

Next Meeting

Day, March 16, 2024

Start Meeting 10:30 am

The Masonic Lodge

45 Highland Ave NE

Largo, FL 33770

UPCOMING EVENTS

2024 MEETING SCHEDULE

Subject to change!

April 20

May 18

Future dates and locations are
to be determined and confirmed.

President's Message

e,

great number of attendees at
ry meeting. We hope you all
he March meeting too.

website is now live at Clearwaterostomy.org. You will find lots of information.

speakers will be Lila Watkins
Burdewick (CWOCN) from the
nic. These ladies have a huge
knowledge to share with you

ward to seeing you there!



Our meetings are open to
ostomates, the experienced
ostomates, the caregivers,
families, the healthcare
the support persons, the
students, the social workers,
anyone who has a connection
with ostomies and would
like to meet with others.

Tips for Healing

Moving. As soon and as much as possible. Patients who are up and out of walking, and moving around will heal faster.

Nutrition. Nutrition after surgery is as important as before your surgery. Consuming abundant protein is essential for healing tissue, so indulge in your favorite protein foods.

Smoke. Smoking is a significant risk factor for post-operative infections and is known to slow down the healing process due to its detrimental impact on circulation.

Topical Treatments. Check with your doctor and ask when it's okay to apply ointment, cream or oil to your wound, such as vitamin E oil or another product your doctor or nurse recommends. If you begin applying a topical product to your incision site three weeks after surgery, it may help minimize scarring.

Visualization. If you are open to the idea of visualization, experiment using the power of your mind to assist with your healing process. Picture yourself engaging in your favorite activities, so much so that you actually start "feeling" it with the same emotions you would experience if your visualization were reality. It may seem a little farfetched to some, but it likely could not hurt to give visualization exercises a try.

If you are experiencing damaged skin around your stoma or continuing to experience leakage issues, please contact your healthcare provider.

WHEN TO CALL DOCTOR OR W NURSE

1. If cramps last more than three hours.
2. If you get a deep cut in the stoma or bleeding at the junction of the skin and stoma.
3. If you have excessive drainage from the stoma opening or a moderate amount in the pouch after several times emptying.
4. If you have a strong odor that lasts more than a week.
5. If you have severe skin irritation or deep ulcers.
6. If you have severe watery discharge lasting more than six hours.
7. If you have an unusual change in the size or appearance of the stoma.



Quality of Life With An Ostomy

How to make the most of having an ostomy – for whatever reason

By Anita Prinz, RN, MSN, CWOCN

Quality of life with a stoma varies person to person. Aside from the fact that you have a changed body and different tasks, there are many factors that can impact how you will adapt to living with an ostomy. Factors include the type of surgery for your stoma, social support, your support level, coping skills and your personal resilience. This article will discuss

how these factors can impact your transition to a more positive life with a stoma.

Stoma?

Most people usually suffer from a stoma after people have experienced a life with a

member or acquaintance that has a stoma. However, coming to accept a life with a stoma after you have cancer can be very difficult, especially if you were basically healthy before diagnosis. Cancer has a significant physical and emotional challenge. Chemotherapy and radiation treatments can be hard on the human body. Deciding to go through surgery to have an ostomy can be overwhelming for many individuals.

People with inflammatory bowel disease

colitis have usually been dealing with their disease for years before needing ostomy surgery. Most times, a stoma is a welcome alternative to being stuck to the toilet and suffering from abdominal cramping. This patient population has typically done quite a bit of research on living with an ostomy and is the most prepared.



An ostomy can result from trauma, such as from an accident, a gun shot or an emergency procedure for diverticulitis. Those who have an emergency stoma placement with a stoma and wake up with an ostomy post

operation are usually quite shocked and uncertain for life with a stoma. It would be a challenge for anyone. Frequently, these stomas are temporary to allow the body to heal.

Temporary or Permanent?

