



# The Roadrunner



Newsletter of the  
Ostomy Association of Albuquerque, NM

## Next Meeting

**Sunday, February 5, 2017**

**No Board Meeting this Month**

**2 PM**

**Regular Support Group Meeting**

**Aspen Room of Kaseman hospital**

Volume 51 Issue 1

February 2017

### Upcoming Meetings:

- November 6, 2016 (quarterly)
- December 4, 2016
- January 8, 2017 Fiesta Luncheon (details later)
- February 5, 2017 (quarterly)

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

## Support Group Updates and Events

### Coming:

- ◆ **Note:** February 5 support group meeting will start at 2 PM. No board meeting until March.
- ◆ March 5 will have the board meeting at 1PM and the support group regular meeting at 2 PM.
- ◆ Speakers can be added at any time. You will be notified of upcoming speakers with the meeting reminder email or phone call. We have a doctor interested in speaking to our group. As you can imagine, it takes time to coordinate schedules.
- ◆ Please attend meetings as much as you can to help support others with your hope, experience and knowledge. It's a great way to give back!

### Past:

- ◆ In December members enjoyed seeing new ostomy products by B Braun ostomy products. Website: [bbraunusa.com](http://bbraunusa.com)
- ◆ In January our Fiesta Luncheon was enjoyed by all who were able to make it!! Thank you to Mark Warren for making arrangements. Thank you to Sue Mueller for remembering our member friends who passed away throughout this year. We miss and remember them fondly.

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## PRESIDENT’S COMMENTS

By Brian Leen, President OAA, NM

As we begin the New Year, it is natural to reflect on the past year and look forward to the new one. We accomplished something including the shipment of supplies to Project CURE and reached out to a number of new Ostomates. But the thing that was startling at the end of the year was how many of our friends had passed away. All the more reason to keep going in the coming year. Our biggest task is to keep reaching out and to do that requires continued effort in contacting medical offices, using our media and social networks to the maximum advantage. Personally, I plan on working hard on the issue initiated by Susan Mueller on the New Mexico regulations on Ostomates in Assisted Living. We have already been in contact with the UOAA who was unaware of the issue and will begin research to assess the situation nationally. You may have seen my post on inspire.com asking for people to let me know about any situation they had encountered regarding this. For those of you who have not, the New Mexico regulations state that you “may” be allowed in Assisted Living IF you can take care of your Ostomy needs yourself. This does not seem right. For example, a person with advanced Parkinson’s can receive assistance going to the bathroom but an Ostomate in the same situation cannot. And we fear that the “may” in the regulation has allowed some institutions to simply refuse admittance to Ostomates. In addition to that, we are working on speakers for the meeting including the only female colorectal surgeon in Albuquerque. We will try to ascertain if there are different or additional ways we can serve our group better. I believe our members have several reasons for spending time with us. At the core, it is a chance to be with people who share a similar situation and a chance to reach out to folks who are struggling with it. Whatever your reason, please join us at our monthly meeting.

## REMEMBERING

by Sue Mueller

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Tom Kierstead ( Tom passed away 11/12/2016, with a memorial service 12/9/2016)

What a kick, the first day Tom arrived at a meeting, a grey haired gentleman carrying his motorcycle helmet... I'm not saying we are not an exciting group but you have to admit that was a sight to see. Tom participated and contributed to the group from that first meeting. He had info to share about other groups he attended, about what he learned about living with his ostomy, and eventually he became a valued visitor to urostomates. He was a kind, soft spoken man, we will so miss him.



## The COMMON COLD and an OSTOMY

### An Anthology of Medical Sources

Reprinted from Ostomy Association of Greater Chicago (IL) "The New Outlook" by Greater Seattle (WA) "The Ostomist" Sept./ Oct. 2016

There is new research on the family of viruses that we regard as the common cold. Although, there is no universal cure for a cold virus, there is information about colds that will serve you and your family. People with ostomies are particularly concerned about cold and flu viruses, mostly because we are worried that a cold or flu will lead to diarrhea, dehydration or other mal conditions. We left off the citations of those who performed the research in order to make this article read better. However, if you are interested in the sources, you may research this information in medical journals. Our article is just about colds and not the flu.

**It takes about 48 hours to infect you and make you sick.** Researchers say that it takes about two days for a cold to embed into the lining of our cells and produce symptoms. It may be difficult to tell whether or not one has come down with the flu or with a cold. While no one can predict how an infection will progress—and sometimes even experts are fooled by colds masquerading as the flu—a rule of thumb is that cold viruses do not usually cause fever in adults. Sudden onset, fever and cough are the best predictors of influenza.

