



The Roadrunner



Newsletter of the
Ostomy Association of Albuquerque, NM

Next Meeting

Sunday, November 5, 2017

1 PM

Executive Board Meeting, Aspen Room (Open to All)

2 PM

Support Group Meeting, Aspen Room

Support Group Updates and Events

- ◆ **Our Speaker for November 5th is from Presbyterian Medicare Advantage Plans, who will explain the benefits they offer. Presbyterian Health Services their hospitals and wound clinic have been very supportive of ostomy patients.**
- ◆ **Daylight Savings Time ends at 2 a.m. Sunday November 5th, please remember to turn back your clocks so you will not miss our meeting.**
- ◆ **We may have the new ConvaTec Representative, Tim Canning, in December. You will be informed by email or post mail as you have made preference.**
- ◆ **Save the Date!! Fiesta Luncheon will be January 7, 2017 at Pelican's Restaurant , 9800 Montgomery Blvd NE, south side, just East of Eubank NE. Time 12:30 PM. The cost this year is \$25.00 for all. Come enjoy the good food and company. There is no RSVP needed; just come! There will be various menu choices.**

Happy Halloween, Thanksgiving,

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November 2017

Upcoming Meetings:

- **November 5, 2017 (quarterly)**
- **December 3, 2017**
- **January 7, Fiesta dinner, (see Updates)**
- **February 4, 2018 (quarterly)**

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

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PRESIDENT'S COMMENTS

By Brian Leen, President OAA, NM

My gosh, it sure seems like there have been a run of disasters including hurricanes, earthquakes and fires. UOAA has had quite a bit about supporting people who have lost everything due to having to flee these disasters. We are also talking about using some of our supplies for those in need in California. It got me to thinking. If I had to flee for any reason, would I think to take my Ostomy supplies? Are they all located together in a place where I could easily grab them and go? For us in Albuquerque probably the greatest danger is fire. And it probably wouldn't be on a scale that we have seen in California and, in fact, might be our dwelling alone. So, if you had your alarm go off, would your supplies be available for you to grab them as you left. While we hope and expect that this will never happen to any of us, it is entirely possible that something could happen while you are out of the house. Should that happen to you or to someone you know and your supplies were lost, remember that our Ostomy Group has a supply cabinet. You only have to give our telephone number a call and we would make the arrangements to quickly get you the supplies you need.



Adhesions & Other Pains that Cramp Your Style

Edited by B. Brewer, UOAA Update May 2012

Adhesions are tough, string-like fibrous bands, often in the small intestine. They may form spontaneously but are more common after surgery, where disturbances caused by tissue manipulation may lead to healing in the form of fibrous tissue, hence adhesions. Some people form them more easily than others.

Adhesions may grow to interfere with the normal motion of the intestine, causing a blockage or obstruction, with food, liquid or even air unable to pass the blocked area. Severe bloating, abdominal pain, vomiting and constipation are symptoms of blockage and present a serious situation requiring medical attention and possible immediate surgery to cut the obstructive adhesive bands.

Abdominal pain, though, doesn't always mean adhe-

“Severe bloating, abdominal pain, vomiting and constipation are symptoms of blockage”

sions are blocking the intestines. A frequent cause for such pain is a spasm of muscles responsible for peristalsis, the rhythmic muscular contractions that propel the bolus through the intestines. Muscle spasms in the calf are referred to as a charley horse; spasms in the intestines are essentially the same thing but assume the name irritable intestine or irritable bowel.

Even ostomates who function without colons are not immune from painful spasms in the small intestine. An ileostomate may sometimes suffer from pain that can't be traced to blockage and may be told that adhesions are responsible; the actual cause may instead be a spasm.

You Matter! Know What to Expect and Know Your Rights Ostomy and Continent Diversion Patient Bill of Rights

The Ostomy and Continent Diversion Patient Bill of Rights is a tool for patients to advocate for their own care. It is meant to empower those who live with an ostomy (temporary or permanent) or a continent diversion. It identifies the needs and expectations for those needing this type of surgery and for the community of people who are currently living with an ostomy or continent diversion. In order to achieve a desirable quality of life, a person undergoing ostomy or continent diversion surgery must have access to high-quality care in all healthcare settings. Counseling and Care in the patient bill of rights should be provided by a trained medical professional such as a Certified WOC/OstomyNurse/Ostomy Management Specialist. The patient shall be involved in all phases of the surgical experience except in emergent situations and shall:

Receive preoperative counseling that must include:

