

THE JOURNEY

Welcome to our journey. Some of us have probably been joyful these past months, some of us sad or depressed, some hopeful with new beginnings or new friends and some saying good bye to loved ones. Hopefully we all enjoyed the Holidays and are enjoying the cooler weather(except for having to cover plants up at night). Those who were able to attend the Christmas Dinner/party enjoyed an excellent dinner and had a lot of fun with the Brown Bag Auction.

Much is going on right now for the New Year. We will be having election of new officers at the Jan. meeting. Frank is leaving his post as President, with much sadness, but gladness for all he has helped the Group do for the last many years. We have new people who have stepped up to volunteer to help. Steve Spellman, Sue Penner and Sally Borland will hopefully be elected as our new President, Vice President, and part-time Secretary. Mel Shipley and Edwina are “retiring” along with frank. They have served in the offices for years and years and we thank all of them. We still need someone to step u and be Secretary in the months Sally is not here in Florida.

We may also be raising the amount of Dues for the year which is being collected in Jan. for this year. Years ago dues were \$25 but have only been \$5 for a long time. Remember that we use the dues to pay to ship supplies to Osto Group, to pay the UOAA for membership, for donations to Citrus Memorial, etc. As always, if anyone has difficulty paying dues let an officer know and we will have enough in the treasury to cover you for the year. Please check with Gerry if you are not sure you are caught up(some people never paid for 2010). See him at a meeting, call us at 382-4446, or send money or check made out to Ostomy Support Group Of Citrus County—(send to: Gerry Brummer, 34 Grass St. Homosassa, FL 34446)

There is a new WOCN nurse at Citrus Memorial whose name is Ann Eig. Hopefully she will be able to attend some of our meetings, along with Laura McCarthy from Seven Rivers. In Nov. we had a rep. from Convatec (Casey Abernathy) show some new products and answer questions about problems people were having. In Jan. we are hosting reps.(owner Ken Wilson) from Granny Nannies, a nursing/support group that is similar a Home Health care Agency, and 2 ladies(Lisa and Cricket) from Ostomy Secrets(a company with underwear/control products for ostomates). In Feb, we will be hosting Wendy hall from Hospice, in March, Dr. Rhenke will be here again and in April we may be having David Barry, a rep. from Edgepark Supply Co. and I still am waiting for a call back from Lisa Meehan from Hollister to schedule her for a visit.

We will be having a training day for Visitors sometime the beginning of Feb.(probably the 7th) There is still time to sign up to attend—see Betty or Steve. One last request to see if anyone has room to store some of the Ostomy products that Mel and Betty currently (and have had for a long time) have taking over their screened in porch.

We need more of our members to step up and help at our meetings. We need people to bring snacks, people to help arrange for speakers, someone besides Mel and Betty to always make coffee and be “greeters”. We will be asking everyone to take some Brochures to their family Doctors, local Pharmacies, etc. to try to let as many people as we can have access to information about the Group and support available to them. Let’s work together to make this our best year ever!!! As always I will hopefully give you some new Ostomy info, new general health info and of course something to make you smile!!

Some cute “word play”.

The fattest knight at King Arthur's round table was Sir Cumference.

He acquired his size from too much pi.

I thought I saw an eye doctor on an Alaskan island, but it turned out to be an optical Aleutian .

She was only a whiskey maker, but he loved her still.

A rubber band pistol was confiscated from algebra class, because it was a weapon of math disruption.

No matter how much you push the envelope, it'll still be stationery.

A dog gave birth to puppies near the road and was cited for littering..

A grenade thrown into a kitchen in France would result in Linoleum Blownapart..

Two silk worms had a race. They ended up in a tie.

Time flies like an arrow. Fruit flies like a banana.

Atheism is a non-prophet organization.

Two hats were hanging on a hat rack in the hallway. One hat said to the other: 'You stay here; I'll go on a head.'

I wondered why the baseball kept getting bigger. Then it hit me..

A sign on the lawn at a drug rehab center said: 'Keep off the Grass.'

The midget fortune-teller who escaped from prison was a small medium at large.

The soldier who survived mustard gas and pepper spray is now a seasoned veteran.

A backward poet writes inverse.

In a democracy it's your vote that counts. In feudalism it's your count that votes..

If you jumped off the bridge in Paris, you'd be in Seine ..

A vulture boards an airplane, carrying two dead raccoons. The stewardess looks at him and says, 'I'm sorry, sir, only one carrion allowed per passenger.'

Two fish swim into a concrete wall. One turns to the other and says 'Dam!'

Two Eskimos sitting in a kayak were chilly, so they lit a fire in the craft. Unsurprisingly it sank, proving once again that you can't have your kayak and heat it too.

Two hydrogen atoms meet. One says, 'I've lost my electron.' The other says 'Are you sure?' The first replies, 'Yes, I'm positive.'

Did you hear about the Buddhist who refused Novocain during a root canal? His goal: transcendental medication.

There was the person who sent ten puns to friends, with the hope that at least one of the puns would make them laugh. No pun in ten did.

NEW OSTOMATE CORNER

By: Mark Shaffer, Metro Denver, Via: Hemet-San Jacinto, CA.

