12320 Parklawn Drive
Rockville, MD 20852
Phone: 301-946-6661

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July/August 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

July/August 2011 E-mail: metromaryland@verizon.net Volume 39, Issue 6

Upcoming Events

July 10, 2011 at 12 Noon
To Be Announced
New Location: Non-Profit Village housed in the Jewish Council for Aging, 12320 Parklawn Drive, Rockville, MD 20852

NO MEETING IN AUGUST

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.

In this Issue...

Message From Our President –

Dear Friends,

It's OFFICIAL! The MMOA office has moved into our new office within the Non-Profit Village Center in Rockville (pictures below). With the help of several volunteers we completed the move over Memorial Day weekend. This move provides us not only with a new physical address, but also a renewed and passionate spirit of what Metro Maryland really represents, and the commitment we all share to improving the lives of Maryland ostomates each day. While our address has changed, our phone number is the same; (301) 946-6661.

As one of the larger Ostomy Support Groups in the country, MMOA's office, phone, and outreach activities are all done by a handful of dedicated volunteers. There are no words to appropriately describe the impact that our volunteers have on improving the lives, and self confidence of those living with an Ostomy. In that spirit, **WE NEED MORE VOLUNTEERS** to help answer phones, set-up visits for new or ostomates, and other basic administrative functions within our new office each weekday, from 9:00AM to 1:00PM. Contact myself or Milly if this is something you are interested in.

Have a Safe and Happy 4th of July and summer.

I look forward to seeing many of you at our July 10th meeting.

Scott Bowling

New MMOA office at:
12320 Parklawn Dr., Rockville, MD 20852

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

Good News for Inflammatory Bowel Disease - *Excerpted by Sue Rizvi from the presentation by Richard M. Chasen, M.D., F.A.C.G. to Metro Maryland Ostomy Association. (Thank you, Dr. Chasen for your time and for sharing this pertinent information.)*

New drugs and therapies from clinical trials have offered an improved and exciting outlook to those who suffer from inflammatory bowel diseases such as ulcerative colitis and Crohn's disease. Though there is not a cure, learning the biological and the genetically responsible conditions that lead to IBD may eliminate the need for an Ostomy in the next 20 years.

IBD is a chronic disease with periods of flare-ups followed by remission. Ulcerative colitis and Crohn's disease are cousin diseases and for that reason sometimes difficult to diagnose. Crohn's disease and ulcerative colitis can have similar effects but different causes. Symptoms range from mild to severe depending on the part of the intestinal tract involved. They include abdominal pain, rectal bleeding, diarrhea, fever, abscesses and ulcers. Treatment options are restricted to controlling symptoms, maintaining remission and preventing relapse. The approach to both ulcerative colitis and Crohn's is similar. Intervention to control the inflammation and treatment is tried after ruling out infection using x-rays and a colonoscopy. Medicines relieve symptoms, promote healing of damaged tissues, put the disease into remission and keep it from flaring up again or postpone or prevent the need for surgery.

In the 1950's the treatment for arthritis was sulfa drugs and a derivative of aspirin found to help a small number of persons with diarrhea and those with ulcerative colitis. Sulfasalazine is a combination of sulfapyridine and an aspirin-like compound, 5-aminosalicylic acid (5-ASA). The bond between the two is broken by intestinal bacteria, making the 5-ASA available in the terminal ileum and colon. These became the first treatment for UC and Crohn's disease. In the 1980's Asacol and Dipentum helped control the disease but some 8-12 pills a day were required for about 65% remission. Early intervention and continuing to take these medications were necessary. Then the same dosage was used in 2 pills as a norm or 2 pills twice a day, making it easier for patients to stay on the regime for better remission. In the 1980's when research was being done on childhood leukemia at Mt. Sinai Hospital there was a drug, Imuran, used as an immunosuppressive.