**The best cold-fighting weapon may be vigorous exercise.** Researchers suggest that the best way to protect ourselves from a cold is by exercises that raise our heart rate. It has been studied how the immune system and viruses are affected by exercise, and the findings are fascinating: Any exercise, however limited, reduces the probability of contracting as well as the duration and intensity of a cold. It is best to work out at least every day for over 30 minutes, usually more. This does not mean that we want to over-exert ourselves but rather, at a minimum, walk two to three miles. This will help cold-proof your immune system. Mild exercise moves the blood around the body and also moves the immune white cells around to search for infections.

**We need our sleep.** If we obtain fewer than seven

hours of quality restful sleep, we are three times more likely to catch a cold. For instance, study participants who spent less than 92 percent of their time in bed asleep were at least five times more likely to pick up a cold virus than those who fell asleep quicker and stayed asleep longer. To obtain better sleep, never have a TV on in the bedroom at sleep time as well as any distractions that can impede the sleep cycles.

**Orange juice and vitamin C have benefits only in certain circumstances.** At the first signs of a cold coming on some of us drink vitamin C rich beverages in hopes of boosting our immune system. For the majority of people, vitamin C does nothing to prevent or reduce the symptoms of a cold. But there is an exception. If one is under stress, or we are physically pushing our body hard, a daily dose of 200 mg of vitamin C may reduce the chances of catching a cold by about half. It is best to obtain vitamin C naturally with foods like oranges, citrus, papaya, broccoli, tomatoes, red peppers and kiwi.

**Echinacea is believed to boost the immune system.** After studying more than 1600 people, it was reported that not only did Echinacea cut the chances of catching a cold in half, but also those study participants who took it reduced the duration of their colds by about 1.4 days. It may or may not work for each of us, depending on our own personal body chemistry. Nevertheless, it may be worth a try, after all it is a natural product.

**Hot drinks can help reduce the symptoms of cold viruses.** It has been known anecdotally that having hot tea and hot soup usually make us feel better when we are suffering from a bad cold. It has been shown that this common knowledge has a scientific basis. Simply sipping a hot beverage can provide

Continued on page 5



## Assisted Living and Ostomates in New Mexico

By Susan Mueller, BSN CWOCN

What options are available to people who are no longer willing or able to live independently in the community? Assisted living residences offer a choice for people who will benefit from assistance with activities of daily living (ADL's) (eating, bathing, dressing, toileting, transferring) and instrumental activities of daily living (IADL's) (example: shopping, communicating, meal preparation, medication assistance). These residences vary in size from small homes to facilities that resemble apartment houses and accommodate 100's of residents. Residents can share a bedroom and living space or have their own apartment. There are also assisted living residences geared to specific populations such as people with dementia.

The cost of the facility is based on what the facility offers and the services you need. An example of a basic service package would include a safe place to live, supervision, meals, light housekeeping and linen service (weekly cleaning of bed linens and towels). It is your home and residents can receive home care and hospice services. If you need assist with bathing or toileting, or personal laundry there is an additional charge. The large assisted living facilities often sponsor activities, or music and art events and lectures. They may offer transportation for shopping or entertainment.

Medicare and health care insurance does not pay for assisted living. Assisted living is normally financed by the individual. Long term care insurance policies often pay for assisted living according to the policy limits. In NM Medicaid Home and Community Based Programs pay a flat rate for eligible individuals who live in facilities that participate with those programs.

So what does this have to do with ostomates in particular? Assisted living residences are regulated by the state in which they are located. There are no federal regulations governing assisted living. In New Mexico the Department of Health, Division of Health Improvement oversees assisted living residences and their regulation. One of the jobs the state has, is to make sure that people are cared for appropriately, for example a person who is

unable to get out of bed and needs 24 hour care is probably not appropriate for assisted living and probably needs a higher level of care. So the state has included in their assisted living regulations "restrictions in admission". People who require "continuous nursing care" should not be considered for admission. The regulations list examples of conditions or circumstances they feel require "continuous nursing care" as: ventilator dependency, stage 3 or 4 pressure ulcers, tracheostomy care, people that are a danger to themselves or others, AND people with ostomies "unless they can provide self care". So what about a person who is able to think clearly but has severe arthritis in their hands and can no longer empty the pouch, or someone with vision impairment who cannot see to empty the pouch, or someone who has a mild memory problem who forgets to empty the pouch or someone has trouble emptying because of paralysis or weakness after a stroke. Remember these facilities are providing assistance to non ostomates, as part of a toileting assist program, with assistance removing and replacing clothing for toileting and assisting with cleanup after toileting. To me emptying a pouch would fall into the same care category, especially when the person can't physically do it but can direct the care. So the Ostomy Association of Albuquerque (OAA) is interested to find out if these regulations are restricting the access to assisted living for ostomates, and OAA has begun to inquire about this concern.