At a recent chapter meeting, a subject came up that I found intriguing. One of the participants in the rap session stated that he found himself depressed and withdrawn even though it has been a year since his surgery. He wondered how long he could expect that feeling to last and, I think, whether it would go on for the rest of his life. Some ostomates adjust almost immediately. These folks see an ostomy as a cure for an illness that threatened their lives or restricted their activities. Others take a few months, generally feeling better about the situation as soon as they master the fine art of pouch changing and maintenance. For many, ostomy surgery begins a process that appears, and is, very close to the grieving process, and like any grieving process, the amount of time needed to feel emotionally whole again will vary. It took me almost two years following my surgery before I felt like I had regained my former personality and was ready to move on with my life. So there is no magic amount of time needed to adjust to your new ostomy. Allow yourself the time you need and realize that the feelings of depression and isolation will eventually go away. If the depression is severe, don't be afraid to seek professional help. If your isolation is caused by a lack of confidence in your appliance, seek help from an ET nurse. If your appliance is working fine but you still feel separated from others, seek help from other ostomates. Go to a meeting and meet others in the same situation.

If you don't already have one, call your local chapter and get an ostomy visitor who can talk to you about how they managed their post-operative emotions. But above all, give yourself time to adjust.

WHAT'S UP?

Via: Minot Area & GB News Review

We have a two letter word we use constantly that has more meaning than any other. That word is "UP". It is easy to understand UP, meaning toward the sky, or toward the top of the list- - but when we waken, why do we wake UP? At a meeting, why does a topic come UP? Why do participants speak UP? And, why are officers UP for election? And, why is it often UP to the secretary to write UP a report? The word is not needed, but we use it anyway; we brighten UP a room, light UP a cigar, polish UP the silver, lock UP the house, and fix UP the old car. At other times, it has special meanings: people sit UP, stir UP trouble, line UP for tickets, work UP an appetite, think UP excuses, get tied UP in traffic. To be dressed is one thing, but to be dressed UP is something special. It may be confusing, but a drain must be opened UP because it is stopped UP. We open UP a store in the morning and close it UP at night. We seem to be mixed UP about UP, it's true— but just don't give UP !!!!!

Food Storage: Basic Rules

Produce that tends to last for a long period of time, such as potatoes and onions, is usually best stored in a cool, dark place," says Palinski. Produce that spoils quickly should be refrigerated to help extend the shelf life and should be washed only before eating, since additional moisture may speed the spoiling process.

It's also best to refrigerate produce at about 38 degrees Fahrenheit and store it in the produce drawers, says Palinski. "If you are going to wrap produce, use paper bags instead of plastic bags." Another storage trick is to use perforated plastic bags for refrigerated produce.

If your vegetables are nearing their "expiration dates," but you won't have a chance to make use of them, you don't have to throw them away. Palinski suggests blanching (a quick boiling process), then freezing them in a plastic wrapping.

Follow these guidelines for storing vegetables and fruits:

- Apples: At room temperature for up to seven days or refrigerated in a plastic bag if you won't eat them that quickly.**
- Bananas: At room temperature, both ripe and unripe.**
- Grapefruit: At room temperature for one week or refrigerated for up to two or three weeks.**
- Peaches: At room temperature in a paper bag if unripe; remove from the bag when ripe and eat within a day or two.**
- Strawberries: Refrigerated for one to three days without washing.**
- Oranges: At room temperature for a day or two or refrigerated for up to one or two weeks.**
- Broccoli: Refrigerated for three to five days.**
- Carrots: Refrigerated, stored in a plastic bag with the green tops cut off.**
- Iceberg lettuce: Refrigerated in a plastic bag after rinsing and drying.**
- Tomatoes: At room temperature, out of direct sunlight — they quickly lose their taste if refrigerated.**

Another important point: Don't pile all your fruits and veggies together in one bowl — they can cause each other to spoil. "Keep quick-ripening vegetables away from foods like avocados, cantaloupe, tomatoes, pears, and apricots," says Palinski. "These items emit ethylene, a gas that can cause nearby vegetables to spoil more quickly." Most apples also emit this gas.

Food Storage: Plan Ahead

Storing fresh produce properly helps it last, and planning before you go food shopping can help you maximize your fresh produce costs. "Make a plan of what you're going to eat over the next few days, and then buy only the produce you need for that plan," says Palinski. "Also, try shopping for produce twice a week — every three to four days — to select the freshest produce and avoid buying too much since some will inevitably go to waste."

At the store, make the fresh produce section one of your last stops before checkout. "This way, there will be less time between the grocery store and the refrigerator," adds Palinski.

Plan your meals to use the fruits and vegetables that are most perishable first. Vegetables that spoil relatively quickly include tomatoes, broccoli, asparagus, and mushrooms. Vegetables that last a little longer are peppers, squash, spinach, and most types of lettuce. Root vegetables like onions, carrots, potatoes, and garlic can last much longer.

How Do You Know It's Crohn's?

By Lisa Baertlein

Around 500,000 Americans are believed to be suffering from Crohn's disease, a chronic condition that causes inflammation of the digestive tract. If you have abdominal cramps or pain a few hours after eating, frequent diarrhea, bleeding from your rectum, weight loss, night sweats, or a recurrent fever, you may be one of them. Diagnosing Crohn's can be especially challenging because its symptoms are so similar to those of several other conditions, but a visit to your doctor is the first step toward a diagnosis.

