UOAA United Ostomy Associations of America, Inc.
AFFILIATED SUPPORT GROUP
Affiliate Group #004

Clearwater Ostomy Support Group

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SUPPORT LINE 727-490-9931

MAY 2025

Next Meeting

Saturday, May 17, 2025

Support Meeting 10:30 am

NOTE: Location Change!

Angels of Hope Ostomy Clinic and Closet

Clearview United Methodist Church

4515 38th Avenue N

St. Petersburg, FL 33713

the President's Message

Hi Everyone,

We are going to be meeting at the new location of our Ostomy Clinic and Closet.

This month our speaker will be Lila Watkins and Karen Burdewick. We look forward to the wonderful information about how the new clinic/closet is working out and new products on the market that may be helpful!

Please...be sure to bring any questions you may have for Lila and Karen to answer.

Blessings, *Marilyn*

UPCOMING EVENTS

2025 MEETING SCHEDULE

Subject to change!

June 21, 2025

July 19, 2025

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

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 for Healthy Eating With an Ostomy

So, what do we do? Our Moms always said, "Eat those vegetables and have an apple!" However, most of us must watch our fruit and vegetable intake so that we avoid intestinal blockages. Here are six tips that can help you eat well and safely:

- **Cook your fruits and vegetables.** When foods are cooked, they are easier for the body to break down. Try sautéing, baking, or even air frying your favorite fruits and vegetables. **Blend your fruits and vegetables.** After every workout I have a protein smoothie. I combine one cup of unsweetened almond milk with one scoop of vanilla whey protein, a handful of spinach, a half of a banana, and one tablespoon of peanut butter.
- **Chop your salads.** The smaller the pieces, the easier they are to digest. I've been loving the bags of pre-chopped salad that are in grocery stores now.
- **Take a digestive enzyme after a meal.** These supplements can help your system break down vegetables and fruits even more.
- **Chew slowly.** Our lives are so busy that when we sit down to eat, we often don't take our time. Slow down at the table and chew your food more. This will help you digest it better.
- **Keep a food log.** Writing down what you ate and how it made you feel will help you make better choices.

Be sure to check with a dietitian about what foods you can safely eat. For example, mushrooms can cause intestinal blockages for some people living with an ileostomy.

Contrast Exams and the High Output Ostomy

By Lyn Rowell

For an ileostomate with a high volume output, medical tests that involve drinking contrast solutions may be a little difficult. Even an ultrasound that requires a full bladder may need a little extra planning. If your ostomy output is fluid and must be emptied frequently, talk to your doctor prior to the test. Normally, the body adjusts within a year or two of surgery so the time between ingesting food or drink and the time it comes out of your body (transit time) slows down; however, some individuals may find that their intestinal tract continues to process what goes in rather quickly.

If you are having an ultrasound that requires a full bladder, you are instructed to drink a certain amount of liquid within a certain time. To have the required full bladder, an ileostomate may need to start drinking fluids earlier than they state and at a slower rate. This will allow the body to absorb the water. If you follow routine instructions, it just runs right through to the pouch. Also, you may find that taking an anti-diarrhea medicine helps.

If your exam requires drinking contrast, talk with your doctor prior to the appointment about how to slow down the digestive tract. When given a large amount of contrast to drink, most may end up in the pouch than in your system. But it's wise to talk to your doctor ahead of time. Do not expect the technician during the exam to understand your situation.

NOTE: Check with your doctor or ostomy nurse. Remember that everybody reacts differently.

Why A Medical Alert ID Matters

by Ellyn Mantell with Jeanine Gleba

It's a fact; ostomies and continent diversions save lives. Most people are very private about having a fecal or urinary diversion and only share information with people to whom they are most close. Living with a diversion is often considered an "invisible disability." The concern is, what would happen with these individuals if they were in an accident, unconscious or unable to speak for them selves?