Please DO NOT contact assisted living facilities or the NM Department of Health. Please DO contact OAA at [oa.albuquerque@gmail.com](mailto:oa.albuquerque@gmail.com) to tell us if you or anyone you know has been excluded from assisted living as an ostomate. Or call any of the OAA officers. OAA has contacted the national organization UOAA, United Ostomy Associations of America and we will be working together to define the extent of this problem and make a plan to address it.

## The COMMON COLD and an OSTOMY

Continued from page 3

immediate and sustained relief from the worst cold symptoms, like coughing, sneezing, runny nose, sore throat and fatigue. Hot beverages were tested against room-temperature drinks and it was found that the warmth in a cup had soothing, feel-good properties. A bit of herbal tea with a squeeze of lemon and one teaspoon of honey has been proven to soothe sore throats.

**The average person gets 200 colds in his/her lifetime.** According to estimates, by our 75th birthday, we are likely to have suffered through 200 colds—that means about two years of our life are spent sneezing. Children typically get between four and eight colds per year, older people contract far fewer. Experts believe this is due to the fact that most elderly people have already been exposed to the majority of cold viruses circulating. However, a new virus can be devastating to an older person, often manifesting in upper respiratory illness.

**Colds are really not that contagious.** We hear so much about the dreaded rhinovirus that most people think a mere handshake with a sick person is going to send them coughing. Not true. When healthy people were put in a room with cold sufferers, it was remarkably difficult to spread the infection from one person to another. In fact, the cold virus has to have the ideal conditions when hitting our body to infect us. Colds are not very contagious, and most colds are caught at home from children and partners from prolonged and close contact. In other words, there is no need to don a mask in public—just use common sense.

**Being in cold weather brings on a cold.** This is not true with a big “but” attached (pardon the pun). Being outside in cold weather may actually help a cold because one would be breathing in more oxygen rich air than that being re-circulated in a building. However, if we become physically cold, this will reduce our abil-

ity to resist cold viruses. This is the reason so many people think that cold weather promotes colds. Cold temperatures have the ability to lower one’s resistance, which results in contracting a cold virus. Of course, breathing in stale inside air all day long does not help either. Do not forget to wash your hands with soap and warm water regularly.



## Kidney Stones and the Ileostomate

By Jill Conwell, RNET, Corpus Christi, TX.

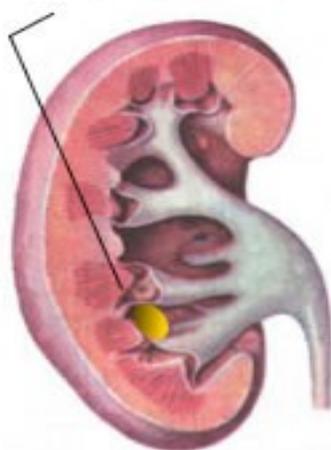
Kidney stones are fairly common medical problems. They occur in about 5 percent of the population. They are more common in men with a sedentary lifestyle and in families with a history of kidney stones. The average age of first occurrence is about 40, but they can occur at any age. For ulcerative colitis patients, the incidence of developing kidney stones is about double that of the rest of the population. For ileostomates, the incidence is 20 times greater.

There are two basic types of kidney stones; uric acid and calcium. Both may occur in ileostomates since the underlying cause is dehydration. Uric acid stones are more frequent. One reason for this is the chronic loss of electrolytes, producing acid urine. The stones may vary in size and shape, some being as small as grains of sand, while others entirely fill the renal pelvis. They also vary in color, texture and composition.

Symptoms during the passage of a kidney stone include bleeding due to irritation, cramping, abdominal pain, vomiting and frequent cessation of ileostomy flow. When ileostomy flow stops, distinguishing between an obstruction versus a kidney stone may be difficult since the symptoms are similar. Treat-

ment of most kidney stones is symptomatic and in most cases the stone passes spontaneously through the urinary tract. Medication for the spasms is usually administered. The urine should be strained in order to collect the stone for analysis. Once the composition of the stone is determined, steps should be taken to prevent recurrence of an attack. The physician will prescribe medication or dietary modifications depending on the type of stone. The

Kidney stone



best preventative measure is to drink plenty of fluids (8 glasses) every day. If the urine appears to be concentrated, increase fluids and use a sport drink that is rich in electrolytes to replace losses.

### WHEN YOU KNOW YOU'VE GOT TROUBLE

Via Edmonton Ostomy Chapter,  
*Inside Out* and *The Ostomy Rumble*, Middle Georgia

Ostomates in general, as individuals, are happy and healthy due to their surgery. They are no longer in trouble due to illness. So there should be a way to know when they are in trouble...