Crohn's vs. Other, Similar Conditions

Because there is no single test that can determine whether or not you have Crohn's, your doctor will probably order a combination of tests to rule out other conditions with similar symptoms. Such conditions include:

IBS

An experienced gastroenterologist can often eliminate a diagnosis of irritable bowel syndrome relatively quickly because people with IBS do not usually experience pain during bowel movements, and their symptoms go away while they're sleeping. This condition also differs from Crohn's in that it is not commonly associated with significant weight loss, anemia, rectal bleeding, stool blood, or recurring fever — a sign of inflammation.

Celiac Disease

When trying to rule out celiac disease, your doctor may ask how you react to certain foods. Gluten, which is found in wheat, barley, rye, and possibly oats, damages the small intestine in people with celiac disease, and the resulting symptoms often mimic those of Crohn's. A diagnosis of celiac disease is confirmed when blood tests show elevated levels of immunoglobulin A (IgA), antitissue transglutaminase (anti-tTG) antibodies and antiendomysium antibodies (AEA).

Ulcerative Colitis and Diverticular Disease

Distinguishing among Crohn's, ulcerative colitis, and diverticular disease can be more difficult and time-consuming and can involve more tests. Your physician will take a detailed history and do a complete physical exam, which may include checking your abdomen for tenderness or masses and checking your rectum for hemorrhoids, tears, or narrowing. Preliminary lab work will probably include blood, stool, and urine tests to check for any internal bleeding, infection, or inflammation.

Your doctor may also order a test called the erythrocyte sedimentation rate (ESR), or SED rate, to find out whether inflammation has made your red blood cells sticky and prone to settling more quickly than usual. A higher-than-normal SED rate and an elevated C-reactive protein level provide confirmation of systemic inflammation — the hallmark of inflammatory bowel diseases, such as Crohn's and ulcerative colitis.

Blood antibody testing, though not 100 percent reliable, can help a doctor distinguish between Crohn's and ulcerative colitis, since people with Crohn's tend to be positive for the anti-*Saccharomyces cerevisiae* antibody, or ASCA, but negative for perinuclear antineutrophil cytoplasmic antibody, or pANCA. The opposite is usually true in people suffering from ulcerative colitis, which causes inflammation and ulcers in the lining of the colon and rectum.

General Diagnostic Techniques

If you are suffering from frequent diarrhea and abdominal cramps — and laboratory test results suggest that more investigation is needed — doctors have many ways to "see" what's happening in the gastrointestinal (GI) tract. X rays, computed tomography (CT) scans, ultrasounds, magnetic resonance imaging (MRI), and small scopes inserted through the mouth, nose, or anus can all pinpoint damage or abnormalities in the gut. Since some of the tests can be uncomfortable, painful, or embarrassing, it is important that you make your doctor aware of any physical or emotional concerns you may have and ask whether anything can be done to ease your worries.

Ordinary abdominal X rays are often used when a doctor suspects a small bowel obstruction, which occurs when inflammation thickens intestinal walls, making it difficult for food to pass through.

Barium enemas are commonly used to diagnose and evaluate the severity of Crohn's because they allow doctors to view the areas most affected by the disease. During the procedure, barium is placed in the intestines through a tube inserted in the rectum. The barium — a chalky, metallic white liquid — coats the inside of the GI tract and produces clear X-ray images. Air may also be used to expand the colon and further improve the images. This test is designed to help find ulcers, damage from inflammation, or narrowing of the bowel. Depending on the circumstances, your doctor may consider performing one of two other, similar tests. A test of the upper gastrointestinal tract requires that you swallow a barium-based liquid before having an X ray. Another procedure, called enteroclysis, delivers a barium-based liquid through a tube that's inserted through the nose and extends to the beginning of the small intestine — it can help show abnormalities in that area.

Computed tomography, or CT scanning, uses a series of X rays to create a detailed picture of the body's anatomy. CT scans can help your physician pinpoint inflammation, scarring, obstructions, infection, tears, and fistulas, which can result in abnormal connections between different parts of the intestine.

Magnetic resonance imaging, or MRI, uses magnetic fields to make an image of the body. MRIs are a particularly accurate tool for evaluating perianal (meaning "around the anal area") complications. Such complications include fissures, ulcers, abscesses, and fistulas, which may leak pus, mucus, or stool from the intestines through a hole near the anus.

Endoscopic Diagnostic Techniques

Your doctor may choose to run endoscopic tests, which use a camera inside a lighted, flexible tube to relay pictures to a video monitor. Such tests are usually used at the time of diagnosis to measure the extent of damage from inflammation.

Sigmoidoscopy is the most commonly performed endoscopic test used to confirm a Crohn's diagnosis. During the quick, 10- to 20-minute office procedure, a flexible sigmoidoscope is inserted

into the rectum to examine the lower intestine, also known as the sigmoid colon, or to take a tissue sample for testing.

