



The Roadrunner



Newsletter of the
Ostomy Association of Albuquerque, NM

Next Meeting

Sunday, November 2, 2014

1 PM

Executive Board Meeting, Aspen Room

2 PM

Educational Meeting for All

will feature our

Coloplast Representative, Nikki Maring

(rescheduled)

She will be answering questions and showing any new products.

Please welcome her and join us at Kaseman Hospital!

Volume 48 Issue 4

November 2014

Upcoming Meetings:

- November 2, (quarterly)
- December 7
- January 11, Fiesta Lunch
- February 1, 2015 (quarterly)
- March 1, 2015

*Meetings are at 2 PM
in Aspen room
at Kaseman Hospital.*

Support Group Updates and Events

**A HAPPY
NEW YEAR**

SAVE THE DATE

Fiesta Luncheon Social

(instead of a meeting for this month)

Sunday, January 11, 2015

1 PM

Pelican's Restaurant

9800 Montgomery Ave, NE

Further information including meal choices, cost, sign-up information to follow. Watch your email/ mail for a flyer. Hope to see you there!



Inside this issue:

"Here a Blockage"	2
"Urostomy Care"	3
"Foods & Inflammation"	4
(Continued from 4)	5
"Why I Attend"	6
Resources	7
Membership Forms	8
All About OAA	9
Contact Us	10

Here a Blockage, There a Blockage, Everywhere a Blockage!

From the ostomy newsletters of Fredericktown, Joplin and Springfield, Missouri

So, you want to know about blockages? It's something most ostomates deal with at some point in their lives. What causes them, what is a partial versus full-on blockage.

What to do if a blockage occurs:

- First things first. Don't take a laxative and don't take pain medication. You need to be fully aware of what is happening down there, not masking the problem.
- If it hasn't gotten too serious, begin by cutting the opening bigger on your wafer in case your stoma swells
- If you're still having some output and are not nauseated, drink liquids! Water, tea, coffee, sports drinks or even pop (sugar content can help things move through.)
- Try different body positions, for example knees to chest. Even get up and try to walk. This can help move things through.
- Take a warm bath to relax muscles and the body.
- Massage the area around the abdomen and stoma. This can help to release pressure that might be built up behind the stoma. If the blockage has not released and things seem to be worsening, for example you are vomiting and nothing has come out for several hours, it may be time to get to the emergency room or call a doctor.

How to prevent this from happening:

- Chew, chew, chew!!!! If you decide to take on a risky food, it's your responsibility to

chew like a man or woman. Break it down well before it even hits your bowel. Because we all know how it feels to look in the toilet and see your dinner come out exactly as it went in. That means you could have gotten in trouble with a blockage but just escaped it by a thread!

- If you want to eat vegetables and have realized that they give you a blockage, try boiling or steaming them so they are soft. Avoid vegetables that are stringy, like pea pods in stir fry mixes or celery. Eat nuts and seeds in small quantities at first to assure that your body can handle it.
- Try not to eat these sorts of things before bed. That seems to be the time that blockages like to appear.
- Drink lots!!!! Stay hydrated and drink tons of liquid, especially if you're eating foods that are difficult to digest.
- For more information on the national part of the association, check out www.ostomycanada.ca.



Urostomy Care

Urine Salt Crystal Deposits

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

Lynda Allen, E.T., TX, via Metro Maryland.

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.

Ostomy Q & A

From Various Ostomy Groups Who Kindly Share

Q: For colostomates: Where does the water go when it does not return with my evacuation?

A: It is absorbed into your body and then eliminated via urination some time afterward.

Q: I have an ileostomy. On the left side of my stoma, I have an indentation. I am having trouble keeping my skin barrier on my tummy. Effluent tends to leak out from under this area.

A: Indentations near the stoma can and do cause imperfect seals between the skin and the skin barrier. Consider using Eakin Cohesive Seals by ConvaTec or Hollister Barrier rings. It is good for filling in the "nooks and crannies" and makes your dents level with the surrounding areas.