They would be unable to notify an emergency responder of the unique needs of the diversion. For example, a Kock pouch is an internal pouch/reservoir that has a stoma that needs to be catheterized throughout the day to empty it. If an emergency responder were not aware of this need, it could result in over filling of the reservoir and damage to the reservoir.

There is a simple non-verbal way of communicating health issues and medical conditions in emergencies that deserves attention and should be considered. According to the **Centers for Disease and Control Prevention (CDC)**, for personal health preparedness "help others help you" by wearing a medical alert ID bracelet or necklace engraved with important information for emergency responders and healthcare providers.

By wearing a form of medical identification people living with an ostomy or continent diversion can effectively advocate for their health and safety protection when they are unable to speak up for themselves. It provides peace of mind should the worst case scenario happen.

A real life example shared with UOAA may explain the efficacy of saving time in an emergency situation. An ileostomate

was crossing the street and hit by a car. He was not terribly injured, but the force of hitting the ground caused his pouch to explode, causing the first responders to assume his abdomen had been perforated. They spent valuable time cutting clothing to find the cause of the seepage, an unnecessary waste of what could have been life-saving time. Had this gentleman been wearing a medical alert bracelet or dog tag necklace, he would have been assessed differently, and certainly more quickly.

Wearing a medical alert ID is far more effective than carrying a card in one's wallet or handbag, or counting on another person to provide vital information. If there is an accident or incident, one may be thrown from a car, their wallet lost or removed, or one may be separated from a person who can advocate. Additionally, a family member or friend may also be incapacitated in some way, or in shock, unable to provide this lifesaving information.

It is suggested by paramedics that a medical alert bracelet be worn on the left wrist, since that is where they reach first for a pulse. A medical icon in red is an attention grabber, but whatever form of ID you choose be sure it includes the **universal medical alert symbol**. Include as much information as possible and be specific. If there are medical instructions, spell them out. A sample inscription might say: Continent Urostomy Catheterize every 4-6 hours with a 14Fr. Catheter.

If there are other medical conditions, state them for emergency responders. Include such information as diabetes, allergies. This is no time to be vague. Include a cell phone number of a family member if there is room, and **DO NOT FORGET TO ADD YOUR NAME TO THE FIRST LINE!**

The most notable and recognized medical alert IDs are from the companies **Medic Alert Foundation** and **American Medical ID**. These companies can also keep on record more specific details of your medical history and current care with QR codes and ID cards in addition to the wearable ID.

For those who simply don't like the look and style of the standard medical alert bracelet there are many more **fashionable forms** of ID. Other medical alert jewelry may be found on websites such as **Lauren's Hope, Alert-1, American Medical ID, Medic Alert, and Meridian Medical/Ostomy Supply Company** sells a specific bracelet for ostomies. Although first responders tend to look for medical alert bracelets, for those who don't want to wear jewelry, there are other types of IDs available including: Apple Watch slides, dog tags, and cell phone tags. Your ostomy nurse, primary care physician's office and most pharmacies can also provide guidance.

Some people may be uncomfortable wearing something that tells others they have an ostomy or continent diversion. Don't let stigma stop you from being emergency-prepared! Consider if you would wear medical alert identification if you had life-threatening allergies. When it comes to one's health, it should never be associated with shame. Ostomies and medical alert IDs go hand in hand saving lives.

Soluble vs Insoluble fiber: What's the Difference?

If you have an ileostomy, should you eat fiber? How much? What kinds are safest? The intestine has a remarkable capacity to adapt.

Matter/digested food in the small intestine is quite watery, and after it moves into the large intestine, a good portion of the water is reabsorbed into the body.

Most fiber is indigestible material from the plants that acts like a sponge, soaking up water and increasing the bulk of the intestinal contents making matter move through the system more quickly. In a person with an intact colon, fiber is essential to preventing constipation and keeping a person "regular". This is the main function of fiber.

A person without a large intestine (ileostomy) doesn't have a problem with constipation, and will have loose or watery stool. (Some ileostomates report that over time, their stool becomes less watery as the small bowel adapts and 'makes up' for the loss of the large intestine.) This is especially possible if the last section of the small bowel (ileum) is still intact.

