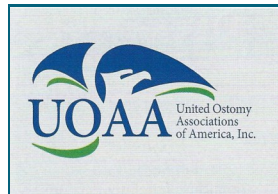




# The Roadrunner



Newsletter of the  
Ostomy Association of Albuquerque, NM

## Next Meeting

**Sunday, May 3, 2015**

**1 PM**

**Executive Board Meeting, Aspen Room (Open to All)**

**2 PM**

**Support Group Meeting and Special Guest,  
Ms. Christin Hungerford, Regional Representative for  
ConvaTec Ostomy Products, will show products and  
answer questions! Let's welcome her to our group!**

## Support Group Updates and Events

We had a nice visit by the Coloplast Representative in February; a nurse teaching about the barrier types in March; and a surprise little party on Easter in April. We have had a few new people attend. We see some members seldom. We need to remember what the Support Group meant to us when we needed help. Perhaps some no longer have needs, but they may be the perfect persons to connect with a newcomer and help him or her to find hope and support and maybe a comforting person to call.

•

If anyone would like to assume care and operation of the ostomy supply closet please contact, president, Brian Leen, at a meeting or by email at:

[bleen68@aol.com](mailto:bleen68@aol.com)

Some of us will be attending the national ostomy conference (UOAA) in St. Louis from Sept 1 to 6. Join us and you will learn a lot and have fun!

**Happy Summer, Safe Travels, Fun Adventures to All!!**

Volume 49 Issue 2

May 2015

### Upcoming Meetings:

- May 3, 2015 (quarterly)
- June 7, 2015
- July 5, 2015
- August 2, 2015 (quarterly)

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

### Inside this issue:

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## Walking with an Ostomy!

Top Health, Promotion & Wellness Newsletter, via The New Outlook, UOA of Chicago, Ill., and The Pouch from Virginia

Six reasons why you should walk:

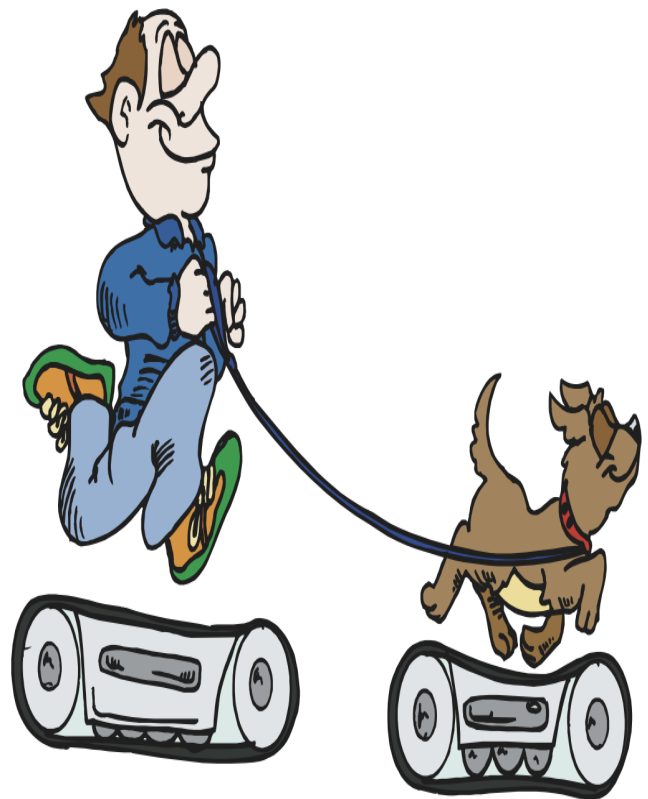
- It is easy. You already know how — no special training required.
- It is safe. At a brisk pace, about three to four miles per hour, walking can burn as many calories as running. However, it is easier on your bones and joints and less likely than running or jogging to cause injuries.
- It is cheap. Walking does not require any special equipment, except for comfortable, well-fitting shoes.
- It is a weight manager. Walking helps increase the number of calories your body burns and helps control your appetite. *Note: Weight control helps prevent type II — also known as adult onset — diabetes.*
- It is weight-bearing. When you walk, whether it is around the block or up and down the stairs, you are bearing the weight of your body. In addition, weight-bearing exercise helps build bone mass, which prevents osteoporosis.
- It is a lifesaver. Walking is an aerobic exercise, so it is good for your heart. It lowers blood pressure and reduces the risk of heart disease, stroke and cancer.
- That is not all: Studies show walking provides you more energy, reduces stress, promotes better sleep and builds muscle and reduces fat in your legs and abdomen.