Q: My ileostomy produces high output. May I fast so I don't get this output at inconvenient times?

A: Some ileostomates delay eating or time their meals so they have less waste at certain times (e.g., intimate moments, going to the movie). However, your ileostomy will continue to produce gas and digestive juices even if you haven't eaten, and an empty digestive tract seems to produce excessive gas. Starving yourself to avoid producing waste is foolish and dangerous.

5 Foods That Fuel Or Cool Chronic Inflammation

By Michael Dewey .

Chronic inflammation is one of the contributing factors of many serious illnesses, including: heart disease, many cancers, and Alzheimer's disease. Stress, lack of exercise, genetics, and exposure to toxins all contribute to chronic inflammation. But what is possibly the biggest factor in chronic inflammations your everyday food choices.

There are 5 foods that either fan or cool the flames of inflammation.

A Brief Explanation of Inflammation: Despite the words used almost interchangeably, inflammation is not a synonym for infection. The two are correlated however, as inflammation is often a result of infection.

Inflammation is a survival mechanism of the organism meant to remove threatening stimuli. As well, inflammation allows the healing process to begin. This is different from infection, which is caused by a microorganism.

Inflammation is divided into two types: chronic and acute. Acute inflammation is the cornerstone of the healing response system in our bodies. We're all aware of acute inflammation on the body surface. It is the first response of the body to intruders and shows up as redness, heat, swelling and pain. Acute inflammation serves us well by allotting more immune activity and nourishment to an area of infection or injury. This happens by increased movement of plasma and leukocytes from the blood into the injured tissues.

You will see acute inflammation in action in response to things like: bronchitis, ingrown and infected toenails, sore throat, a scratch on the skin, intense exercise , acute appendicitis, dermatitis, tonsillitis, infective meningitis and sinusitis. Without inflammation, wounds and infections and damage to tissue would never heal - tissue would become more and more damaged and the body, or any organism would eventually die.

Acute inflammation, different from chronic, starts quickly (rapid onset) and soon becomes severe. Symptoms and signs are only present for a few days, but in some cases may last for several weeks.

Chronic inflammation on the other hand means long lasting inflammation. A change from acute to chronic inflammation involves a shift in the type of cells present at the site of inflammation. Chronic inflammation is typified by simultaneous destruction and healing of the tissue from the inflammatory process.

Chronic inflammation can stick around for several months or even years. It can result from failure to eliminate the cause of an acute inflammation. Or chronic inflammation will stem from an autoimmune response to a self-antigen; the immune system attacks healthy tissue, mistaking it for harmful pathogens. Persistent, chronic inflammation can cause diseases and conditions such as some cancers, atherosclerosis, rheumatoid arthritis, periodontitis, and hay fever.

Inflammation, as you can, see is crucial for our survival. Think of it like a good friend who protects you. But to be accurate, in this analogy there's 2 friends protecting you, one is acute one, who quickly takes care of your bully and goes home. The other friend escalates the problem instead, is still an unwanted visitor in your guest room weeks later, and won't stop talking about your bully. And you feel more unsafe than ever.

Chronic inflammation is just like a toxic relationship that you are better off eliminating- or at least reducing. How? Some of the causes we may not be in control of, but the foods we eat that are main culprits, we can control.

How Does Today's Food Increase Chronic inflammation? Chronic symptoms of inflammation that don't let up is your immune system stuck in the 'on' position. Why is it stuck in a state of heightened alert and panic? Because

5 Foods That Fuel Or Cool Chronic Inflammation *(cont.)*

By Michael Dewey.

your immune system goes into overdrive firstly in your digestive tract. Not surprising, because it was made to remove viruses and bacteria in your food before they infect your body. Bouts of diarrhea, intestinal bloating, gas, constipation, heartburn and acid reflux are first signs of an inflamed digestive tract and are symptoms of the “modern diet.” Until recently we ate natural fresh foods high in omega-3s. But these days we inverted the ratio of helpful to harmful foods – so our digestive systems must work overtime to protect us from ourselves and our bad eating habits. Our relatively new penchant for allergen-inducing sugar, carbohydrates, wheat and dairy may result in chronic inflammation.