However, consuming too much "insoluble" fiber may cause a blockage. Avoid or limit your intake of insoluble fiber such as bran, popcorn, seeds, nuts, skin/seeds/ stringy membrane parts of the fruits and vegetables.

However, another type of fiber (soluble) may be beneficial to the ileostomate. It may seem like a contradiction, but the function of soluble fiber is to make intestinal contents "thicker" and can actually help prevent diarrhea. This fiber is found in oatmeal, barley, dried beans, peas, Metamucil and in the pulp of fruits and vegetables. Most foods have a combination of both types of fiber, but the above examples show the differences.

Adding pectin (Certo, used to make jam and jelly) to one's daily diet can help to minimize diarrhea. Add it to applesauce. How much of any of this stuff the individual ileostomate can safely eat is, unfortunately, often determined by trial and error (and sometimes, despite knowing better, having just o-n-e more taste of those nuts!)

Pay attention to how much, and how fast, your are eating any kind of fiber. It might seem silly to measure one's intake of certain things by the bite, but it's best to be ultra-cautious as you resume eating after surgery.

Add vegetables and fruits in very small amounts. Chew your chow carefully and thoroughly. Try not to learn your limits the hard way.

Some Ileostomy Don'ts

Don't fast. Fasting can lead to serious electrolyte imbalances, even when adequate fluid intake is maintained. Don't limit fluid intake. Ileostomates are always slightly dehydrated due to the constant outflow of fluids, so maintaining fluid intake at all times is a must.

Be cautious about giving blood. A constant state of dehydration places enormous stress on the kidneys when blood is given. Serious damage can occur. Giving blood is not recommended practice for ileostomates, but if you want to do it, consult your own doctor first.

Don't eliminate salt from your diet. Because salt is also lost with the fluid outflow, even those with high blood pressure should not eliminate salt altogether. Consult your doctor for your recommended salt intake when physical problems are a consideration.

Don't put anything in your stoma. Don't allow anything to be put in your stoma without your own doctor's personal supervision. Doctors have sometimes incorrectly given routine orders in hospitals—for enemas, for example. Question any procedure that intrudes on the stoma, including suppositories.

Don't take any medication unless you know it will dissolve quickly and be fully absorbed. Before filling new prescriptions, be sure to ask your pharmacist whether or not it will dissolve in the stomach quickly. Coated and time-released medications will not be absorbed and will pass through without benefit. If in doubt, purchase only six pills and try them before getting the rest of the prescription. Women should be especially alert when taking birth control or estrogen replacement medications.

Don't take any vitamin B-12 product for granted. Have your doctor check your B-12 level whenever you have a blood test taken. Some ileostomates with short bowels may require B-12 injections when they do not absorb enough of the vitamin.

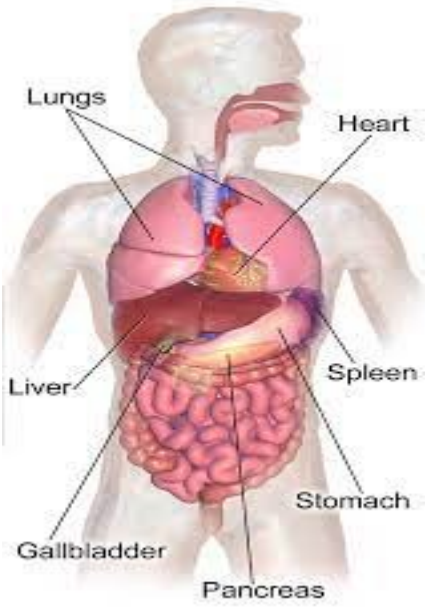
Symmetrical versus Lopsided

On the outside, humans are even, balanced, graceful, symmetrical—nicely streamlined for a long swim. But, how about on the inside?