You know you've got trouble--- when you:

- a. Walk into a public wash-room and the stalls have no doors.
- b. Have a dream that you are swimming, wake up and you are.
- c. Are taking a physical and the doctor says, "What is that thing?"
- d. Can't laugh at trivial things that may cause you some difficulty.

## 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](mailto: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

### Other Hospital Contacts in Albuquerque, NM

#### (not having a support group):

Lovelace Medical Center Ostomy Nurses:

(505) 727-8250

Presbyterian Main Hospital Ostomy Nurses:

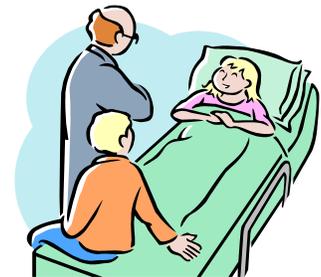
(505) 841-1251

Presbyterian Outpatient Wound Care Clinic:

(505) 823-8870

University Medical Center Hospital Ostomy Nurses:

(505) 272 9098



## Manufacturer Resources

**Coloplast** Ostomy Supply Manufacturer:

Local Representative: Duriel McDonnell

1 (480) 220-9921 [usdmed@coloplast.com](mailto:usdmed@coloplast.com)

**Coloplast** Care Program

1-(877) 858-2656

**ConvaTec** Ostomy Supply Manufacturer:

Local Representative: Christin Hungerford

1 (720) 412 8203 [christen.hungerford@convatec.com](mailto:christen.hungerford@convatec.com)

**CYMED** Ostomy Supply Manufacturer: (Microskin products) Local Representative: none

[www.cymedostomy.com](http://www.cymedostomy.com) 1 (800) 582 0707

For samples: [samples@cymedostomy.com](mailto:samples@cymedostomy.com)

**EDGE PARK** Medical Supplies:

[www.edgepark.com](http://www.edgepark.com) 1-888-394- 5375

**Hollister** Ostomy Supply Manufacturer:

Local Representative: Randall Boord

1 (405) 819- 5635

Cust. Svc: Richard Wysocki 1 (888) 808 7456

**Marlen** Ostomy Supply Manufacturer: [www.marlenmfg.com](http://www.marlenmfg.com)

1 (216) 292 7060

**Nu-Hope** Ostomy Supply Manufacturer:

1 (800) 899 5017 [www.nu-hope.com](http://www.nu-hope.com)

**Stomacur** Ostomy Supply Manufacturer: [www.forlife.info](http://www.forlife.info)

**TORBOT** Ostomy Supply Manufacturer: 1 (800) 545 4254  
[www.torbot.com](http://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 Hotel Irvine, Irvine, California Aug. 22-26, 2017



**UOAA's Mission**

UOAA is an association of affiliated, non-profit, 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 non-profit 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.

1-800-826-0826

Website: [www.ostomy.org](http://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\***



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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

505-856-0203

Vice President: Richard Copeland

505-856-6045

Treasurer: Barbara Regan

703-261-3920

Secretary: Patricia "PJ" Dwyer

973-783-1843

Voicemail and Visitation Coordinator:

Diana Wong: 505-640-3042

Telephone Reminder:

Gerry Copeland: 505-856-6045

Ostomy Supply Closet:

(donations & supplies)

Eunice Hoeft

Call ahead; 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](mailto:bernicenewman836@hotmail.com)

Support Group Nurses:

Susan Mueller,

BSN, CWOCN 505-228-1207

[susanmueller@fastmail.fm](mailto:susanmueller@fastmail.fm)

Barbara D'Amore, BSN, CWOCN

505-797-4388 [damorebd@aol.com](mailto:damorebd@aol.com)

The Roadrunner Newsletter Staff:

Editor: Ben Palmer

505-828-0936

[benhpalmer@gmail.com](mailto:benhpalmer@gmail.com)

Mailing: Mark Warren,

505-280-6918

[nmhomes2000@yahoo.com](mailto: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 monthly at 2:00 PM in the Aspen Conference Room at Presbyterian Kaseman Hospital. Meetings are usually held on the first Sunday of every month. Since there are occasional changes due to holidays, please

refer to *The Roadrunner* for information or call the association's voicemail.

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: Address: Kaseman Hospital, 8300 Constitution Pl., NE; Albuquerque, NM. 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!

Contact Information:

United Ostomy Association of America  
P.O. Box 525

Kennebunk, ME 04043-0525

1-800-826-0826

Web: [www.ostomy.org](http://www.ostomy.org)

Find them on Facebook and Twitter.

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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](mailto: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.

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**Thanks to the American Cancer Society for Printing and Postage!**