Colonoscopy is a 30- to 60-minute procedure that can be done in a doctor's office, outpatient GI facility, or a hospital. A lighted colonoscope is inserted into the rectum, allowing the doctor to get a view inside the rectum, the entire colon, and the end of the small intestine, known as the terminal ileum. This test is useful in confirming Crohn's of the ileum and for collecting samples of tissue for colon cancer screening. While sedation is not regularly used during sigmoidoscopy, it is often given to people undergoing colonoscopy.

Esophagogastroduodenoscopy, or EGD, may be used to see the esophagus, the stomach, and the first part of the small intestine if Crohn's of the upper gastrointestinal tract is suspected. The test, in which a scope is inserted through the mouth, usually takes 10 to 20 minutes.

Capsule endoscopy, in which a patient swallows a capsule-encased camera that feeds images to a recorder worn on his or her belt, is helpful in diagnosing Crohn's in the small intestine, according to recent studies. However, it is not recommended when a bowel obstruction is suspected or present, or for patients with areas of narrowing.

Living With Crohn's

Since Crohn's is a chronic disorder that can worsen over time, getting the right diagnosis is a worthwhile investment — even if it means going through some uncomfortable testing procedures. A proper diagnosis will help you and your doctor decide on the best treatments to improve your daily life, ease your symptoms, and potentially bring on remission.

POOR OSTOMY MANAGEMENT IDEAS

Via: GB News Review

The following are poor procedures we found some people implement to manage their ostomy system. They are not recommended because they will yield less than optimal results. Sometimes we all do things that seem logical at the time, but inadvertently lessen our quality of life. A few of these are: *Using alcohol regularly to clean the peristomal skin.* This may result in itching, skin irritation and damage to sensitive tissue. *Using the same pouch too long.* Seven days is the maximum recommended. Pouches become saturated with odor which cannot be removed. *Ignoring skin problems.* Always treat any skin irritations when you change your ostomy system. Barriers covering damaged areas are made to actually help heal them if used properly. *Wrapping the drainable pouch tail around and around the clamp before closing it.* This will not make the clamp work better. All it will do is spring the clamp out of shape. Replace your old clamp with a new one every month. *Letting the pouch get full before emptying.* Excess weight will separate a two-piece system and will also put too much weight on the skin barrier resulting possibly in multiple problems. Empty the pouch at least when it is about one-third full. *Living with unsatisfactory ostomy management.* If you are unhappy with how your ostomy system works, make an appointment with an ET nurse. *Not coming to UOA Chapter meetings.* Once you figured out this thing, sharing with others turns out to be a surprisingly good way to keep yourself proactive and happy.

Neti Pots and Colds

These nasal irrigation devices from ancient India can help you battle your nagging cold and sinus symptoms.

By Sara Calabro

Medically reviewed by Cynthia Haines, MD

In springtime it's allergies; in winter, colds and flu. No matter the time of year, there always seems to be something clogging up our nasal passages.

As evidenced by the constant rotation of television commercials touting the latest in allergy and sinus relief, there is no shortage of medication for addressing these problems. But more and more, people who prefer to manage their symptoms naturally, or who want a more economical way to maintain nasal health, are looking back in time to an ancient healing tradition called neti.

Neti Pots and Colds: The Basics

Neti, developed hundreds (or perhaps even thousands) of years ago by yoga and Ayurveda practitioners in India, is a nasal purification technique that involves the use of neti pots. Neti pots can be made of ceramic, glass, plastic, or metal and are sold in most health food stores.

The pot is filled with a saline solution (specially packaged salt mixtures can be purchased, but grocery store sea salt and water will do just fine). Once the neti pot is filled, its spout is inserted into one nostril while the user tilts the head to the side to allow the saline solution to flow up the nasal passage and then out the other nostril. Then the technique is repeated on the opposite side. To ensure a smooth flow of saline solution, the user should breathe through the mouth while tilting the head. Neti pots can be used as needed to alleviate nasal stuffiness or daily as a preventive method of keeping nasal passages free and clear.

Neti Pots and Colds: The Benefits

Neti pots can do the following:

- Clear the nostrils to allow free breathing
- Remove excess mucous
- Reduce pollen or allergens in nasal passages
- Relieve nasal dryness
- Reduce cold and flu symptoms
- Alleviate sinus headaches
- Improve sense of smell and taste
- Reduce snoring

A recent study performed by researchers at the University of Wisconsin's School of Medicine and Public Health found evidence that patients with daily sinus symptoms, allergies, and asthma may experience improvements with nasal irrigation. The study also offered strong evidence that nasal irrigation works well along with other, more traditional treatments for symptoms. Other devices such as bulb syringes and squirt bottles can also be used for nasal irrigation.

New York resident Jodie Tassello, who started using neti pots for a chronic sinus infection, says: "I was experimenting with so many different medications, but my symptoms kept coming back. When my friend recommended I try a neti pot, I figured I had nothing to lose. Within a few days, my sinus problems cleared up and haven't come back since. I now use my neti pot every day."

Neti Pots: Are They Safe?

Most research on nasal irrigation indicates there are no significant side effects from neti pots and concludes that the benefits outweigh any potential risks. Proper use of a neti pot is key to safe and effective use, however. If you have any questions on using neti pots, ask your doctor or other health care provider.