Corticosteriods suppress the immune system. The aminosalicylates is a class of anti-inflammatory drugs, including sulfasalazine and mesalamine. Corticosteriods drugs are used if Step 1 drugs fail to provide adequate control of the IBD. They tend to provide rapid relief of symptoms such as fevers and abdominal pain as well as a significant decrease in inflammation. Prednisone has been used with chronic IBD to reduce inflammation and is used to treat moderate to severely active UC. Prednisone, methylprednisolone and hydocortisone are not recommended for long-term use. Steroids over time can cause premature cataracts, osteoporosis and collapse of the hip joint.

Immune modifiers or immunomodulators are to be used if corticosteroids fail or are required for long periods of time. These agents are not used in acute flare-ups because the time from initial treatment to significant action may be as long as 2-3 months. In general, the goal is to wean off the corticosteroids as soon as possible to prevent long-term side effects.

Both Crohn's disease and ulcerative colitis damage the intestine, but in different ways. Inflammation that leads to ulcerative colitis normally starts in the inner layer of the lower part of the large intestine and moves upward, while Crohn's disease can infect any area from the mouth to the large intestine. In Crohn's disease, normal areas may be found between the damaged areas, while in ulcerative colitis, damage is linear.

Fistulae (abnormal openings in the bowel) and perianal disease are more common in persons with Crohn's disease. They may not respond to vigorous medical treatment. Fistulas become infected and may make regular nutrition impossible until the areas heal.

Once a month IV infusion may aid in 75% of the closure of fistulae. Total parenteral nutrition may help people with Crohn's disease more than those with ulcerative colitis. Surgical intervention often is required and there is a high risk of recurrence.

Biologic therapies are the newest class of drugs used for people suffering from moderate to severely active Crohn's or inflammatory bowel disease. These drugs are made from antibodies that bind with certain molecules to block a particular action. Biologic drugs are administered by injection or infusion. Because biologic drugs target only specific "pathways" involved with ulcerative colitis, they may have fewer side effects. Changing the normal bacterial flora in the gut is the purpose of this therapy. Antibiotics may give some help. Metronidazole (Flagyl, Protostat) has been the best studied antibiotic. Gastrointestinal side effects also limit the use of higher doses. Relapse is common when metronidazole is discontinued. If patients are taken off drugs and then put back on, the bowel attacks as if a foreign body was introduced.

Humira is a drug for rheumatoid arthritis that works well for Crohn's due to its long track record. It must be given subcutaneously in the doctor's office.

Remicaid and Cambia have in clinical trials blocked inflammatory pathways for moderate to severe Crohn's disease in adults and children who haven't responded well to other therapies. They are great for young persons who may be on prednisone for a long time. These newer drugs are exciting but not a cure for everyone.

Probiotics or healthy bacteria is necessary for the condition of pouchitis. The percentage of persons who do not take drugs for irritable bowel syndrome is about the

Continued on page 3

What If You Cannot Use Nutrients Properly- *Mayo Clinic Health, March 2005, via Metro Maryland*

Normally, your body makes good use of the nutrients you take in through foods. But if you have a disease affecting your liver, gallbladder, intestines, pancreas or kidneys, or if you have had significant surgery on your digestive tract, your body may not properly absorb or digest nutrients.

Another factor that can affect nutrient use is age. As you age, you may not be able to absorb enough calcium and vitamins B-12 and D from food. To make up the difference, your doctor may recommend vitamin or mineral supplements. Your doctor may also prescribe certain supplements if you are taking drugs – such as antacids, antibiotics, laxatives and diuretics – that interfere with your body's use of nutrients. ■

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. It's an easy way to volunteer to MMOA. ■

"UNDER THE MAGNETISM OF FRIENDSHIP THE MODEST MAN BECOMES BOLD; THE SHY, CONFIDENT; THE LAZY, ACTIVE; AND THE IMPETUOUS, PRUDENT AND PEACEFUL.
– WILLIAM THACKERAY

SUPPORT OUR ADVERTISERS!
THEY SUPPORT OUR WORK AND HELP TO MAKE THIS NEWSLETTER POSSIBLE.

