



AFFILIATED SUPPORT GROUP

Affiliate Group #004

Clearwater Ostomy Support Group

www.clearwaterostomysupportgroup.org

clearwaterostomy@gmail.com

SUPPORT LINE 727-490-9931



Jan 2023

Next Meeting

Sat, January 21, 2023

Support Meeting 10:30 am

The Masonic Lodge

1145 Highland Ave NE

Largo, FL 33770

UPCOMING EVENTS

2023 MEETING SCHEDULE

Subject to changel

February 18th

March 18th

Future dates and locations are still to be determined and confirmed.

the President's Message

Hi Everyone,

Happy New Year to you all! I hope everyone had amazing holidays. As we ring in 2023, I hope to see you all at the January 21st meeting at the Masonic Lodge.

We will be having Beth Peters speaking from Safe n Simple. They have lots of products so be sure to bring all your questions to have answered.

Looking forward to seeing you there!

Have a very happy and New Year!

Blessings,

Marilyn



Our meetings are open to new ostomates, the experienced ostomates, the caregivers, the families, the healthcare workers, the support persons, the nursing students, the social workers and anyone who has a connection with ostomies and would like to join us. We welcome you all!

TIPS & TRICKS

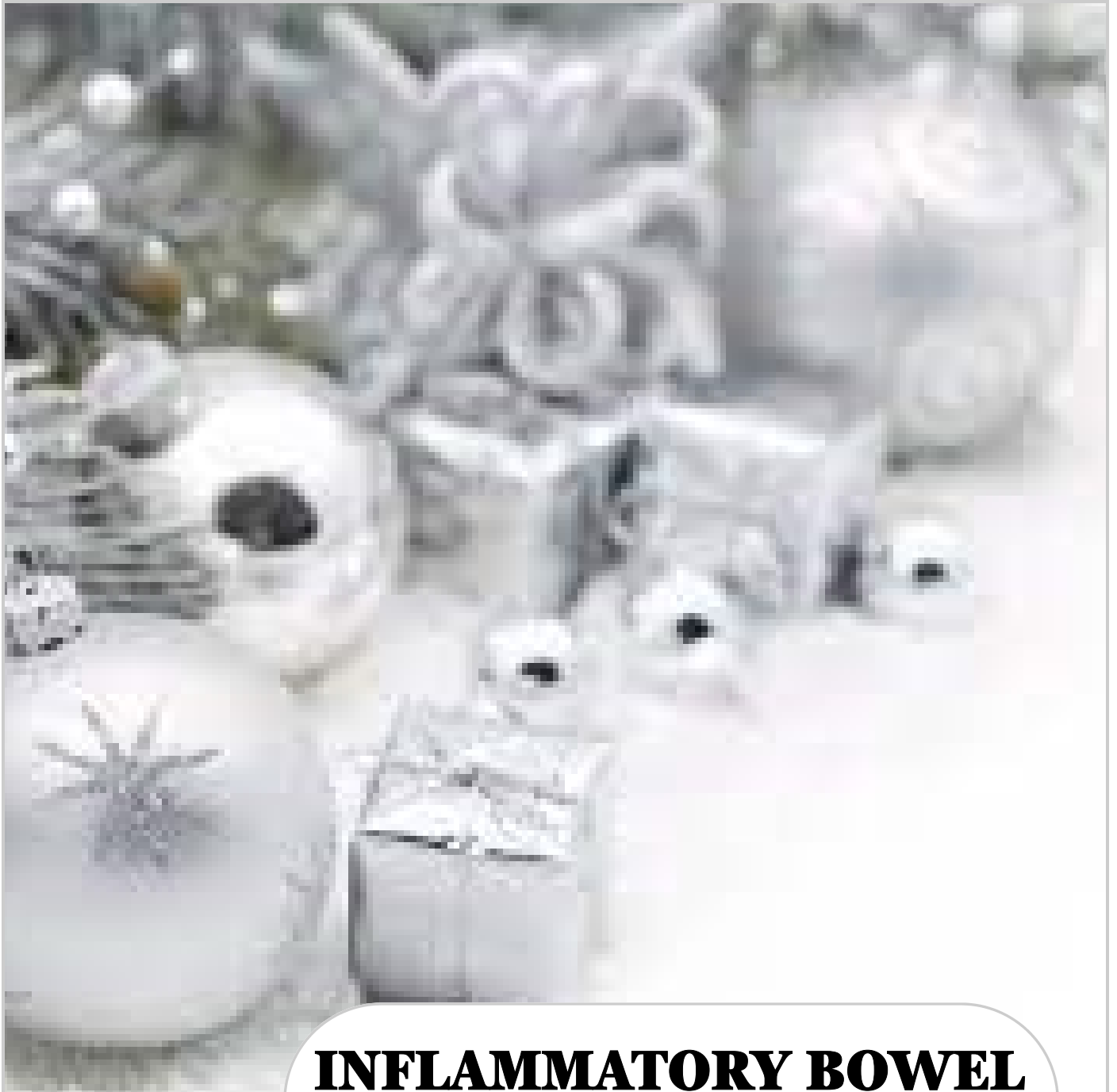
Tips and Tricks

1. If you are staying overnight, consider carrying a “chuck pad” (plastic backing) for your peace of mind.
2. Always carry an extra replacement pouching system in case you spring a leak while away from home.
3. Carry an extra pouch closure (clamp) in your pocket or purse...just in case you drop one. Or keep a few rubber bands in your wallet (could be a lifesaver).
4. If you do not use pre-cut wafers...try using a small seam ripper (for fabric) for cutting the size you need for your barriers/wafers.
5. Don't expect to get the same wear time in the summer months.
6. Put Skin Prep around in the inner edge or cut edge of the wafer to help prevent the wafer from “melting” away so quickly.
7. Ziplock sandwich bags are useful and odor-proof for disposing of used ostomy pouches.

WHEN TO CALL A DOCTOR OR WOC NURSE

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





INFLAMMATORY BOWEL DISEASE AND ANXIETY

An Article by BadGut.org and the GI Society

CLEARWATER OSTOMY SUPPORT GROUP



Inflammatory bowel disease (IBD) is a term that primarily refers to two diseases of the intestines: Crohn's disease and ulcerative colitis. These diseases cause chronic inflammation, and include symptoms such as severe abdominal pain, diarrhea, and rectal bleeding. In Crohn's disease, the inflammation can be anywhere in the digestive tract, and can extend right through the entire thickness of the bowel, occurring in multiple patches or one large patch. In ulcerative colitis, the inflammation is limited to the inner mucosa and begins at the anus, with the disease continuously progressing upward through the colon only. Prolonged inflammation results in damage to the Gastrointestinal tract.

The cause of IBD is still undetermined but there is considerable research evidence suggesting that interactions among environmental factors, intestinal microorganisms, immune dysregulation, and genetic predisposition are responsible.

A recent study analyzed the link between IBD and anxiety by looking at many studies published on the subject (meta-analysis), and found that along with the severe physical symptoms, patients with IBD frequently experience