Dynamic Food Duos Special food combinations can maximize your health benefits. Learn how these duos work for you Pair the following foods together to enjoy greater nutrition.

Energy-Boosting Duo: Chickpeas and Red Peppers Chickpeas have iron (essential for immune function) that is difficult to absorb on its own. Red peppers are a good source of vitamin C, which unlocks the plant-based iron found in chickpeas, making it accessible to blood cells. Try red peppers with or in your hummus.

Mood-Booster Duo: Broccoli and Eggs Broccoli provides one of the most easily absorbed forms of calcium. Studies show that calcium can decrease depression and anxiety during PMS. Eggs contain vitamin D, which promote the absorption of calcium and bone health, and also can help with seasonal affective disorder and depression.

Belly-Trimming Duo: Pasta and Balsamic Vinegar Vinegar's acetic acid slows down how quickly you digest and absorb glucose from starch; this helps to control hunger and makes you less likely to eat later. Add 2 tablespoons of vinegar to a starchy dish to stabilize your post-meal blood sugar.

Coping With Chronic Constipation

Constipation is one of the most common digestive problems, and the best treatment for it is eating right and drinking plenty of fluids. By Dennis Thompson Jr. Medically reviewed by Pat F. Bass III, MD, MPH

More than 4 million people in the United States experience constipation frequently, most of them are age 65 or older. Being constipated makes it difficult for you to produce a bowel movement. Constipation can also be used to describe infrequent bowel movements, in which your stools tend to be very small, hard, and dry.

If you don't have a bowel movement every day, it doesn't necessarily mean that you're constipated. Doctors define constipation as making fewer than three successful bowel movements in a week. You are considered "regular" if you have anywhere from three bowel movements a day to three a week, depending on what's normal for you.

Constipation: Causes and Symptoms

In normal digestion, the colon draws water and nutrients from food as it passes through your system. The leftover matter forms a stool, which the colon moves along by means of muscle contractions that squeeze it forward. Constipation occurs when something interferes with this process. Your colon might begin absorbing too much water from the stool, making the stool dry and hard. The colon's muscle contractions also could falter, becoming sluggish and moving the stool along inefficiently. People with constipation can have a variety of uncomfortable symptoms, says Lawrence R. Schiller, MD, a physician with Digestive Health Associates of Texas and program director of the gastroenterology fellowship at Baylor University Medical Center in Dallas. Constipation symptoms may include:

Feeling full. "Some have a sensation of bloating or being too full," Dr. Schiller says. "This may be due to the volume of retained stool." **Impaction.** "Some individuals develop fecal impaction, overfilling of

the rectum with a mass of stool that is too large to pass," he says. **Injuries.** "Some people have injury to the anal canal by straining excessively or passing large stools, thereby causing sphincter spasm or tears in the lining of the anal canal," he says. Diet is the most common cause of constipation. People who eat little fiber or large amounts of fats like meats, eggs, and cheese very often wind up constipated. Not drinking enough water throughout the day also can lead to constipation.

Constipation: Solutions

The best way to treat constipation, and to prevent future episodes, is to eat plenty of fiber and drink plenty of fluids. Constipation can also be prevented by regular exercise and by going to the bathroom when you feel the urge. "Occasional constipation occurs in many people when they change their diet or travel or are under stress," Shiller says. "Getting back to a good diet that includes a variety of foods, as well as some fiber, and restoring a more usual environment may be all that is needed. For those with chronic constipation, attention to diet — gradually increasing intake of fiber up to 30 grams per day — and paying attention and acting on urges to move the bowels are important." Laxatives are another popular means to treat constipation, although you should consult your doctor before using any laxative regularly. Overuse of laxatives actually can lead to constipation by doing damage to the colon. Types available include:

Bulk-forming laxatives, which add bulk and water to your stools to help them pass naturally. These include Metamucil and Fiberall. **Osmotic laxatives**, which increase the amount of fluid in the colon and keep stools soft and easy to pass. These include Milk of Magnesia, Cephulac, and Sorbitol. **Stimulant laxatives**, which prompt muscle contractions in the colon. These include Correctol, Dulcolax, Purge, and Senokot. **Lubricant laxatives**, which grease the stools to help them pass more easily through the colon. Mineral oil is often used, but brand name products include Fleet and Zymenol.

Chronic constipation in adults can also be treated with the prescription drug lubiprostone (Amitiza). Other drug treatments include lactulose (sold under various brand names, including Cephulac, Duphalac, Generlac and Kristalose), which can be prescribed for short-term use only, and Zelnorm, which is now available on an emergency basis only; its prescription must be authorized directly by the FDA.

Diagnosing and Treating Bowel Obstruction

Nausea, swollen abdomen, constipation, and a change in your stool are all bowel obstruction symptoms. Get the facts about this uncommon but serious condition.

By Madeline Vann, MPH

Medically reviewed by Pat F. Bass III, MD, MPH

A change in bowel movements, nausea, and a bloated abdomen are all signs of bowel obstruction, a condition that tends to strike people in certain circumstances, such as those recovering from abdominal surgery. Bowel obstruction is not a common problem for most people. "A bowel obstruction is a very generic term," says Jay Pasricha, MD, professor of gastroenterology at the Stanford School of Medicine in Stanford, Calif. "Technically it's the small bowel or intestine and the large bowel or intestine. You could have obstruction of either one of those regions of the gastrointestinal tract."

