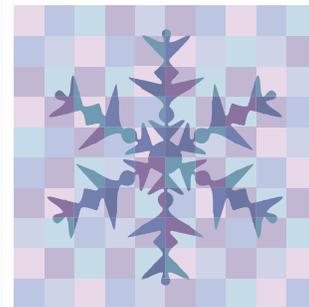


Ostomy Outlook



NEWSLETTER OF THE OSTOMY ASSOCIATION OF THE MINNEAPOLIS AREA	
Volume XXLXII, Issue V	
November/December 2015	
Date:	Monday, November 16, 2015
Time:	6:30 PM-Social hour
Place:	United Methodist Church of Peace 6345 Xerxes Avenue South Richfield, MN 55423 612-866-0069
Program:	7:00 P.M. <i>Lisa Spiral Besnett</i> <i>Building spiritual relationships.</i>
Date:	Monday, December 21, 2015
Time:	6:30 PM – Social Hour
Place:	United Methodist Church of Peace 6345 Xerxes Avenue South Richfield, MN 55423 612-866-0069
Program:	<i>Fun, Food, and Fellowship.</i> Bring your favorite appetizer or dessert to share along with a special story from your life in the last year you'd like to tell.



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The Ostomy Outlook is printed and circulated for people with Colostomies, Ileostomies, Urostomies, and alternative procedures, their families and other interested Persons.

Our new website address is: ostomyminneapolis.org

November speaker bio:

Lisa Spiral Besnett is a speaker and author. She talks about spirituality, her experiences with cancer and the medical community, and her experiences with mobility issues. Her books center on building spiritual relationships and the practices to sustain those relationships, even through difficult times. Her incredible journey is fascinating and her sense of humor about it all makes her an engaging and accessible speaker.

The President's Corner



Hi Everyone!
I hope this newsletter finds you in good health and enjoying our wonderful fall weather. We are still looking for a President-elect person. Anyone who has paid their dues is eligible for that position. If you are interested, contact any Board member to show your interest.
We have two months (November and December) of meetings left before we take January and February off for the winter. If you haven't been attending our meetings, you should give us a try. We have had guest speakers and will continue to do the same in the months ahead. If you have any suggestions for our programs, let us know and we will try to include your suggestions. Brenda Elsagher, Marilyn Carlson and Julie Powell will be our program planners starting in 2016. Contact them if you would like something for a program of interest to everyone.
Remember, also, that we are a support group. If you have questions that you are looking for answers to, members of our group are more than willing to help you or find the right person to help you. Give us a call. Take care, keep active and have fun! Sincerely, Ed Scinto

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GETTING TO KNOW ME!



Hi!

My name is Barb Glander. I just turned 69, WOW! I can't believe that I'm heading into my 70's.

I grew up in Morningside, Minnesota. I have five brothers and one fantastic sister, one son, a great daughter-in-law, and two beautiful grandkids that I love dearly. I've been married to my husband Ed for 46 years.

I retired in 2007 after working 32 years at the Star Tribune, 16 years in Human Resources and 16 years in the Newsroom. I had a great run at the Strib. I have a great family and friends and enjoy my life.

I never had any health problems until February, when I started having colon problems (ulcerative colitis). I was in and out of the hospital from February through June and fought like hell to avoid surgery, trying everything I could. I had a huge bacterial infection that took over my colon and now I am adjusting to my new life with an ostomy bag. I'm still adjusting to this new lifestyle and seeking help and advice from those more experienced.

I think I've found what I need with this support group and look forward to new friendships. Mary from Hollister in Chicago was the one who told me about this Minneapolis support group and she has been a great resource for me.



ConvaTec is proud of our nearly 30-year heritage and our many contributions towards advancing the fields of modern wound and ostomy care. Today, we are equally energized and excited about our future as part of Nordic Capital and Avista Capital Partners. As we move forward, what remains unchanged is our passion for making a difference in people's lives.



Patient Power

If you have any ideas or issues you'd like us to address, please send them in to the newsletter editor or directly to us, Darlene Hafner and Anne Marie Kronick." You can reach us by emailing dmhafner@yahoo.com or amkronick@comcast.net



A nurse is a nurse is a nurse! Not necessarily. As with any profession there are good nurses and not so good nurses. Most of us, as ostomates have had numerous hospitalizations and procedures. The old saying of "It's the little things that make a difference and are remembered" holds true for both of us.

For me, during one procedure a nurse had the IV team all pre-arranged because she said she had read my chart and learned I was a "hard stick" with difficult veins to find. She wasn't one of those nurses that said, "I've done this a million times, I don't need the IV team". Instead she advocated for me and made my procedure less anxiety-ridden by being proactive and being prepared. Because of her decision, the exam went quickly and easily.

During weeks in the hospital I remember those nurses that cared for me with extra kindness, a gentle touch and a soothing voice. The "good" nurses would explain all the things they were doing to me, whether it was about my IV lines, my mixture of liquid nutrition, my catheter, drainage tubes or my ostomy. Or something simple, yet huge, rearrange my pillows to make me more comfortable. One year a small birthday cake showed up on my hospital tray. Another time a nurse came in and washed my hair with water and a dozen towels while I was still lying in bed.

"Good" nurses have a sixth sense. It's the sense of compassion and empathy. They just "get it". They love what they're doing. They have good patient rapport and believe in the patient's voice. Being an ostomate can present an extra challenge for nurses - wafers that leak, pouches that blow up in the middle of the night, or a needed hair dryer after a shower.