Those who endure a temporary stoma have been shown to have a better quality of life than those with permanent stomas. Providers have found that those with temporary stomas

permit one to approach a prob-lem through their emotions. stomas that are neglected ed result in pouching and skin which decreases confidence ead to depression. Failure to ostomy management and ough emotions leads to a low m and poor quality of life. A behavior allows for greater and responsibility for the dis-toma. Individuals with per-ostomies can enjoy a good life by accepting their stoma g proactive problem solving ul planning regarding stoma

Age is Power

g, knowledge is power, is no g physically and emotionally or ostomy surgery makes for comes. Knowing that you will ostomy during surgery pre-person psychologically. Your urse will have educated you r surgery and what a pouching . He or she may have even y on a pouch and wear it for a practice emptying and getting aving a pouch attached to your

nurses teach permanent or patients how to apply a pty the pouch, clean the peri-n and treat minor skin break-same way. Diet, clothing and re also discussed either in the etting or home. Literature and

their ostomy, the better their psy-cal adjustment is to living with a

Stages of Grief

Without realizing it, many go the Kübler Ross stages of de-dying: denial, anger, bargain-pression and acceptance. While son has not died, the individu through the grieving process of of a body part” or the “intact bod-

Many ostomates must deal with issues related to their diagnosis diagnosis. Each person goes these stages in their own time. less, an ostomy causes great logical distress as it may seem part of them or their life has “dis- an altered body image and ch- elimination habits need to be co- on a daily basis.

Having the physical and emotio- port of an individual, whether it- ily member or close friend, is cr- person’s positive recovery. A sp- particular, has the potential to- positive effect on the patient’s e- health by reducing feelings of h- ness and uncertainty, anxie- mood.

Unfortunately, having a partner- necessarily mean that they will- portive through your recovery- were experiencing marital prob- fore surgery, chances are thes- compounded by having an- Withdrawal of support from a- can have a negative impact

Support

involved with a local United Associations of America (UOAA) group is very helpful to overcome isolation. Members and visitors to ostomates feel they belong to a culture and find ways to enjoy life. Support can be in person, from a visitor or by attending group meetings or even online via social networks and forums.

For many people who still live in rural areas that do not have an ostomate within 100 miles of their home, making the internet, blogging, or working a great means to vent and relieve anxieties of isolation. At the UOAA National Conference is a wonderful way of getting together and connecting with other ostomates.

It's Key

Not accepting your stoma for whatever reason, may be doing your stoma care for you. The more support a person is for ostomates, the lower their self-esteem and quality of life. Granted, some people find it harder to care for than others. Learning. Surgical complications, such as an open abdominal wound, can make stoma care much more challenging and complex.

An open wound requiring daily dressing or vacuum assisted closure

and painful. At this time in your life, assistance by a nurse or family member will be warranted. When an individual can independently perform their own stoma care, they feel much better about themselves and will enjoy a much better quality of life. Mastery of self-care skills is essential to adjusting to life with an ostomy.

Older men (≥ 50 years of age) were found to have increased depressive symptoms, lower satisfaction with life after surgery compared to women. In a study by Milhalopoulous in 1998, there was a decrease in life satisfaction and a decrease in libido after surgery and may contribute to depressive feelings. Women's attitudes differ in that they are most often concerned with the security of their relationship, self-image and economic support.



Unmarried women were found to have a decreased quality of life compared to married women. Generally, older men have a more difficult time adjusting to life with an ostomy. They may also be experiencing poor health. The longer the time that has passed since surgery, the more likely the quality of life improvement.

Older men become more comfortable managing their stoma care.

The Right Path

The fact that you are reading this implies that you probably have a low quality of life or are looking for ways to improve your life. You are educating yourself and learning how others

combats in your local OVA group or are working with someone to improve your lifestyle.

As much as you can about your condition and make friends with your stoma. Accepting your condition and mastering coping skills, you will be much

happier and able to enjoy life to no matter what challenges you face. If you are having trouble seeking out your ostomy nurse or having trouble adapting to life with a stoma after a year and have tried everything else, counseling with a therapist may be warranted.