- Preoperative stoma site marked by a medical professional following Standards of Care (established by the Wound, Ostomy and Continence Nurses Society, American Society of Colon & Rectal Surgeons and American Urological Association position statement)
- Explanation of surgical procedure and the rationale for surgery
- Discussion of ostomy/continent diversion management
- Impact of surgery on activities of daily living such as physical adaptation, clothing choices, exercise, possible changes in sexual activity and treatment, and dietary needs
- The opportunity to talk with someone who has been through ostomy or continent diversion surgery
- The opportunity to discuss the emotional impact of surgery
- Counseling in a language and at a level of understanding that is comfortable for the patient

Receive during the operative phase:

- A stoma that can be fit with a quality functioning pouching system
- A stoma that is appropriately positioned for their unique body, needs and comfort (if medical condition allows)

Receive postoperative nursing care specific to ostomy/continent diversion type and include the patient as well as their designated advocate (if any). Preparation for discharge will include:

- Individual instruction in care of ostomy including demonstration of emptying and changing pouch
- Ways to troubleshoot difficulties with basic skin and stoma issues including blockage and hernias
- Dietary and fluid guidelines given both verbally and in a written format such as UOAA's Ostomy Nutrition Guide
- Information on the availability of a variety of supply and product choices
- Information about the supply ordering process
- Resources for obtaining supplies specific to patient circumstances (e.g., uninsured/underinsured)
- Concierge services through ostomy manufacturers
- Resources to organizations who support and advocate for patients living with an ostomy or continent diversion (such as UOAA, WOCN)
- Educational materials (such as UOAA's New Ostomy Patient Guide)

Receive during the lifetime of the ostomy or continent diversion the patient/designated advocate will benefit from ongoing support and care to include:

- Access to healthcare professionals with knowledge specific to the care of an ostomy or continent diversion in the outpatient setting
- Recognition of the need for reevaluation of care with the changes caused by aging and change in medical status

If you believe your rights are not being met, speak up - be a force for change!

Advocates for a Positive Change

www.ostomy.org 1.800.826.0826



THOUGHTS ON THE REVISED PATIENT BILL OF RIGHTS

Sue Mueller BSN RN CWOCN-colostomate

At the August conference for the United Ostomy Associations of America (UOAA) the UOAA Board of Directors voted to adopt the revised patient bill of rights for people with ostomies and continent diversions. I am a member of the UOAA Advocacy Committee and worked on the revisions. The revised documents are presented in this newsletter and available on line at UOAA's website, ostomy.org.

The original Ostomate Bill of Rights was created in 1977 by the International Association of Enterostomal Therapists (now the Wound, Ostomy and Continence Nurses Society). Additionally, a document of international origin, the Charter of Ostomates Rights was issued in 2004 by the International Ostomy Association.

When I think of a bill of rights, as an American, my mind references the bill of rights that is contained in the US Constitution. Those rights are mandated by law, unfortunately the UOAA Ostomy and Continent Diversion Patient Bill of Rights is not mandated by law. However that does not make it less important, it just offers no legal recourse. It is a statement of what UOAA feels is the standard of care for people having ostomy and continent diversion surgery, what people having ostomy or continent diversion surgeries should expect to receive.

UOAA is working to distribute the revised version far and wide to educate health care providers and health care facilities, and give ostomates and people with continent diversions an informational tool to empower them. The new patient bill of rights (PBOR) is available in a wallet version and a longer version, suitable for framing. Rumor has it that people are printing the longer version, framing it, and presenting it to their surgeons to hang in their offices! Ostomy supply manufacturers are making it available on their web sites, the Wound, Ostomy and Continence Nurse Society has it on their website, schools of nursing are including it in their curriculum.

When compared to the previous PBOR the new version is not so radically different, the differences are more subtle. I believe the revisions were intended to dispel some of the myths associated with ostomy education. We acknowledged in the process of the revision that often ostomy education is thought to be about teaching people how to empty and replace their pouches, not acknowledging the impact of the surgery on a person's life, or the details of management.

The WOCN Society and two major surgeon groups went into great detail about what needs to be considered with pre operative counseling in their joint statement, so the joint statement was referenced in the new version. We hope that the emphasis on functioning pouching system will help prevent patients from being discharged from a hospital with a pouching system that is not effective. The PBOR included expectations for instruction postoperatively to include resources about supplies, supply reimbursement, UOAA and manufacturer resources and basic troubleshooting. The role of family and friends for inclusion in the education process was also acknowledged. The PBOR concluded with emphasizing the need for a continuum of care in the out patient setting and across the lifetime of a person. The introduction also called for health-care professionals in **all healthcare settings** to have specialty training in ostomy and continent diversion care. This statement was intended to drive home the point that ostomy education is not limited to hospitals and should take place in long term acute hospitals, rehabilitation hospitals, and skilled nursing facilities. It also stressed that health care professionals need to have special preparation to provide ostomy care and teaching.