psychological comorbidities. One study found that up to 40% of those with IBD experience abnormal levels of anxiety. In another study, anxiety affected between 29-35% of IBD patients in remission, but this drastically increased to 80% of IBD patients during a flare-up. This anxiety prevalence is much higher than expected by chance, and it is especially high in patients with Crohn's disease. In IBD, the severity of symptoms can be a factor in developing anxiety, although in some, the anxiety came first.

Emerging research shows that anxiety can even trigger a flare-up in IBD patients. One study found active mucosal inflammation to be associated with an increase in psychological symptoms. This research is helpful, because it shows just how important it is to get inflammation under control. Individuals with IBD who receive adequate treatment and stay in remission are less likely to experience anxiety.

There are certain risk factors that make someone with IBD more likely to develop an anxiety disorder, including psychological stress, increasing age, severe and active disease, surgery, lack of disease education, and poor

socioeconomic status.

What is an Ostomy?

The term ostomy refers to the surgical opening created for the elimination of body wastes. When the digestive system ceases to function properly due to disease or injury, a physician may recommend removing or bypassing portions of the small intestine or colon. When the surgeon removes or bypasses these sections, sometimes it may no longer be possible to eliminate waste (have a bowel movement) from the usual anatomic route. The surgeon will then re-direct the end of the remaining intestinal tract to the surface of the skin; this opening is a “stoma” or ostomy. When the small intestine connects with the surface it is called an ileostomy and when the colon (large intestine) connects with the surface it is called a colostomy. Ileostomies and colostomies may be either temporary or permanent, depending upon the particular situation.

The Influence of Functional GI Disorders

IBD is an organic bowel disease, which means that it has specific, measurable physiological effects on the body. Other disorders, such as irritable bowel syndrome (IBS), are functional conditions, where symptoms occur but there is no obvious physical reason.

Typically, psychological symptoms are more common in those with functional GI disorders, so it is common for physicians to screen for anxiety in these patients. However, since IBD is an organic disease, physicians don't often consider that these individuals experience anxiety, leaving some patients undiagnosed.

Interestingly, physicians frequently use a diagnosis of an organic GI disease to rule out a functional disorder. However, it is possible to have both, and it appears to occur quite frequently. One Australian study found that 66% of IBD patients also met criteria for at least one functional GI disorder, which was especially common in those who had both IBD and anxiety. It is important that physicians recognize the difference between normal IBD symptoms, and those that could be from irritable bowel syndrome or functional dyspepsia.

Treating IBD and Anxiety

The study authors say it is important for physicians to determine whether patients with IBD also have a functional disorder. Differentiating symptoms between the two can be difficult, so they suggest that doctors first look for signs of inflammation, treat those, and then if symptoms remain it could indicate a functional disorder, at which point they should consider treatment for this disorder as well.