5 Foods That Fuel or Cool Chronic Inflammation

1. Polyunsaturated vegetable oils - Common everyday polyunsaturated vegetable oils (sunflower, safflower, corn, soy and peanut) encourage an inflammatory defensive reaction.
2. Trans fats - Also known as “partially hydrogenated oils,” trans fats create “bad cholesterol” or LDL’s, which stimulates inflammation in your arteries. Trans fats also create free radicals cells that trigger inflammation. Watch for this ubiquitous item in: french fries and donuts, pastries, pizza dough, pie crusts, biscuits, cookies, crackers, margarines and shortenings.
3. Sugar - Refined sugar and other foods with high glycemic values spike insulin levels. Because of how ever-present sugar is in today’s diets, it keeps your immune system running on high around the clock. Be very discerning about the quantity of simple carbohydrates you feed yourself. They support chronic inflammation because they spike your body’s glucose levels, and quickly. Simple carbohydrates are found in: table sugar, white flour, honey, chocolate, milk, yogurt, fruit juice, candy, fruit, cake, jam, biscuits, molasses, soda, packaged cereals and more.

What Foods Help Cool Inflammation?

4. Complex carbohydrates. These are carbs paired with fiber, fats or protein. This allows your body to process the sugar gradually. Whole grain breads, buckwheat and amaranth, brown rice, quinoa, are foods that will do your body a favor, and let it relax rather than be in constant fighting mode. Beans, whole vegetables and whole fruits are also great choices for complex carbohydrates.

5. Omega-3 essential fatty acids. These are the “good” fats that are known to have heart-healthy effects. Found in rich supply in cold water fish, phytoplankton, and flaxseed, omega-3 rich foods are your allies.

Many people feel that giving up their favorite foods means a life of bland austerity. However, those who do make regular healthy choices invariably find the rewards far outweigh the fleeting pleasure of “a moment on the lips.” And feeding your body complex carbohydrates and omega-3 rich foods signals to your body’s immune system to cease its tireless march on your healthy cells.



Why I Attend Support Group Meetings

by LeeAnn Barcus, St Peters, MO; via Chippewa Valley (WI) *Rosebud Review*

No one wants to be pushed into a support group or made to feel that they have to be part of one, but the benefits are so tremendous it is a shame that many ostomates are missing them. Trust me, when I first went to an ostomy support group meeting, I was one of the youngest people there. The only other young ostomate there was with her mother. All the others were much older than I was. Talk about **not** fitting in. Well, I almost did not go back. I felt that this group could not offer anything to me in any way. Was I ever wrong! I went back and continue to attend, because I get so much out of this group. There is a great age difference between most members and

me. Many of them are old enough to be my grandparents, but like grandparents, they teach me so much, and not just about ostomies. They have taught me much about how to deal with diversity, life in general, and how to laugh at some of the most down-trodden things. The older folks made me realize that I make a difference to them. For some, I am the reason they come to the meetings. I also make a difference to that young person who walks through the door on meeting night and sees that there are younger people there. I make a difference when there are topics other than colon cancer. I make a difference when I do the Relay for Life walk with them all. Making a differ-

ence is what it is all about, at least to me, and I feel like there is a reason for me to be there. Certainly, there are times that I would rather not be the only young one at the meetings. I go anyway, and invariably, I am presented with an opportunity to help someone over a rough spot or to just put a smile on someone's face. When I look around and see those smiles and happy faces, I am again reminded that I had a purpose there. On this day, it was not all about me. On this day, my purpose was to be there for others, and my heart rejoiced because I was there!