Membership Request for Metro Maryland Ostomy Association

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, 12320 Parklawn Drive, Rockville, Maryland 20852
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
Phone 301-896-3050

WASHINGTON ADVENTIST HOSPITAL- Takoma Park, MD **Phone 301-891-7600**
Jane Zisserson, RN **301-891-5635**

FOR MILITARY ONLY:

ANDREWS AFB, Suitland, MD
MALCOLM GROW MEDICAL CENTER - **240-857-3083**

BETHESDA NAVY HOSPITAL, Bethesda, MD
301-319-8714 Paz Aquino, RN, WOCN.

V.A. MEDICAL CENTER, Washington. D.C.
202-745-8000 page Erlinda G. Paguio, RN, WOCN.; Leslie Rowan, RN, Natalie Tukpak, RN

W. REED ARMY HOSP. Washington, DC
202-782-3816 Sharon May, RN, WOCN

DC HOSPITALS, OSTOMY CLINICS & WOCN NURSES:

GEORGE WASHINGTON UNIVERSITY HOSPITAL- Washington, D.C.
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**
Dorothy Shi, RN, WOCN & Helene Hemus, RN, WOCN &
Marie Newman, RN, CWOCN **202-689-993**1

SPECIALTY HOSPITAL OF WASHINGTON (formerly Capital Hill Hospital)
is a nursing home with long term acute care beds.
Wound Care Dept. **202-546-5700 ext 2140**

WASHINGTON HOSPITAL CENTER - Washington, D.C.
Phone 202-877-7000 page - Joseph Kisanga, RN, WOCN.
Carol Pettus, RN, WOCN. **202-877-5395**,
Surgical Clinic - Ostomy Care, Ground level, Rm GA48
Wednesdays from 12:30 to 4:30 / By appointment only - Call **202-877-7103**

GAY & LESBIAN OSTOMATES
Fred Shulak **773-286-4005**

Covered Wounds Heal Best- *by Mary Ann Brooks MSN, RN, CWOCN, Retsina Hospital Center*

Recently my 85-year-old father-in-law Bob had a non-healing wound on his 3rd finger. He is a "borderline" diabetic. His family was concerned that the finger was infected, and that it was open and the possibility of spreading the infection to others. I encouraged him to keep the area covered and to use an antibiotic ointment daily. He had seen a doctor and was on an antibiotic.

Two months later, my mother-in-law phoned to ask again about the wound. Bob had been back to the doctor for more antibiotics and an x-ray. They were afraid the bone was infected and that he could lose his finger. I was surprised to hear that the wound hadn't healed and asked how he was caring for the wound. He had tried to keep a bandage on his finger, but every time he washed his hands, it got wet. So he stopped wearing it. Worse than that, was the news that he was using Hydrogen Peroxide full strength twice a day. Hydrogen Peroxide is too strong to use on wounds. It impairs healing by killing not only germs, but all the cells that are trying to heal the wound. This creates dead tissue in the wound base which must be cleaned out by the body. The repeated use of hydrogen peroxide will create a soft film of dead cells over the wound bed. Without a bandage to keep the wound moist, the soft film turns into a hard dry densely adherent crust that just keeps the wound from healing.

Optimal wound care involves gentle cleaning with water or saline solution. Keep wounds covered to control the spread of germs and to keep the wound moist. Add antibiotic ointment if more moisture is needed. Research proves that moist wounds heal best. Moist wounds can clean the debris out of the wound base. It allows for the growth of scar tissue and the re-epithilialization of the skin.

I am glad to report that after two weeks of optimal wound care, Bob's finger has finally healed after being open for about six months. Remember that wounds do not need to "breathe." And do not use hydrogen peroxide on open wounds. ■

OUTPATIENT OSTOMY DEPARTMENTS

Holy Cross Hospital
Outpatients 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 outpatient department you will be visiting.*

Good News for Inflammatory Bowel Disease
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same percentage of those with IBD who do take drugs. Acidophilus is not as effective by itself; therefore, yogurt alone will not supply the protective probiotics needed for a healthy gut.