- How much should you walk? Aim for an hour most days of the week.

Recent research reported in *Circulation* showed that walking at least 10 miles per week reduced risk of heart disease by more than 10 percent.

Short on time? The journal also reported that two 30-minute sessions of moderate exercise — like walking — are as beneficial as a one-hour session.

I suggest walking outdoors during every season of the year, especially the spring, summer and fall.



## Can Green Tea Help Digestion And IBD Patient

via Insights of New Jersey — Everyday Health by Sara Calabro, medically reviewed by Lindsey Marcellin, MD, MPH

Technically, green tea isn't much different from other types of tea. Its distinct look and taste is a result of the way it's processed. Green tea is made by steaming fresh leaves of the *Camellia sinensis* plant at a very high temperature. This process unlocks a class of powerful antioxidants called polyphenols, which account for many green tea benefits.

In addition to green tea benefits for digestive health, the polyphenols found in green tea have been shown to have cancer-fighting, anti-inflammatory and anti-microbial properties. The consumption of green tea for digestive health dates back thousands of years to its earliest uses in India and China. Today, green tea retains its reputation as an aid for digestion and for IBD patients, available as a drinkable tea or an over-the-counter extract.

### Possible Anti-Inflammatory Effects of Green Tea

One recent study of the polyphenols found in green tea — catechins — has uncovered evidence that anti-inflammatory effects may be a green-tea benefit. Researchers from the University of Cincinnati's College of Medicine recently looked at how a green tea catechin known as epigallocatechin-3-gallate (EGCG) may help in cases of colitis, an inflammatory disorder that disrupts digestive health. They found that EGCG may hamper the signaling pathways involved in colitis inflammation. Additional research on ulcerative colitis and Crohn's Disease supports these findings on green-tea benefits. Green tea has been, and continues to be, studied extensively for its effects on certain types of cancer, effects which may have an indirect application to green tea for digestive health. Since IBD patients are at increased risk for colon cancer, green tea may be doubly beneficial.

### Green Tea Dosing for Digestive Health

Green tea is generally considered safe in moderate amounts. In the average cup of green tea, expect a dose

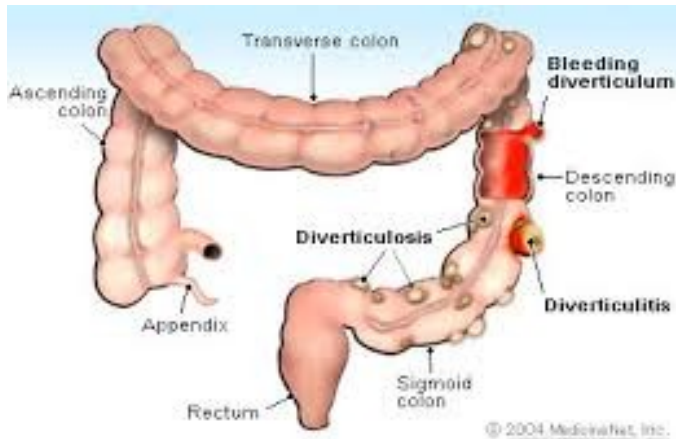
of 50 to 150 milligrams (mg) of polyphenols. The recommended dose is two to three cups of green tea per day (for a total of 100 to 320 mg of polyphenols, depending on the brand of tea) or 100 to 750 mg per day of a green-tea extract. An important thing to remember is that green tea contains caffeine, which can cause or worsen insomnia, anxiety, irritability and headaches. Caffeine in some people also can wreak havoc on digestive health, causing upset stomach, nausea and diarrhea. For people who are sensitive to caffeine, green-tea extracts may be an option, and can be purchased in caffeine-free form.