What's Normal... Answers from Your Stoma to You

by Liz O'Connor, RN, CETN, *Metro Maryland*; via Fairfield (CA) *Solano Ostomy News*

What is normal for my stoma? This is a frequently asked question. Here are some answers from your stoma to you.

My color should be a healthy red. I am the same color as the inside of your intestine. If my color darkens, the blood supply might be pinched off. First make sure your skin barrier/wafer is not too tight (this can vary according to the barrier type, as some require a small gap between your stoma and the barrier material, while others are intended for a snug fit where the wafer material actually touches your stoma). If I should turn black (very unlikely – but it happens occasionally), seek treatment AT ONCE. Go to an Emergency Room if you cannot readily locate your doctor. (Be sure to TAKE AN EXTRA POUCH ALONG so you can remove the pouch for doctors to examine the stoma.)

I might bleed a little when cleaned. This is to be expected. Do not be alarmed. Just be gentle please, when you handle me.

If I am an ileostomy, I will run intermittently and stool will be semi-solid. If you should notice that I am not functioning after several hours and if you develop pain, I might be slightly clogged. Try sipping warm tea and try getting in a

knee-chest position on the bed or on the floor. (Have your shoulders on the floor and your hips in the air. Rock back and forth in an attempt to dislodge any food that might be caught.) If I do not begin to function after about an hour of this, call your physician. If you cannot locate him/her readily, go to an emergency room. In the meantime, I might have begun to swell. Remove any pouch with a tight wafer and replace it with a flexible one with slightly larger stoma opening.

If I am a colostomy located in the descending or sigmoid colon, I should function according to what your bowel habits were before surgery (daily, twice daily, three times weekly, etc.). I can be controlled in most cases with diet and/or irrigation. This is a personal choice. There is no right or wrong to it, as long as I am working well. My stool will be fairly solid.

If I am a colostomy in the transverse colon, I will have a more loose stool than a descending or sigmoid colostomy. Because there is less remaining colon in this case to absorb water and solidify the stool, its consistency will be closer to that of an ileostomy.

If I am a urinary diversion, I should work almost constantly. My urine should be yellow, adequate in volume and will contain some mucus. If my urine

becomes too concentrated or dark, try increasing your fluid intake. If my mucus becomes more excessive than usual, I might have an infection. I will probably also have an odor and you may have a fever. Consult your physician if this happens.

If at any time, you doubt that your stoma is functioning normally, please seek help. The cause needs to be evaluated. If your problem is a serious one, it needs to be corrected. If it isn't serious, you will be relieved to know that your stoma is alive and well.



Medical and Support Group Resources

New Mexico Ostomy Support Groups:

Albuquerque: Ostomy Association of Albuquerque meets monthly in Albuquerque, NM. For current info call voicemail: (505) 830-2135 Email: oa.albuquerque@gmail.com

Albuquerque: VA Ostomy Support Group for military veterans. Meets at the VA Hospital, Albuquerque, NM. For current info call ostomy nurse at VA Medical Hospital voicemail: (505) 265-1711, Ext. 5171

Las Cruces: Ostomy Support Group of Southern NM. Meets in Las Cruces, NM. For current info call ostomy nurse at Memorial Medical Center voicemail: (575) 640-5242 or (575) 521-5038

Santa Fe: Ostomy Support Group of Northern NM meets in Santa Fe, NM. For current info call ostomy nurse at St. Vincent's Hospital voicemail: (505) 913-5916

Other Hospital Contacts in Albuquerque, NM

(not having a support group):

Lovelace Medical Center Ostomy Nurses:
(505) 727-8250

Presbyterian Main Hospital Ostomy Nurses:
(505) 841-1251

University Medical Center Hospital Ostomy Nurses:
(505) 272 9098



Manufacturer Resources

Coloplast Ostomy Supply Manufacturer:

Local Representative: Nikki Maring
1 (602) 881 0625 usnmar@coloplast.com

ConvaTec Ostomy Supply Manufacturer:

Local Representative: John Reyes
1 (210) 317 7066 john.reyes@convatec.com

CYMED Ostomy Supply Manufacturer: (Microskin products) Local Representative: none
www.cymedostomy.com 1 (800) 582 0707

For samples: samples@cymedostomy.com

Hollister Ostomy Supply Manufacturer:

Local Representative: Caroline Smatana
1 (800) 624 5369 Ext- 1285
Cust. Svc: Richard Wysocki 1 (888) 808 7456

Marlen Ostomy Supply Manufacturer: www.marlenmfg.com
1 (216) 292 7060

Nu-Hope Ostomy Supply Manufacturer:

1 (800) 899 5017 www.nu-hope.com

Stomacur Ostomy Supply Manufacturer: www.forlife.info

TORBOT Ostomy Supply Manufacturer: 1 (800) 545 4254
www.torbot.com

Join Our Albuquerque Ostomy Support Group

OSTOMY ASSOCIATION OF ALBUQUERQUE MEMBER APPLICATION

The Ostomy Association of Albuquerque (OAA) is a member of the national American Ostomy Association. This allows us to have access to all the latest ostomy information available for our use. The OAA annual membership fee is \$20.00 and can be paid by check or cash. If being paid by check, make the check payable to Ostomy Assn. Of Albuquerque. Your payment can be mailed to OAA, PO Box 35598, Albuquerque, NM 87176-35598 or at any monthly meeting. If you are financially unable to pay this fee, please call 505-275-2470 and leave a message with your name and telephone number and someone will contact you. Please complete the form below as best as you can and all information will be used for our records and be kept confidential.

NAME: _____ DATE OF BIRTH: _____

STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

E-MAIL: _____ PHONE NUMBER: _____

OCCUPATION (If retired, enter former occupation): _____

HOBBIES: _____

CHECK ALL THAT APPLY:

Colostomy Ileostomy Urinary Diversion Continent Ileostomy Continent Urostomy Pull-Through
 Parent with Child Procedure Spouse/Family Member Physician Nurse Other _____

Year of Surgery: _____ Reason for Surgery: Crohn's Ulcerative Colitis Cancer Birth Defects

I have enclosed an additional \$ _____ as a donation to support the ongoing work of the OAA

**Join United
Ostomy
Association
of America**

Save the Date

The next UOAA National Conference will be held at the Hyatt Regency St. Louis at the Arch on September 1-6, 2015

UOAA's Mission

UOAA is an association of affiliated, nonprofit, support groups who are committed to the improvement of the quality of life of people who have, or will have, an intestinal or urinary diversion.

- It is dedicated to the provision of information, advocacy and service to, and for, its affiliated support groups, their members and the intestinal/urinary diversion community at large.
- It is organized to grow and develop while remaining independent and financially viable.

Membership in UOAA is open to any nonprofit ostomy support group that meets UOAA's affiliation requirements. UOAA has an IRS Group 501(c)(3) charity status that its affiliated support groups can use.

UOAA contact:

Mail: United Ostomy Association of America

2489 Rice Street, Suite 275

Roseville, MN 55113

Ph: 1-800-826-0826

Website: www.ostomy.org



Get Ostomy Answers!

The Phoenix is the leading national magazine for ostomates, their families and caregivers. Subscriptions directly fund the nonprofit United Ostomy Assoc. of America – the only national organization providing vital information, resources, support and advocacy for ostomates.

38% OFF*



Subscribe Today!



Start or Renew
 One-year: \$29.95 Two-years: \$49.95

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

Name _____

Address _____ Apt/Suite _____

City _____ State _____ Zip _____

* Based on \$9.95 cover price. Canadian subscriptions: \$35 one-year, \$60 two-year. U.S. funds only.