What Causes Bowel Obstruction?

When something blocks the bowel, it is a bowel obstruction. An obstructed bowel can have many causes. These are usually due to: Cancer Scarring from previous surgery, radiation therapy or scarring from endometriosis Besides a physical blockage, says Dr. Pasricha, there are also the pseudo-obstructions. These are “a failure of the bowel itself to be able to push things down. It can behave like a mechanical obstruction although it is not due to anything physically” obstructing the bowel.

Bowel Obstruction Symptoms

Obstructed bowel symptoms depend on the cause of the obstruction, where the obstruction is located, and how long it has taken for the obstruction to cause problems. “In general, the lower down the obstruction occurs, the longer it takes to really manifest itself,” says Pasricha. “There is a lot of capacity of the bowel to expand and adapt. Eventually the contents start backing up.” Here are the most common bowel obstruction symptoms: Distended (swollen or bloated) abdomen Nausea Vomiting — color and texture of vomit may help diagnose the obstruction . Change in bowel habits. Constipation , very thin stools , Blood in the stool, especially likely if cancer is a cause In general, Pasricha advises people with some of these symptoms, especially nausea, constipation, and abdominal bloating, and no other obvious cause for those symptoms, to contact their doctor for an evaluation. Although bowel obstruction can take a long time to create serious problems in most people, it can require urgent attention. “If you have unrelieved obstruction, there is a risk of ischemia [decrease in the blood supply] and that can be fatal,” warns Pasricha.

Diagnosing Bowel Obstruction Diagnosis of bowel obstruction is not difficult, says Pasricha. The diagnostic process will include: **Description of symptoms.** Give your doctor a detailed description of the bowel obstruction symptoms that are causing you concern. **Medical history.** Tell your doctor about any recent surgeries or medical treatments as well as ongoing health conditions and medications or supplements you are taking. **Physical examination.** Your doctor may want to examine your abdomen and any other parts of your body where you are experiencing pain or discomfort. **Imaging tests.** “To diagnose [bowel obstruction], you rely on imaging,” says Pasricha. Your doctor may use an X-ray or CT (computed tomography) scan. **Colonoscopy.** If your doctor suspects that the obstruction is in the large bowel, he may order a colonoscopy. You will be sedated for this test while your doctor inserts a camera at the end of a thin tube into your colon. This allows him to see inside the colon.

Treating Bowel Obstruction

“For most mechanical obstructions [scarring, cancer] the real treatment is surgery, but a lot of patients with post-operative obstruction due to adhesions sometimes can be managed by putting a tube through the nose down into the bowel,” say Pasricha. This decompresses the bowel, allowing it to get untwisted. This may not solve the original problem causing the obstruction, but it is often a first step, even for patients who are going to have surgery. The length and ease of recovery depends on the cause, warns Pasricha. Older people may find recovery takes longer. Additionally, some people who tend to develop obstructions as a result of scarring from abdominal surgery can experience repeated obstructions.

“Typically, if it is a mild to moderate obstruction caught early in time, they usually recover well,” he says.

United Ostomy Association of America: <http://www.uoaa.org>

Links to Ostomy Appliance Manufacturers:
Convatec website: <http://www.convatec.com>

Hollister website: <http://www.hollister.com>

Coloplast website: <http://www.coloplast.com>

Friends of Ostomates Worldwide: <http://www.fowusa.org>

A lot of other Ostomy info is available at: <http://www.ostomy.evansville.net>

Since more and more "older people" are texting and tweeting, there appears to be a need for a STC (Senior Texting Code).

I wonder which one's I'll use the most? Probably LOL!

ATD: At The Doctor's BTW: Bring The Wheelchair BYOT: Bring Your Own Teeth

CBM: Covered By Medicare CUATSC: See You At The Senior Center DWI: Driving While Incontinent

FWB: Friend With Beta Blockers FWIW: Forgot Where I Was FYI: Found Your Insulin GHA: Got Heartburn Again

HGBM: Had Good Bowel Movement IMHO: Is My Hearing-Aid On? LMDO: Laughing My Dentures Out

LOL: Living On Lipitor LWO: Lawrence Welk's On OMMR: On My Massage Recliner OMSG: Oh My! Sorry, Gas.

ROFL... CGU: Rolling On The Floor Laughing...And Can't Get up. SGGP: Sorry, Gotta Go Poop

TTYL: Talk To You Louder WAITT: Who Am I Talking To? WTF: Wet The Furniture Again WTP: Where's The Prunes?

WWNO: Walker Wheels Need Oil

QUESTIONS THAT HAUNT ME!

CAN YOU CRY UNDER WATER?

HOW IMPORTANT DOES A PERSON HAVE TO BE BEFORE THEY ARE CONSIDERED ASSASSINATED INSTEAD OF JUST MURDERED?

WHY DO YOU HAVE TO "PUT YOUR TWO CENTS IN" ... BUT IT'S ONLY A "PENNY FOR YOUR THOUGHTS"?