We are lopsided, or asymmetric is more like it, says Lewis Held, Jr. in Quirks of Human Anatomy. We have a spleen on the left but not the right; our left lung has two lobes, but the right lung has three; our heart and stomach are shifted left of center, our liver to the right and our intestines meander throughout our abdominal cavity.

In fact, our intestines are about ten times the length of our torso and to pack such a firehose into the body cavity requires that it deviate from the midline. Still unclear is why our gut doesn't just coil haphazardly instead of its twists and turns normally culminating in a clockwise colon (ascending right, crossing and descending left).

The epitome of asymmetric complexity must be the head, arising through pretzel-like contortions of an initially symmetric tube. Our most dangerous asymmetry is found inside the heart where we have only one, unilateral pacemaker. "We would be better off if we had a back-up pacemaker on the other side that could take over in the event of a heart attack," says Held.



Stress and Intestinal Gas

Stress is the cause of one of the most common gastrointestinal complaints.

Flatulence occurs in people during stressful situations. While under stress, breathing is deeper and one sighs more, encouraging a greater than normal intake of air. Dr. Richter, a gastroenterologist at Massachusetts General Hospital, states that the average person belches about 14 times a day. The person with flatulence problems does not belch more often. However, they may experience the sensation of needing to belch and get little relief from doing so.

Here are some ways to relieve gas:

1. Avoid heavy fatty meals, especially during stressful situations.
2. Reduce the quantity of food consumed at one setting. Eat small low-fat meals about every three hours.
3. Avoid drinking beverages out of cans or bottles. Avoid drinking through a straw.
4. Avoid food and beverage you personally cannot tolerate.
5. Avoid any practice that caused intake of air, such as chewing gum, smoking, blending food that contain a lot of air.
6. Drink at least 8 glasses of water a day.
7. With the advice of your doctor and ostomy nurse, experiment with foods in your diet to achieve adequate bowel regularity.
8. Avoid eating too many fiber foods at one meal. Gradually add fiber food in your diet to prevent excessive intestinal gas.
9. Avoid skipping meals. An empty bowel encourages small gassy stool.

Poor digestion can often exaggerate the symptoms associated with flatulence. Digestion enzymes help to reduce the gas in food assimilation and chemical digestion.

Food coats the stomach and helps prevent gastric juices and acids from destroying the enzyme action.

Urinary Tract Stones

Urinary tract stones, particularly kidney stones, have been known for many, many years. The disease manifests primarily in adulthood, although its occurrence in children is not unknown.

Three times as many males suffer from the malady as females. The pain associated with the disease, the result of passing of the stones, is recognized to be the most severe known.

Heredity is one factor that contributes to the disease. If one member of a family has stones, most likely another family member will also develop stones. Age is also a contributing factor, with males in the fifth decade of life being at the highest risk.

Summer time is the peak season for kidney stones because outdoor activity leads to perspiration which, in turn, may result in dehydration. Replacement of lost fluids with such liquids as ice tea or soft drinks does not adequately correct the dehydration or the tendency to form kidney stones.

Urostomates are at high risk of developing infections of the urinary tract and of kidney stones. Ileostomates are also at risk of developing kidney stones because they have difficulty with absorbing liquids and are thus subject to dehydration and consequently stones. The currently preferred treatment for the majority of patients suffering from urinary tract stones employs shock waves, which break up the stones rapidly and with a minimum of discomfort. Usually one day in hospital is all that is required.

In the future, we may see advances in medicine which will prevent the formation of urinary tract stones. Our best defense remains drinking an adequate amount of fluids, and the best being water.

Meet An OstoMate

MeetAnOstoMate **(meetanostomate.org)** is a unique community of 40,121 members, where people connect, talk openly, share laughs, make friends, and even find relationships - all with others who understand life with an ostomy.

Why Join MeetAnOstoMate?

- **Real Advice**—In the discussion forum, you'll hear things you won't find in the books.
- **OstoAI**—A best-in-class AI assistant that instantly answers your ostomy-related questions. Trained on real advice and proven solutions from experienced ostomates.
- **Independent community**—There are over 40,000 members from all walks of life ... and they all have a stoma.