When surgery is called for, anastamosis surgeries are done for IBD and the ileo pouch in the rectum is now being used for ulcerative colitis patients.

Inflammatory bowel diseases have a large genetic basis of 40 to 50%. There is a cross-over with Crohn's and ulcerative colitis with often a family history involved, putting individuals with siblings afflicted with the Crohn's disease at higher risk. It is also thought to have a large environmental component as evidenced by a higher incidence in western industrialized nations compared to other parts of the world. Males and females are equally affected. Stress can be a factor in IBD. Good healthy practices such as not smoking, sufficient sleep and exercise, even personal choices of yoga or acupuncture are ways that many patients are able to deal with the unpleasant and long term effects of IBD. ■

Acidic Urine & Its Importance for Urostomates – *via The Orange Oasis, Orange County, CA*

Urine odor from the urostomy pouch indicates a possible infection. More often, this is due to stale alkaline urine residue or poor hygiene although some medications will produce odor in the urine. Acidic urine tends to keep bacteria down, thereby reducing the incidence of infection and decreases odor.

In chemistry, "pH" defines the degree of acidity of a substance called "Ash." This ash can be either acidic or basic (alkaline) in reaction, depending on whether the food that is burned contains mostly acidic or basic ions. The reaction of urine can be definitely changed by foods. Most fruits and vegetables actually give an alkalinized ash and tend to alkaline the urine. Meats and cereals will usually produce an acidic ash that will acidify urine.

By taking Vitamin C (ascorbic acid), one can acidify urine pH. The normal dosage is 250 mg four times daily. Do not take the total amount all at once. Several doses a day give the best results. High alkaline urine may cause stoma stenosis or the narrowing of the stoma opening, often caused by bacteria in alkaline urine. High alkaline may also cause blockage of urine and subsequent urethral and kidney damage.

Persons with urostomies should maintain acid urine with a pH of 5.5 to 5.0. This range can be determined by dipping nitride (litmus) paper into a drop of fresh (not from the pouch) urine that has come directly from the stoma. Never take a urine sample from the urostomy pouch. Stale urine is almost always alkaline. ■

Driving Directions to Metro Maryland's New Meeting Location -

The Non-Profit Village is housed in the Jewish Council for the Aging building at 12320 Parklawn Drive, Rockville MD 20852, approximately one half mile North of Randoph Rd., on the Left. Look for the Jewish Council for the Aging sign.

• **From Rockville Pike,** take Randolph Road going east. At the third stoplight (or first stoplight after crossing the railroad tracks) turn left on Parklawn Drive. Drive approximately one half mile North.

• **From points east,** take Randolph Road going West to Parklawn Drive. At stoplight turn right on Parklawn Drive. Drive approximately one half mile North.

• **From I-270,** take Montrose Road East, Exit 4A. Stay on Montrose Road and continue on Montrose Parkway. Cross Rockville Pike (Rt. 355). You are now on Randolph road. At the 3rd stoplight (or first stoplight after crossing the railroad tracks), turn left on Parklawn Drive. Drive approximately one half mile North.

• **From DC or VA,** take I-495 North to I – 270 SPUR N. From I-270, take the Montrose Road East, Exit 4A. Stay on Montrose Road and continue on Montrose Parkway. Cross Rockville Pike (Rt. 355). You are now on Randolph road. At the 3rd stoplight (or first stoplight after crossing the railroad tracks), turn left on Parklawn Drive. Drive approximately one half mile North.

• **METRO Access:** Take the Red Line to Twinbrook Station. Upon exiting the station head southeast toward Wicomico Ave. Continue straight onto Parklawn Dr. Slight right to stay on Parklawn Dr. Continue through Wilkins Ave. intersection. We are up on the right hand side. About 10 minutes walk. ■

New Travel Card from UOAA –

You may print a new Travel Communication Card from the UOAA website www.ostomy.org. On the 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. ■

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 Non-Profit Village in Rockville, Maryland.