WHERE'S THAT EXTRA PENNY GOING TO?

ONCE YOU'RE IN HEAVEN, DO YOU GET STUCK WEARING THE CLOTHES YOU WERE BURIED IN FOR ETERNITY?

WHY DOES A ROUND PIZZA COME IN A SQUARE BOX?

WHAT DISEASE DID CURED HAM ACTUALLY HAVE? AND CAN IT HAVE A RELAPSE ON MY PLATE?

HOW IS IT THAT WE PUT MAN ON THE MOON BEFORE WE FIGURED OUT IT WOULD BE A GOOD IDEA TO PUT WHEELS ON LUGGAGE?

WHY IS IT THAT PEOPLE SAY THEY "SLEPT LIKE A BABY" WHEN BABIES WAKE UP LIKE EVERY TWO HOURS?

IF A DEAF PERSON HAS TO GO TO COURT, IS IT STILL CALLED A HEARING?

WHY ARE YOU IN A MOVIE, BUT YOU'RE ON TV?

Why do people pay to go up tall buildings and then put money in binoculars to look at things on the ground?

WHY DO DOCTORS LEAVE THE ROOM WHILE YOU CHANGE? THEY'RE GOING TO SEE YOU NAKED ANYWAY.

WHY IS "BRA" SINGULAR AND "PANTIES" PLURAL?

WHY DO TOASTERS ALWAYS HAVE A SETTING THAT BURNS THE TOAST TO A HORRIBLE CRISP, WHICH NO DECENT HUMAN BEING WOULD EAT?

IF JIMMY CRACKS CORN AND NO ONE CARES, WHY IS THERE A STUPID SONG ABOUT HIM?

CAN A HEARSE CARRYING A CORPSE DRIVE IN THE CARPOOL LANE?

IF THE PROFESSOR ON GILLIGAN'S ISLAND CAN MAKE A RADIO OUT OF A COCONUT, WHY CAN'T HE FIX A HOLE IN A BOAT?

**WHY DOES GOOFY STAND ERECT WHILE PLUTO REMAINS ON ALL FOURS? THEY'RE BOTH DOGS!
IF WILE I. COYOTE HAD ENOUGH MONEY TO BUY ALL THAT ACME CRAP, WHY DIDN'T HE JUST BUY DINNER?
IF CORN OIL IS MADE FROM CORN, AND VEGETABLE OIL IS MADE FROM VEGETABLES, WHAT IS BABY OIL MADE FROM?**

IF ELECTRICITY COMES FROM ELECTRONS, DOES MORALITY COME FROM MORONS?

DO THE ALPHABET SONG AND TWINKLE, TWINKLE LITTLE STAR HAVE THE SAME TUNE?

WHY DID YOU JUST TRY SINGING THE TWO SONG ABOVE?

WHY DO THEY CALL IT AN ASTEROID WHEN IT'S OUTSIDE THE HEMISPHERE, BUT CALL IT A HEMORRHOID WHEN IT'S IN YOUR ASS?

Did you ever notice that when you blow in a dog's face, he gets mad at you, but when you take him for a car ride, he sticks his head out the window?

Sausage & PC

A customer asked, "In what aisle could I find the Polish sausage?" The clerk asks, "Are you Polish?" The guy, clearly offended, says, "Yes I am. But let me ask you something. If I had asked for Italian sausage, would you ask me if I was Italian? Or if I had asked for German Bratwurst, would you ask me if I was German? Or if I asked for a kosher hot dog would you ask me if I was Jewish? Or if I had asked for a Taco, would you ask if I was Mexican? Or if I asked for some Irish whiskey, would you ask if I was Irish?"

The clerk says, "No, I probably wouldn't."

The guy says, "Well then, because I asked for Polish sausage, why did you ask me if I'm Polish?"

> The clerk replied, "Because you're in Home Depot."

Grant me the senility to forget the people
I never liked anyway,
the good fortune to run into the ones I do, and
the eyesight to tell the difference.

COLOSTOMY BOWEL CONTROL

Edited by B. Brewer, UOAA 1/2011

Patients with a right-sided **colostomy** do not have as much remaining colon as those with a left-sided colostomy. Because of this, there is usually too little colon left to absorb enough water to make a solid stool. This type cannot be controlled by irrigation, but instead behaves very much like an ileostomy with a fairly continuous discharge. The left-sided colostomy is often described as a dry colostomy because it discharges formed stool. One has the choice of attempting to manage this type either by trained control or irrigation control.

Only one-third of the people who attempt to train themselves to control the colostomy without irrigation are successful in doing so. This type of training relies very heavily on diet and medication to achieve regularity. Many physicians in this country feel that control is more easily and satisfactorily achieved by irrigation. However, there are some patients who can't achieve irrigation because they have an irritable bowel. This problem has nothing to do with the colostomy. It is just part of some people's makeup. Some people, even before they have their colostomy, may have very irregular bowel habits. They retain these habits after the colostomy is performed, so that regular irrigation does not assure them of regularity.