Studies on green-tea extracts have demonstrated similar benefits to those associated with drinking it as a tea. For example, researchers in the United Kingdom showed that green-tea extracts affect the way the body breaks down food, concluding that the extracts increase fat oxidation and improve insulin sensitivity and glucose tolerance. Increased fat oxidation refers to what happens during exercise — it means that the body is doing a better job at converting stored fats into energy, which is a good thing if you're trying to lose weight. The findings on insulin and glucose suggest that green-tea extracts may help insulin work more efficiently in the body.



## DIVERTICULOSIS AND DIVERTICULITIS

United Institutes of Health from *The New Outlook* of Greater Chicago



### Diverticular Disease

Diverticula are small pouches that bulge outward through the colon, or large intestine. If you have these pouches, you have a condition called diverticulosis. It becomes more common as people age. About half of all people over age 60 have it. Doctors believe the main cause is a low-fiber diet.

Most people with diverticulosis don't have symptoms. Sometimes it causes mild cramps, bloating or constipation. Diverticulosis is often found through tests ordered for something else. For example, it is often found during a colonoscopy to screen for cancer. A high-fiber diet and mild pain reliever will often relieve symptoms.

If the pouches become inflamed or infected, you have a condition called diverticulitis, which occurs when a small, hard piece of stool is trapped in the opening of the diverticula. The most common symptom is abdominal pain, usually on the left side. You may also have fever, nausea,

vomiting, chills, cramping, and constipation. In serious cases, diverticulitis can lead to bleeding, tears, or blockages. Your doctor will do a physical exam and imaging tests to diagnose it. Treatment may include antibiotics, pain relievers, and a liquid diet. A serious case may require a hospital stay or surgery.

Surgery involves removal of the segment of colon containing the diverticula. While the patient is deep asleep and pain free (general anesthesia), an incision is made in the midline of the abdomen.

After the diseased area is removed, the healthy ends of the colon are sewn back together. Occasionally, especially in cases of diverticulitis, where there is significant inflammation, a colostomy is performed. After the inflammation has resided, the colostomy is removed and the healthy ends of the colon are sewn back together.

\*\*\*\*\*



Instead of the John I call my bathroom the Jim!  
That way it sounds better when I say I go to the Jim first thing every morning!!!

## CRUSTING

By Julie Powell, CWOCN, from the ostomy newsletters of Minneapolis, Pomona, CA and Pittsburgh, PA

When the skin around the stoma becomes irritated or breaks down (and it **will** at one time or another), try this easy crusting technique.

Stomahesive Power (or any ostomy powder)

Smith & Nephew No-Sting Skin Prep or 3M Cavilon No-Sting (or Hollister Adhesive Spray if your skin is really weepy. Or water if neither of these is available.

Here's what you do:

Cleanse the area around the stoma. Dry it thoroughly.

Sprinkle the powder over the area of skin breakdown. It won't hurt the stoma. Brush away any excess.

Dab all of the powder with skin prep. You gently dab over the powder as if you're sponge painting. This doesn't remove the powder. In fact, it seals it into the skin.

Let the skin dry for a few seconds.

Repeat steps 2 through 4 three or four times, allowing it to dry each time. You'll feel a crust on your skin and you may notice that all discomfort is gone.

Apply your pouch as usual.

## HOW THE ILEOSTOMY CHANGES DIGESTIVE FUNCTION

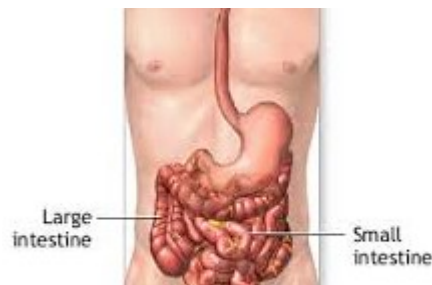
UOAA Update November 2014

Some may wonder how it's possible to live without your colon (large intestine). The major functions of the colon and rectum are sorting intestinal contents, absorbing water and carrying waste to the outside. Although these functions are necessary for you to live, they can be taken over by the small bowel.

The major function of the small intestine is to absorb the body's nutrients and water. Enzymes released into the small intestine break food into small particles so that vitally needed proteins, carbohydrates, fats, vitamins and minerals can be absorbed. These enzymes will also be present in the ileostomy discharge and they will act on the skin the same way they work on foods. This is why the skin around an ileostomy must always be protected.