Officers and Chairpersons of OAA Chapter

President: Brian Leen

Vice President: Barbara Regan

Treasurer:

Chuck Newman, (temporary)

505-298-2323

Secretary:

Helen "Chuckie" McHenry,

505-268-8640

Voicemail and Visitation Coordinator:

Diana Wong: 505- 877-4223

Ostomy Supply Closet:

(donations & supplies)

Bud Hoeft: 505-889-9705

5012 San Pedro Ct. NE

Albuquerque, NM 87109

Meeting Facilitator and Programs:

Barbara D'Amore, BSN, CWOCN

505-797-4388

Sunshine Committee:

Bernice Newman: 505-298-2323

bernicenewman836@hotmail.com

Telephone Reminder:

Bill Minkoff: 505-857-9972

Support Group Nurses Susan Mueller,

BSN, CWOCN 505-228-1207

susanmueller@fastmail.fm

Barbara D'Amore, BSN, CWOCN

505-797-4388 damorebd@aol.com

The Roadrunner Newsletter Staff:

Coeditor: Ben Palmer

505-828-0936 benhpalmer@gmail.com

Coeditor: Sue Mueller

(see above)

Mailing: Mark Warren,

505-280-6918

NMhomes2000@yahoo.com



About Us

Ostomy Association of Albuquerque (OAA) is organized to support people with ostomies and their caregivers in the New Mexico region. OAA publishes *The Roadrunner* newsletter quarterly to inform and update its members.

Membership is \$20.00 a year and includes the Roadrunner newsletter and monthly informative meetings. This money is used for promotional purposes and expenses of the OAA. Although chapter membership is encouraged, anyone with financial hardship, should see the Treasurer or President for help in this matter. No one is denied based on ability to pay.

Meetings are held monthly at 2:00 PM in the Aspen Conference Room at Presbyterian Kaseman Hospital. Address: 8300 Constitution Pl., NE; Albuquerque, NM.

Meetings are held on the first Sunday of every month except for the major holidays in January, July and September. Please call an officer or refer to *The Roadrunner* for the correct week for those rescheduled meetings. They will be always be on a Sunday at 2:00 PM at the usual location.

Executive Board Meetings are held at 1 PM prior to the Quarterly meetings (Feb, May, Aug, and Nov.) in the Aspen Room. Everyone is welcome to attend and participate.

Directions: Kaseman Hospital is one block North of I-40 and Wyoming Blvd. Then it is about one block West of Wyoming on Constitution. Drive to West end of parking lot and enter the Emergency Room entrance. Take an immediate left, go through double doors and find Aspen room on the right side.

Affiliation: Ostomy Association of Albuquerque (OAA) functions as a chapter affiliate of the national organization supporting people with ostomies-- the United Ostomy Association of America (UOAA).

The UOAA holds biennial national conferences. They publish the wonderfully informative *Phoenix* magazine four times a year. There is a subscription cost for this publication. They have a great website with all kinds of information available for free. Much of it is available in any language on earth!

United Ostomy Association of America

2489 Rice Street, Suite 275

Roseville, MN 55113

1-800-826-0826

Web: www.ostomy.org

Find them on Facebook and Twitter.

Postmaster: Contains Dated Material.
Please do not delay.

P.O. Box 35598
Albuquerque, NM 87176

Ostomy Association of Albuquerque



Helping each other to live well and do the things we love!

How to Keep in Touch with Us

Contact us: For info please call voicemail 505-830-2135 or Email us at oa.albuquerque@gmail.com

Unsubscribe or Change to Mailing Address or Email: For any of these changes, please notify the sender by return Email. If your change concerns mailed copies, please call person in charge of mailing or send back cover page with your address and changes requested to return address. Thank You.

Supplies: If you have new and unused supplies you no longer need, please bring them to a support group meeting to be given to those who need them.

Permissions: Permission is given to reprint articles or excerpts from this publication provided credit is given to the author and /or *The Roadrunner*, Albuquerque, New Mexico.

Disclaimers: Check with your doctor before taking any medication or before heeding any advice given in this newsletter. The Ostomy Association of Albuquerque does not endorse any product or medication and takes no responsibility for any product, medication or advice.

Thanks to the American Cancer Society for Printing and Postage!