The new Ostomy and Continent Diversion Patient Bill of Rights is a document that is significant. Please put it in your wallet, share with your healthcare providers, family other ostomates. Use it to speak out and empower yourself!! Be a force for change.

WHAT TO DO IN CASE OF A FOOD BLOCKAGE

Via Sharon Williams, RNET Metro MD
 From The Rambling Rosebud, February 2017

It may happen around midnight, that severe cramping sensation coupled with cessation of ostomy flow or watery projectile flow. When the cramps strike, that memory of having consumed some problem food, follows soon afterward. What is the appropriate course of action for the ostomate.

Food blockage is an experience that many ostomates will have at one time or another. The enzymes in the digestive tract cannot digest cellulose or foods with high fiber content. Nuts, corn, popcorn, coconut, celery, Chinese vegetables, fruit pits, and tough cuts of meat are a few foods that may cause blockage problems. Ileostomates who chew their food poorly, eat rapidly, do not drink sufficient liquids or have dental problems will be more prone to have food blockage.

When food blockage occurs, a post-op pouch should be applied. The size of the opening should be a little larger than normal because the stoma may swell and with a clear post – opouch, the action of the stoma may be observed. The next step, if no nausea or vomiting is present, is to start forcing liquids coke, tea, or whatever liquid produces a rapid peristaltic movement is best. A few crackers may be eaten as a pusher. Sometimes a change in body position, such as assuming a knee chest position, may encourage movement of the bolus of food. Massaging of the abdomen may also produce the same effect. Diarrhea may follow the blockage and it is necessary to replace fluids. Gatorade may be used for replacement of both fluids and essential electrolytes. Cheese, bananas and peanut butter help slow the diarrhea. It is normal to have a sore spot in the abdomen following an episode of blockage. A low residue diet should be followed for 1 to 2 days to allow the intestine to rest.

If nausea and vomiting occurs with the food block-

age it is necessary to go to the emergency room immediately.



The Four Phases of Surgical Recovery

By Albert G. Wagoner, MD, Edited by B. Brewer
UOAA Update May 2012

Each patient, along with the family, usually goes through four phases of recovery, following an accident or illness that results in loss of function of an important part of the body. Only the time required for each phase varies. Knowledge of the four phases of recovery is essential.

They are as follows:

The Shock Phase—The period of psychological impact. Probably, you remember nothing of this phase after your operation. Nevertheless, it is a phase that requires a lot of support.

The Defensive Retreat Phase—The period in which you defend yourself against the implication of the crisis. You avoid reality. Characteristic in this period is wishful thinking or denial, or repression of your actual condition. For example, an ostomate believes that his/her entire colon is still there and will be connected later.

The Phase of Acknowledgment—In this period, you face reality. As you give up the existing old structure, you may enter into a bitterness and of high anxiety. You hate your stoma, yourself, you cry a lot, pity or condemn yourself. You may not eat, be unable to sleep or want to be left to die. In this phase you need all the support that can be mustered.

The Phase of Adaptation—Now, you actively cope with the situation in a constructive manner. You adapt, during a shorter or longer period, to the adjustments that are necessary. You begin to establish new structures and develop a new sense of worth, with the aid of an ostomy nurse and an ostomy visitor, you can

learn about living with an ostomy. Aided by your physician, social workers, ostomy association and family, you go about rebuilding and altering the life that brought about the condition. Sound familiar?



Medical and Support Group Resources

New Mexico Ostomy Support Groups:

Albuquerque: Ostomy Association of Albuquerque meets monthly in Albuquerque, NM. For current info call voice-mail: (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

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: new one coming

Phone and email unknown

Coloplast Care Program

1-(877) 858-2656

ConvaTec Ostomy Supply Manufacturer:

Local Representative: Tim Canning

Phone unknown Tim.Canning@convatec.com

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

www.cymedostomy.com 1 (800) 582 0707

For samples: samples@cymedostomy.com

EDGE PARK Medical Supplies:

www.edgepark.com

1-888-394- 5375

Hollister Ostomy Supply Manufacturer:

Local Representative: Leslie Sisk

Email, leslie.sisk@hollister.com

1 (405) 819- 5635

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 in 2019.

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



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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505-856-0203

Vice President: Richard Copeland

505-856-6045

Treasurer: Barbara Regan

703-261-3920

Secretary: (Vacant)

Voicemail and Visitation Coordinator:

Brian Leen, 505-856-0203

Telephone Reminder:

Gerry Copeland: 505-856-6045

Ostomy Supply Closet:

(donations & supplies)

Eunice Hoeft

Call ahead; 505-889-9705

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Albuquerque, NM 87109

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505-797-4388

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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 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

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.

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