Some foods cause an increase in fluids, while others cause a decrease. Foods that tend to increase output are beans, broccoli spinach, prune juice, raw fruits, juice, licorice, red wine, beef and highly spiced foods. Foods that tend to decrease volume are applesauce, bananas, boiled milk, rice and peanut butter.

Remember that effluent volume will not decrease by limiting fluid intake - you will just get dehydrated. Keeping a diary of food intake and any accompanying problem is helpful, especially in the early stages. ■

## Urostomy Care – Urine Salt Crystal Deposits- Lynda Allen, E.T., TX, via Metro Maryland

Urine salt crystal build-up around urinary stomas is one of the most difficult skin care problems with urostomates. Urine secretes a certain amount of salt, but whether the urine is acid base or alkaline base determines the amount secreted. An alkaline base urine secretes more salt than an acid base urine; thus, we have more salt crystal build-up when we have an alkaline urine.

If you have urine crystals they can be seen as a growth, white or light brown in color, around the base of the stoma. The stoma and the area which the growth involves is very likely to be tender and sore. Sometimes the stoma will be completely covered by the crystals and can no longer be seen. An underlying factor which causes urine crystals, other than alkaline urine, is the stoma opening in the appliance may be too large and these patients are wearing a rubber type appliance. Another aspect is that some of these patients did not use a night drainage system, thus allowing the urine to remain in the appliance, while they slept, continually bathing the stoma with urine. Also personal hygiene, not only of the skin area around the stoma, but the cleaning and proper care of the appliance was poorly done.

If you have a urine crystal build-up problem, try these solutions: Determine the circumference of the stoma and purchase a new faceplate or appliance (preferably semi-disposable). The appliance should be changed every two to three days. Every time the appliance is changed, a vinegar and warm water solution should be used to bathe the stoma. Use one part vinegar to three parts of water. Bathe for several minutes with cloth. This solution may be used between changes by inserting some in the bottom of the appliance (a syringe may be used for this), and lying down for about 20 minutes to let the solution bathe the stoma.

To keep control of the situation, change the alkaline urine to an acid urine. The easiest and most successful way is by taking ascorbic acid (vitamin C) orally. The dosage will depend on your age. PLEASE BE SURE TO CONSULT YOUR PHYSICIAN BEFORE TAKING ORAL MEDICATION. Recently designed urostomy pouches have a “Bag within the Bag” so that the urine is trapped in the lower part of the bag. If you can follow these procedures, you should have no further problem with urine crystal build-up. However, if you do begin to see them again, take action immediately before trouble starts and consult your WOC Nurses. ■

## New Travel Card from UOAA –

You may print a new Travel Communication Card from the UOAA website Homepage. In the “NEWS” box, under the video you will find “Download UOAA’s new Travel Communication Card to aid in dealing with airline security.” Within follow directions on how to print, then cut and paste a paper card to carry. Also Click on UOAA Updates to find in the updated newsletter the article about UOAA advocacy attending November 2010 Air Travel Security Conference. ■

## Free Magazine!

Subscribe to the leading national magazine for ostomates, their families and caregivers, *The Phoenix* magazine, and get a free issue – that’s a 25% discount. This offer is only available through support groups and only for new subscribers. Simply return this order form (no copies please) with payment today!



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## Congratulations to the Raffle Winners!

**Mr. Ray Smith won the 42” HDTV**

**Mr. Thomas Heavey won the \$200 cash prize**

Metro Maryland wants to “Thank” the following Manufacturers and Suppliers for attending our Holiday party and providing their expertise as well as their wonderful door prizes.

Grace Cooley of Coloplast  
Lisa Khan of ConvaTec  
Bruce Frishman of New Hampshire Pharmacy  
Cameron Jones of Byram Healthcare  
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## Helpful Hints –

- Don’t get hung up on odors. There are some great products available, but remember...everybody creates some odors in the bathroom. Don’t feel you are an exception.
- Don’t play the dangerous game of making your appliance last by over taping or putting off a change. There aren’t any prizes given for the longest wear time.
- Spraying skin prep on the top of paper tape helps to waterproof it for showering or swimming. Also try spraying skin prep over mosquito bites to take away the itch.
- The best time to change your appliance is before breakfast.
- Fold back the ends of an open-end pouch (make a cuff) before emptying. This will minimize or even prevent stains on your underwear.
- Wear your pouch on the inside of your underwear for support. Or use one of the many “colorful” pouch covers available.
- Keep a spare clip handy. If you accidentally drop it in the toilet, you’ll wish had. A child’s barrette or rubber bands can be used in an emergency.
- Keep an extra set of clothing handy in case of an accident. Use the Boy Scout motto... Be prepared! ■

## Letter from an E.T. Nurse – Reprint from 1989

Dear Metro Maryland Ostomy Association,  
I wanted to take the opportunity to formally show my appreciation as an E.T. nurse for the very essential function the visitor plays in the rehabilitation of the ostomy patient.

As the E.T. nurse, I can teach the patient the “facts” and details of caring for their ostomy, but I cannot give that “special touch” another ostomate can give! The visitor having been through the experience, can sometimes give hints that don’t even occur to me.

This was especially brought home recently when I requested that visiting couple from Metro Maryland Ostomy Association visit a young patient and her husband, who are here at The Washington Hospital Center very far from their home. What has been a trying situation has been eased by your very caring, compassionate and thoughtful visitors. I believe they have left a lasting and positive impression.

I wanted to say thank you to them and to all of the visitors who take time to provide such a valuable service to others. I know I speak for the other E.T. nurses in saying we really appreciate you, and look forward to working with you in the future.

Lolly Hooven McCance, RN, WOCN

Howard County General Hospital at present ■

Articles and information printed in this newsletter are intended to serve as general advice and may not be applicable to everybody. Metro Maryland does not necessarily endorse all the information herein and it should not be used as a substitute for consulting your own physician or ET/WOCN Nurse for the medical advice that is best for you.

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