Wish I Knew...Words of Wisdom from a Cancer Survivor

By Nanette Fisher

Months after my ileostomy surgery, I reflected on the monumental changes this event has had on my life. I hope my experience can help others. Most of these "lessons" I learned in the school of hard knocks, as my father used to say. I wish most (or none) of the medical personnel who treated me for my traumatic surgery had actually experienced it themselves, it would have been difficult, if not impossible, for them to adequately prepare me.

I was fortunate to have an outstanding surgeon, who was extremely professional and thorough. He did the research preceding the decision to remove my colon in order to prevent late stage one cancer. The stoma nurse who measured my abdomen and marked an "X" where the stoma would go, even

the surgery. I was entering a new and unknown world with very little preparation for the challenges ahead.

Here are some things that I wish I had been told to make the transition and life with an ostomy easier and less stressful. I believe this information will help any ostomate about to start life anew with new plumbing.

Support Available

My youngest daughter, Kim, visited me the month after my surgery on me and my recovery (leaving her family responsibilities across the country!) She discovered a support magazine and paid for a subscription. She also found and took me to the local ostomy support group meeting in Palm Springs. I am grateful for both these sources of information and assistance invaluable. My daughter also helped me order undergarments.

and overwhelmed with just through the day, who knows if it would have taken me to about these things without her

Discussions

daughter, Tamara, emphasized danger of dehydration, but I had no concept how serious the consequences could be. I ended up back in hospital with an IV as my electrolyte and weight dropped to a serious level. I had to be proactive with anti-diarrhea medication and tried all kinds of fluids to prevent being dehydrated. I thought that radiation I had 10 years ago might cause problems in my wound but this was never mentioned as a surprise – when my wound reopened five weeks after surgery I really panicked. Fortunately, the alternative treatment was suc-

no mention was made of the possibility of urinary incontinence, which I am still experiencing. At least I am finding solutions with the help of a urologist, although one of the medications prescribed for this had serious side effects I lost another 10 pounds. Another concern was the length of time it takes to regain my health and vitality – it took a lot longer than I ex-



Supplies

It does take trial and error to find the most appropriate supplies. It is wonderful to have so many options available. I recently found Coloplast wafer strips solved a wafer leakage issue. It is so important to keep searching to find what meets your personal needs.

Food, Beverages and Medication

In the beginning, I was so scared of the huge list of “forbidden foods” that I lost all interest in eating. With the encouragement of my ostomy support group, I have tried many of those foods and I am now thriving on almost everything, including nuts, berries, grapes and citrus (finely chopped). I think that there should be emphasized that there is a lot of room

for personal differences and it is good to be creative! Be alert to food allergies, complications and work with your doctors to avoid complications.

Perspective

I find it is so important to keep a positive outlook. I am trying to concentrate on the beautiful people in my life. I am so aware of how much better life is without the many problems that bogged me down before surgery...and the cancer is gone! Life is good!



DEBUNKING OSTOMY MYTHS

By Anita Prinz, RN, MSN, CWOCN

2014 Free Dictionary states a myth is a belief or set of beliefs, often proven or false, that have accrued to a person, phenomenon or situation. Many myths have been spread around for years regarding ostomies. Perhaps this has come from a cultural attitude that talking about waste is taboo. People get very embarrassed when talking about personal waste, except maybe hand washing.

When talking about pooping and peeing, this article will present several common myths about ostomies and debunk the truths about them.

and may have originated in the days of very rudimentary supplies that did not maintain an airtight seal. Early ostomy pouches were made of rubber and secured only with a string. So maintaining a seal was challenging for most people, especially during activity. A bad seal equals a leak, a major problem. Early pouches were often rinsed and re-used for as long as the pouch held up.