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.
12320 Parklawn Drive
Rockville, MD 20852

❑ In Memory of ❑ Honoring ❑ Other/Donation

Name:_____

Amount:$_____

From:_____

Address:_____

_____

Telephone:_____

Send tribute to:_____

Address:_____

_____

Sunscreens Do Not Block Worst Part of Sun – *by Carolyn Poirot, Schenectady Newsletter, via Metro Maryland*

Most of us have come to rely on sunscreens to save us from the sting of sunburn. Then about 18 months ago came the bad news out of M.D. Anderson Cancer Center in Houston that sunscreens can give us a false sense of security when it comes to skin cancer, especially melanoma, the most deadly form of skin cancer.

It seems that sunscreens block the warning signs of ultraviolet light damage, the pain and redness, but not the more harmful damage to the deeper layers of skin and to the immune system. Most sunscreens are somewhat protective against basal cell carcinoma and squamous cell carcinoma, the more common but less dangerous forms of skin cancer, but not against melanoma, which is responsible for six out of seven skin cancer deaths.

Skin cancer has become an epidemic. It is the most prevalent of all cancers with an estimated 800,000 Americans developing skin cancer each year and nearly 9000 dying from it. Half of all new cancers are skin cancers, according to the American Academy of Dermatology. Exposure to ultraviolet radiation from the sun is the most common cause of all skin cancers.

Once again, cancer prevention experts recommend that we:

• Avoid sun exposure whenever possible between 11 a.m. and 3 p.m.

• Wear protective clothing such as long-sleeve white shirts and hats that cover the neck and ears.

• Apply a sunscreen with a sun protection factor of at least 15 every 60-90 minutes and after swimming, no matter how water-resistant it is supposed to be. ■

Produce Puzzle: Locally-Grown or Organic – *By Joy Bauer TODAY SHOW nutritionist*

People are rediscovering the benefits of buying local food. Proponents claim that it's fresher than most foods in the supermarket and has the added bonus of supporting the local economy. But what about the organic produce at your local supermarket? Is it better to buy locally or organic and what's the difference anyway? TODAY nutritionist Joy Bauer sorts out the issue. For plant foods to be considered organic they can't have been subjected to any synthetic fertilizers or chemicals (like pesticides); the land they're grown on must be certified organic; and genetic modification and irradiation is a no-no. When it comes to animal foods, organic refers to livestock that has access to the outdoors, has been given only organic feed for at least a year, and hasn't been treated with antibiotics or growth hormones. Locally grown is a less definitive term, some say it applies only to foods grown within a 100-mile radius, others stretch it to 250-miles, and one pioneer of the movement defines it as food grown within a "day's leisurely drive from your home." It also usually means seasonal food from small farms, as opposed to the massive agribusinesses where most supermarket food comes from. What is your best option? It's a personal choice. As a nutritionist, I'd have to say that no matter what type of produce you buy — locally grown, organic or conventional — it's VITAL for your health. Tens of thousands of studies have confirmed that the intake of fruits and vegetables can reduce the risk of chronic illness and improve the quality of life. That said, in a perfect world I'd recommend the following: Buy as much seasonal, locally grown produce as you can. You get the chance to help local business, support the environment and get super fresh, delicious produce. However, depending upon where you live, you are limited to seasonal food items. So for greater variety supplement with store-bought organic produce (consider frozen organic to secure nutrient density and slightly reduce cost). If money or availability is an issue, limit your supplemental organic purchases to what many experts claim to be the most heavily sprayed 12 items and stick with conventional for the rest.

Suggested 12 foods to buy ORGANIC:

Apples, Cherries, Grapes, Nectarines, Peaches, Pears, Raspberries, Strawberries, Bell peppers, Celery, Potatoes, Spinach.