When this condition exists, the physician will sometimes suggest that the patient dispense with irrigation since it will not produce the desired regular pattern, and the person may become frustrated trying to achieve this. In this case, once again the colostomy is treated much like an ileostomy with the wearing of a pouching system all of the time.

This is a short list of some of the most popular and resourceful ostomy-related websites. All of them have unique features and content, but are united in their common goal of providing support and useful information to people with ostomies.

MeetAnOstoMate.com Online community for people with ostomies. If you want to find a friend, need someone to talk to, or consider a relationship - this is a great place to start. You can use the site to find other people with ostomy in your area and also around the world; make friends and maybe even more; get answers to your questions from ET nurses or other ostomates; use the Forum, Chat, Instant Messenger, or your personal Blog; create your own profile; upload photos; watch ostomy-related videos; publish ads.

C3Life.com A website dedicated to helping people with ostomies live their lives to the fullest. Supported by Hollister Incorporated, the C3Life.com initiative is an outgrowth of Hollister's mission as an organization to help make life more rewarding and dignified for those who use its products.

UOAA United Ostomy Associations of America is an association of Affiliated Support Groups. UOAA serves people with ostomies and other intestinal & urinary diversions through its support groups, by providing information, by coordinating Advocacy efforts and holding conferences, and with services provided via this website, such as our Discussion Board, which has a thriving user community, and a variety of tools to help our affiliates be as effective as possible. Individuals can join UOAA by joining one of its Affiliated Groups. UOAA is a member of the International Ostomy Association.

Ostomates.org The aim of this site is to try and give you as much information as possible regarding ileostomy, j pouch, colostomy, urostomy or any type of stoma surgery. You may have already had surgery or are contemplating it because you have Ulcerative Colitis or Crohns Disease or some other cause for surgery. It is for ostomates by ostomates (no "medical speak") so remember, these pages are for you. If you have anything you'd like to add, please use the feedback forms provided on the relevant pages.

WOCN Wound, Ostomy and Continence Nurses Society (WOCN) is a professional, international nursing society of more than 4,600 healthcare professionals who are experts in the care of patients with wound, ostomy and incontinence. The WOCN supports its members by promoting educational, clinical and research opportunities to advance the practice and guide the delivery of expert health care to individuals with wounds, ostomies and incontinence.

PLEASE SUPPORT THOSE THAT SUPPORT US

(Below are some of the local merchants that stock Ostomy Supplies)

and

DON'T FORGET THE U.O.A.A.'s MAGAZINE

(The PHEONIX is LOADED with everyday advice from Doctors, Nurses, and Suppliers)



Don's Pharmacy

Don Crist, R.Ph, CF

Prescriptions &
Patient Care Supplies
Equipment Rentals

Ostomy supplies, Convalescent stockings, Wound care, medical, etc.
Bandage supplies, Cones, Crutches, Braces, Stoppers

Hours: 7655 W. Gulf to Lake Hwy
Mon - Wed, Thurs 9 a.m. - 5:30 p.m. Crystal River, FL 34429
Tues., Fri 9 a.m. - 5 p.m. (352) 795-4488 fax (352) 795-2588



Brashear's Pharmacy
We treat you better...so you will feel better!

Bob Brashear
Pharmacist - Brashear's Pharmacy

206 West Dampier Street
Inverness, FL 34450

(352) 637-2079

brashearspharmacy.com

Now with two locations
Inverness: 637-2079, Lecanto: 746-3420

PAM
KENNEDY, RN 637-0069



B&W REXALL DRUGS

Durable Medical Equipment
214 S. U.S. Hwy 41
Inverness, FL 34450

Phone: (352) 726-1021

Fax: (352) 726-0164

bwrexall@tampabay.rr.com

Serving Citrus County

Since 1930

Owners:

Ken Heimann, R.P.H., C.P., F.A.S.C.P.

Tina C. Heimann

- Oxygen Equipment
- Diabetic Supplies
- Motorized Scooters
- Electric Wheelchairs
- Manual Wheelchairs
- Lift Chairs
- Hospital Beds
- Incontinent Needs
- Ostomy Appliances
- Certified Breast Prosthesis Fitters
- Convalescent Aids
- Private Fitting Rooms

MANAGERS
LORRIANE CRONK
BARBARA SPHON

(352) 726-1555

SALES • SERVICE • RENTALS
MEDICARE ACCEPTED
PERSONAL ASSISTANCE

Don't Miss An Issue!

Back Guarantee!

The Leading Ostomy Publication. *The Phoenix* is the leading

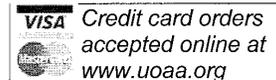
national magazine for ostomates, their families and caregivers. Each issue contains 72 pages of inspiration, education and information including new products, medical advice, management techniques, personal stories – it's all here and more.

More Than A Magazine. Half of each subscription funds the nonprofit

United Ostomy Associations of America – the only national organization providing vital information, resources, support and advocacy for ostomates.



Annual subscriptions: \$25. Send check or money order to: The Phoenix, P.O. Box 3605, Mission Viejo, CA 92690.
Phone/Fax: 949-600-7296. Published quarterly: March, June, September and December.



Name _____

Address _____ Apt/Suite _____

City _____ State _____ Zip _____

E-mail _____ UOAA Donation (optional) \$ _____

0508SG