Today, modern systems are made of odor-proof materials and are designed to adhere well. The barriers adhere well and create an airtight seal. Pastes, strips, rings and security tabs are available

but then again, everyone's
ills when they evacuate their

People are Disabled

In the 1950s and earlier, an ostomy was considered a disabling event as it was viewed as an amputation by insurance company standards. You could not have a job and work for the police department, nor could you serve in the military. This has all changed in 1990 with the passage of The Americans with Disabilities Act. The Rehabilitation Act of 1973 protected federal employees, contractors and the military.

Today, an individual with an ostomy is not discriminated against as long as they can perform the required activities. Sports of all extremes can be enjoyed and played, including rock climbing, race car driving, snow skiing and SCUBA diving.

In the past, physicians and ostomy nurses would caution against full-contact sports such as football, but today there is no restriction of protective equipment to wear on the stoma.

People Cannot Have Children

It is a popular belief, the colon is not part of the reproductive system – in both men and women. Many women have had children after having an ostomy. See Dr. Thro's article in this issue for more information. Childbirth is possible after an ostomy. The ability to remain fertile after an ostomy is dependent on many factors and not everyone who has ostomy surgery will not

creation of a stoma in and of itself does not negate a person's ability to have children. This is true for men and women.

Taboo Foods

Ileostomates are often instructed to eat a low-fiber diet to decrease the risk of food blockage. But, most ileostomates tell you that they enjoy high-fiber foods, chewing very well and drinking plenty of water. Food blockages are a concern and great care should be taken to avoid them. Foods that are taboo for some are not for others. Each person needs to learn what works for them and doesn't for themselves. Colostomates and urostomates generally have fewer restrictions. Some people with colostomies choose to eat different foods, but it's really no different from people without an ostomy who have their own preferences.

All Ostomates are Old

People with ostomies come in all shapes, colors and ages. There are thought to be two different populations; the older ostomates usually had cancer or a blockage, while the younger ostomate who had intestinal bowel disease or a birth defect. Trauma can affect a person and may necessitate an ostomy.

Stomas Have No Nerve Endings

Your surgeon and ostomy nurse may tell you that there are no nerve endings in the stoma. The majority of individuals with ostomies do not feel any pain in the stoma, but there are some ostomates. Mike D'Orazio, ET, has

nerves from your mouth to your
just that there are not as many
nerves in the bowel that
to painful stimuli. The sensory
your bowel are "either very low
s and caliber or the brain is not
e to perceive the pain." This
blain why some individuals
e pain at their stoma while
not.

Intimacy

People with ostomies continue to be
active – with passion and
it is true that complications from
surgery or an adjuvant operation,
removing the prostate, can
e ability to perform sexually.
having a stoma does not mean
matically cannot have sex.

If your spouse is bothered by the
there are several companies that
cial undergarments or wraps to
and contain the pouch.
e in your new body, a trusting
nd creativity with a touch of
hances all intimate activities.
ind that you cannot and should
ex in your stoma.

Will Know

As you can never really tell that
has an ostomy unless they tell
UOAA estimates there are
individuals with an ostomy in the
one out of every 400 people.
are you've met several
and never knew it! Ostomates
ual clothing like everyone else.
some who prefer to wear loose

prefer to wear tight fitting clo
choice is up to the ostomate a
clothing that makes them feel g
themselves.

In the olden days, ostomy b
made of rubber, similar to a
bottle! Modern pouches come
and shapes, clear and opaque
no clips. It's easier than ever to
pouch.

Myths are perpetuated via the
of ignorance. Those who u
ostomies and have firsthand
are empowered today to s
knowledge and expose t
Opportunities abound for th
ostomies to educate the pub
Ostomy Day is celebrated eve
raise awareness. Lois Fink c
IBD & Ostomy Awareness R
Your Guts in Gear is a cycling
to raise awareness of IBD. Ho
can change the public's perc
having an ostomy is not a traged
well may be the beginning of a
wonderful life for many.



of information can be found
the United Ostomy Associa-
of American website.



Main Website -
www.ostomy.org

Discussion Board -
www.uoaa.org/forum

Facebook: [Facebook.com/UOAA](https://www.facebook.com/UOAA)

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