Keep in mind that many local farmers do not use pesticides .... however, they can't advertise themselves as certified organic because it's a long and expensive process. Therefore, if you'd like to support your local farmers (and organic matters to you), ask questions. You may be pleasantly surprised with the answers. ■

"THE MOST BEAUTIFUL DISCOVERY TRUE FRIENDS MAKE IS THAT THEY CAN GROW SEPARATELY WITHOUT GROWING APART." – ELIZABETH FOLEY

Safe Travel Tips – *by Joseph Rundle, Aurora IL Ostomy Group via Jacksonville FL Ostomy Group & Metro Maryland*

With the terrorist alert on high and many concerned about safe travel at this difficult time, I thought I would offer you some useful tips:

• Do not ride in an automobile. Autos cause 20% of all fatal accidents.

• Do not stay at home. That is where 17% of all accidents occur.

• Do not walk across the street. Pedestrians are victims of over 14% of all accidents.

• Do not travel by air, rail or water. People have 16% of all accidental deaths because of these activities.

However, only .0001% of all fatal accidents occur at our local ostomy support association's meetings. Moreover, virtually none of these happen during the business meetings. Obviously, the safest place to be is at your local ostomy association meeting. You better go to the next one, just to play it safe. ■

Electrolytes and Why We Need Them – *via Osmotic News, Dallas Chapter*

Everyone needs to be aware of the fact that they need electrolytes in their life. If you have ever noticed football players slugging down Gatorade or some other concoction when they return to the bench, it's because they need to replace the electrolytes they lost with their perspiration. For the ostomate, particularly those with ileostomies, replacing electrolytes is very important. The purpose of your colon is to store foods waste and to return the liquid portion of the stool to the body. When you no longer have a colon, that liquid is lost directly into your bag and is gone forever from your body. With that liquid, you also lose a good portion of your electrolytes. ***Note: All ostomates need to watch their electrolyte balance during summer heat.*** ■

"TO BE JOYFUL IN THIS WORLD IS A BRAVE AND RECKLESS ACT." – MOLLY FUMIA

Ostomy Tips for the Pool – *via Philadelphia UOA Journal and Metro Maryland*

"Can I go swimming with an ostomy?" The answer is a resounding YES! Swimming is an excellent exercise – an opportunity for a good cardiovascular workout without overly stressing your joints (knees and hips) or your spine. The pool is a great place to work on those range-of-motion exercises, too. Water helps support your body while you move and water exercises can be done in the deep end or while sitting in the shallow end of the pool. Best of all, swimming is an activity you can enjoy with family and friends of all ages and abilities! So why are so many of us afraid to get back into the water? Here are two issues and their solutions.

A.*"I'm afraid that my appliance will leak or come off while I am in the pool."* This is by far everyone's number one concern. Just remember that your pouching system is designed to be leak-free and water-proof and your wafer adhesive actually gets stronger in water! As long as your seal is strong and intact, strap on swim fins and jump in!

Tip #1: Don't swim right after you've put on a new wafer.

Tip #2: Make sure your pouch is empty.

Tip #3: Picture framing your wafer with water-proof tape isn't necessary, but may give you the extra confidence you need.

Tip #4: Avoid wearing pouches with filters into the pool. Water may get in through the filter.

B.*"I am concerned that people will be able to see my pouching system under my bathing suit."* Dark colored suits with a busy pattern will camouflage your appliance better than light colors like white or yellow that become almost transparent when wet. Your pouch will dry just as quickly as your suit will so no need to worry about tell-tale damp spots.

Tip #1: For women, choose a suit with a small, well placed ruffle or skirt or swim shorts with a separate top. You may want to wear a clean pair of under pants to help keep your pouch in place.

Tip #2: For men, choose a suit with a higher cut waist or longer leg.

Tip #3: You may wish to wear a smaller, non-drainable pouch: those designed for intimate moments work well here, too.

Tip #4: If you have a colostomy and you irrigate, you may try wearing a stoma cap while you swim. ■