Abdominal Changes with an Ostomy

By Arthur Clark

When you had your ostomy surgery, the surgeon was allowed, according to your own personal physiology, only so much moveable bowel in the construction of your stoma. Once that piece of bowel was pulled through your abdominal wall, it was tacked down on the inside of the abdominal wall and on the outside of the skin.

That length of bowel will remain constant throughout your life. Therefore, if the wall of your abdomen thickens, i.e., with fatty tissue, the length of the bowel used for your stoma will not change to accommodate your increased girth. One result is that when you sit or stand, the changed position causes the abdominal wall to shift forward and down. The stoma segment prevents the peristomal skin from shifting as much as the rest of the abdomen.

This limited movement results in a “skin well” around the stoma when you sit or stand. Skin adjacent to the stoma becomes quite mobile, being pulled down and then flattened by your changing positions. This may cause problems with your pouching system not adhering well or springing leaks.

Two solutions work quite well. One, adjust your weight to return your abdomen to its shape at the time of surgery. This would include doing exercises to firm your body as well as lose weight. Another common solution is to change to a convex pouching system. I have found that a skin barrier with a convex surface (which pushes the skin back and holds it stable, relative to the stoma), works much better than the highly flexible flat barriers.

The moral of the story is that if you have abdominal changes due to weight gain, you have viable choices to continue a high quality of life. You just need to implement some changes. Your ostomy nurse can help you with these issues. to reduce fatigue.

Fructose May Cause Gas and Stomach Discomfort

From **PreventDisease.com**.

Fructose, the simple sugar found in honey, fruits and some soft drinks, may be to blame for unexplained stomach ailments such as cramps, gas and diarrhea.

This sugar is the main sweetener used in Western diets, say a group of researchers at the University of Kansas Medical Center, but some people lack the ability to absorb fructose properly. The researchers believe the dietetic ingredient is responsible for a host of common gastrointestinal complaints, so they are urging doctors to use fructose breath tests as a diagnostic tool for unexplained abdominal maladies.

Their study suggests that fructose malabsorption affects a significant number of healthy adults. Gastric woes arise when the fructose travels down the digestive tract into the colon, where some bacteria use the sugar as a food source and consequently flourish. In the process, hydrogen gas is released and may cause pain, bloating and diarrhea.

During their research, the investigators fed their subjects 25 grams of fructose - the equivalent of a 12-ounce can of soda sweetened with high fructose corn syrup - and then gathered breath samples. Testing revealed an abnormal level of hydrogen gas in almost half of the participants. On another occasion, after the subjects had dined on 50 grams of fructose, about three-quarters of them exhaled high levels of hydrogen. If the sugar was digested normally, the gas would be absent from their breath.

"When given levels of fructose commonly consumed in the Western diet, a significant number of our subjects had both objective and subjective evidence of fructose malabsorption, meaning that the breath analysis showed hydrogen in excess of 20 parts per million, and they had symptoms like gas and diarrhea…" says Peter Beyer of the University of Kansas Medical Centers' Dietetics and Nutrition Department. He believes physicians should add breath analysis for fructose intolerance to their diagnostic test reservoir. "If a patient is found to be fructose intolerant and symptomatic, the doctor may recommend a low-fructose diet," says Beyer. "But in severe cases, antibiotic therapy may be required to provide relief."

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

UOAA's Main Website - **www.ostomy.org**

UOAA Discussion Board - **www.uoaa.org/forum**

Facebook: **Facebook.com/UOAA**

Twitter: **Twitter.com/UOAA**

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

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Need Emergency Ostomy Help?

The Angels of Hope Ostomy Clinic and Closet is located in the mobile unit at the Clearview United Methodist Church at 4515 38th Ave N, St. Pete FL 33713.

The clinic/closet will only be available by appointment.

You may schedule an appointment for a consult or for supplies, please contact **Lila Watkins at 727-744-2660 or Karen Burdewick at 727-667-9678.**

COSG #004

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