When the colon is present, the food you eat eventually reaches the large intestine, where it's stored and more water is absorbed. Many hours or perhaps days later, the mass is expelled through the anus in a formed stool. Peristalsis (muscle contractions of the colon) pushes the contents toward the rectum. When the stool reaches the rectum, the need to empty the large intestine occurs and nerve pathways from the brain initiate the process of defecation.

After removal of the colon and rectum, you no longer have control. Unlike the anus, the stoma has no shutoff muscle. Digestive contents pass out of the body through the stoma and are collected in an individually fitted pouch, which is worn at all times. Because the small intestine doesn't store and make intestinal contents solid, your stool will never get thicker than toothpaste. However, the soft stool in your ileostomy pouch should not be confused with loose stool and diarrhea.



## Antacid Users Beware

By Elizabeth Smoots, M.D., Edited by B. Brewer UOAA Update 4/11

Almost everyone has indigestion occasionally, and it is probably alright to take an antacid pill now and then; but many health authorities warn that taking antacids regularly may not be wise, especially for ostomates.

Here's why:

--Magnesium hydroxide causes diarrhea and reduced absorption of vitamins and minerals.

--Aluminum hydroxide causes constipation, reduced phosphate

levels leading to fatigue, poor appetite and bone loss. It also contains aluminum which has been linked to Alzheimer's disease.

--Calcium carbonate may cause acid rebound where, when the antacid wears off, stomach acid suddenly shoots up. It may also cause constipation, a potential disturbance in the body's calcium and phosphate levels called milk-alkali syndrome, which in turn may lead to nausea, headache, weakness and kidney problems.



Well heck! That sure puts a damper on us here in the land of Red and Green Chili's!!

## Centering Your Pouch

Mailbag Jacksonville FL

A well-fitted pouch does not allow for much margin of error. Consider this: the correct opening size is determined by measuring your stoma's diameter with a measuring card. If your stoma is oval, measure at both the widest and narrowest parts to get it accurate.

Previously ostomates were told to add one eighth of an inch to this measurement so that the stoma wouldn't rub up against the skin barrier wafer. With today's new products only StomaHesive wafers still require adding one eighth of an inch. All other types may touch the stoma as they are composed of much softer materials that will not harm the stoma.

However, your pouch should be centered exactly and carefully each time. How do you do this?

Good lighting is important, preferably from both above and the side. Stand sideways to the light source for better visibility. A wall mirror is a great help to see that the appliance hangs straight.

**Previously ostomates were told to add one eighth of an inch to this measurement so that the stoma wouldn't rub up against the skin barrier wafer.**

A crooked pouch exerts uneven pressure on the skin and stoma and can only lead to trouble. Don't rush! Take the time to check placement carefully before allowing your skin barrier to make contact. No time is saved if you have to do the whole thing over again because the pouch is crooked or uncomfortable.

Remember if your pouch feels out of place or uncomfortable, TAKE IT OFF! Don't wait for an injury to occur. It is better to change unnecessarily than to risk damaging that precious stoma.

You have to live with it for a long, long time.

## 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

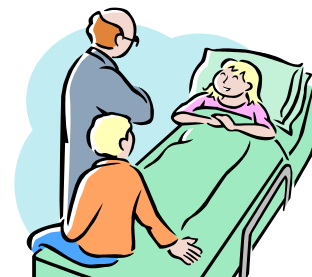
### Other Hospital Contacts in Albuquerque, NM

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

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

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

**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](mailto:usnmar@coloplast.com)

### **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)

### **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](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 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](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.

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\* 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: (vacant)

Treasurer: Barbara Regan

Secretary:

Helen "Chuckie" McHenry,

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](mailto:bernicenewman836@hotmail.com)

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

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## 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](http://www.ostomy.org)

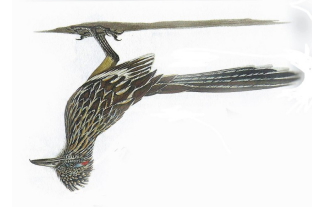
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Ostomy Association of Albuquerque



*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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