Physicians typically involved in caring for IBD patients, such as general practitioners and gastroenterologists, sometimes don't have much formal training in psychological disorders, and since patients are often hesitant to bring up psychological symptoms due to social stigma, they typically remain undiagnosed and untreated for too long. When IBD patients with an anxiety disorder experience stigma and therefore don't seek treatment, it can lead to further disability. It is very important that physicians are aware of the increased risk of anxiety in IBD patients, and should be prompt in detecting and treating any coexisting anxiety disorders. Patients also have a responsibility to speak up and ask for help if they perceive that anxiety is a

CLEARWATER OSTOMY SUPPORT GROUP

problem for them.

The study authors recommend physicians use formal screening questionnaires to detect anxiety in IBD patients. They suggest a few different types of questionnaires, preferably something simple, that is long enough to be accurate, but not so long that it is burdensome to the patients, could be an effective way to detect anxiety in IBD patients.

For patients who are anxious, management should involve a gastroenterologist and a psychologist or psychiatrist. Treatment should include medications for IBD along with therapy and medications for anxiety. However, studies show that psychological treatments have no benefit for those with IBD who don't have anxiety or other psychiatric disorders, so it is important to have efficient screening methods to determine which patients should receive specific treatments.

Treating anxiety can even have extra beneficial effects by reducing IBD symptoms. One study found that using cognitive behavioral therapy (CBT) in adolescents with IBD and anxiety not only reduced anxiety, but also improved pain and disease severity in IBD. Studies have long supported the use of CBT in irritable bowel syndrome as well.

If you are an IBD patient and are concerned that you might have anxiety or a functional gastrointestinal disorder, speak with your doctor.

Article retrieved from <https://badgut.org/information-centre/a-z-digestive-topics/ibd-patients-suffer-anxiety/>

IMPORTANT NOTICE: *Articles and information printed in this newsletter are not necessarily endorsed by the Clearwater Ostomy Support Group and may not be applicable to everyone. Please consult your doctor or Nurse for the medical advice that is best for you*



It's membership renewal time! Attached is the Annual Membership paperwork.

Membership is open to all people with ostomies, as well as those with incontinent, intestinal, or urinary diversions. Family members, friends, and professionals are also encouraged to join.

Membership includes our monthly newsletter and access to medical professionals, the ostomy.org website and the latest product information and samples.

CLEARWATER OSTOMY SUPPORT GROUP

Loads of information can be found at the United Ostomy Association of America website.



UOAA's Main Website -
www.ostomy.org

UOAA Discussion Board -
www.uoaa.org/forum

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

Twitter: [Twitter.com/UOAA](https://twitter.com/UOAA)

Phoenix Ostomy Magazine:
<https://phoenixuoaa.org/my-account/>

Keep Hydrated!

Keep Hydrated!

Keep Hydrated!

OFFICERS

President

Marilyn Bossard 391-5682
rbossard1@verizon.net

Vice President

VACANT

Treasurer & Membership

JoAnn Barr 669-3820
clrwestmy.jabarr@gmail.com

Secretary

VACANT

Newsletter Editor

Mary Beth Makrianes
ClearwaterOstomy@gmail.com

COMMITTEE CHAIRPERSONS

Program Chairperson

VACANT

Registration Chairperson

Margit Sereg 727-772-9536

See Newsletter Distributor

Rose Munchbach - 397-4146

Sunshine Person

Joni Roeder 260-6050

Educational Chairperson

Cindy Owens - 462-7243

Website Chairperson

John Buchanan 651-967-1045

Information Chairperson

VACANT

Medical Advisor

Romel T. DeMoraes, M.D. 441-8618

Wound Ostomy Continence Nurses (WOC) 462-7243

Follow us on Facebook and Twitter for lots of great information and some humor.



<https://www.facebook.com/clearwaterostomysupoSrtgroup/>



https://twitter.com/clwtrostomy_grp

Need Emergency Ostomy Help?



Lila Watkins at Bay Breeze RX has graciously set up a beautiful private room where she can see people and help them with problems they may be having with their ostomy.

Bay Breeze RX is located at 3350 East Bay Drive. Largo, FL 33771
P: 727-614-9933 | www.baybreezerx.com

We'd love to see you at the next meeting!! Everyone is welcome!!

COSG #004
12931 88th Ave. North
Seminole, FL 33776

Get Ostomy Answers!

The Phoenix magazine provides answers to the many challenges of living with an ostomy. From skin care to nutrition to intimacy, in-depth articles are written by medical professionals, ostomy experts and experienced ostomates. Subscriptions directly fund the services of the United Ostomy Associations of America.

Your satisfaction is guaranteed and your personal information will never be disclosed to a third party.

Subscribe or Renew Today!



www.phoenixuoaa.org
or call 800-750-9311

Save 38%*



The Phoenix

- One-year subscription \$29.95 Two-years: \$49.95
 Please send me FREE product samples, special offers and information.**

Name _____

Address _____ Apt/Suite _____

City _____ State _____ Zip _____

Payable to: The Phoenix magazine, P.O. Box 3605, Mission Viejo, CA 92690

*Based on cover price of \$9.95. \$39.95 for Canadian one-year subscription. U.S. funds only. **Your contact information will be disclosed to third party companies to fulfill the request. Published March, June, September and December. If you are not satisfied for any reason, we will gladly refund the unused portion of your subscription.