Embarrassment is the one feeling that none of us want to experience in a hospital or clinic. If we do have a leak we want the nurse not to make a big deal of it or, God forbid, make us feel bad or guilty. When I was in rehab for my broken leg I began to have problems with gas buildup in my pouch. One night it blew right off my skin and to my absolute embarrassment and horror went all over the bed. I was lucky to have Richard as my aide that night as he was so kind and understanding. I burst into tears at the mess it made and the embarrassment of having him clean up and remake the bed while I cleaned myself up and put on a new pouch. He kept consoling me with kind words and told me he didn't like to think of me crying over this. The next day he came in and told me he had thought about me the whole day because I had cried so hard. He talked to me about how it was not my fault, not such a terrible thing and would I please not worry about it because he just couldn't think of me crying and feeling so badly. His kindness and thoughtfulness made such a difference to me and took away a lot of the shame I had felt.

If we do get a "not so good" nurse during a hospital stay or clinic procedure, we as patients need to learn to advocate for ourselves and be pro-active in our care. A call or short note to the patient representative can be helpful to voice your concerns. Not only does it help with your care but possibly in someone else's. In my longest hospital stay when my intestines disintegrated from radiation damage, I had a bad night and was not able to go to sleep no matter what. I didn't want to take pills to sleep so I was watching TV at about 3 am and was surprised when a nurse came in and chastised me in no uncertain terms about staying awake. She was so unkind and so downright mean about how she talked to me that I ended up sobbing. I was still awake and still teary early next morning when my brother-in-law stopped in to see me, which he used to do on his way to the hospital where he served as a doctor. Right away he knew something was wrong and after I told him he disappeared. When he came back a few minutes later he told me I would never have to see that particular nurse again as he had put in a

complaint with the head nurse. He also told me that as a patient you never have to put up with a nurse who is not kind to you. All you have to do is talk to the head nurse or the patient representative and explain what's going on. Just as it's important to complain about a negative incident, it also is a good idea to call or write a note if you have had a good experience with nurses or doctors. This helps a hospital or clinic know what is going well - and let's face it - everyone likes a positive stroke if you're doing a good job.

I have written numerous notes to commend nurses and doctors during the years. One time about 12 years ago I wrote a note on a small piece of paper during a hospital stay to thank a doctor. When I ran into him about 4 years ago, he smiled and said, "I still carry that little piece of paper around." You never know when the small things can make a difference, just like the good nurses of the world.



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OUR VISION

- To establish a colon cancer event or align with an existing event in every state to help raise awareness and funds to adequately support colorectal cancer activities at both the local and national level.
- To recruit partners from local and national businesses, health organizations, media and those touched by colon and rectal cancer to help develop these events.
- To assist local organizers in identifying and directing funds raised to the best local organizations or programs that ensure our mission that all citizens have adequate information and access to screening for colorectal cancer.



From Margaret Goldberg: The Ostomy Bill of Rights
The ostomate shall:

1. Be given pre-op counseling
2. Have an appropriately positioned stoma site
3. Have a well-constructed stoma
4. Have skilled postoperative nursing care
5. Have emotional support
6. Have individual instruction
7. Be informed on the availability of supplies
8. Be provided with information on community resources
9. Have post-hospital follow-up and life-long supervision
10. Benefit from team efforts of health care professionals
11. Be provided with information and counsel from the ostomy association and its members

YOGURT TABLETS

Via Port Huron, MI Chapter

Taking two or three yogurt tablets a day is a great aid in lessening stoma noise, and it also counteracts odor and acidity. Tablets contain the same culture (Acidophilus Lactobacilli) as in regular yogurt purchased in the grocery store, but perhaps the tablets will be easier to tolerate for those who dislike yogurt.

This supplement will not harm you and there is no toxicity involved. You might try them to see if they work for you. If you are uncertain, consult your doctor.

JULIE'S CORNER

Types of Pouching Systems

Pouching systems may include a one-piece or two-piece system. Both kinds include a skin barrier/wafer ("faceplate" in older terminology) and a collection pouch. The pouch (one-piece or two-piece) attaches to the abdomen by the skin barrier and is fitted over and around the stoma to collect the diverted output, either stool or urine. The barrier/wafer is designed to protect the skin from the stoma output and to be as neutral to the skin as possible.

Colostomy and Ileostomy Pouches

Can be either open-ended, requiring a closing device (traditionally a clamp or tail clip); or closed and sealed at the bottom. Open-ended pouches are called drainable and are left attached to the body while emptying. Closed end pouches are most commonly used by colostomates who can irrigate (see below) or by patients who have regular elimination patterns. Closed end pouches are usually discarded after one use.

Two-Piece Systems

Allow changing pouches while leaving the barrier/wafer attached to the skin. The wafer/barrier is part of a "flange" unit. The pouches include a closing ring that attaches mechanically to a mating piece on the flange. A common connection mechanism consists of a pressure fit snap ring, similar to that used in Tupperware™.

One-Piece Systems

Consist of a skin barrier/wafer and pouch joined together as a single unit. Provide greater simplicity than two-piece systems but require changing the entire unit, including skin barrier, when the pouch is changed.

Both two-piece and one-piece pouches can be either **drainable** or **closed**.



We're recognized leaders in colon and rectal surgery

Our Vision

Colon and Rectal Surgery Associates is an innovative leader in colon and rectal surgery grounded in our belief that continued research, training and technology keep us on the forefront of our specialty and best serving our patients. We strive to have a collaborative, cooperative culture where excellence and innovation are valued. We care for every patient as we would care for our family members and ourselves.

Our Mission

Colon and Rectal Surgery Associates is an independent practice committed to:

- Providing the best care for the individual
- Training residents and future leaders in colon and rectal surgery
- Improving outcomes through education, research and meaningful collaborations

<http://www.colonrectal.org>

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To:

Please enroll me as a new member of the Ostomy Association of the Minneapolis Area

If you haven't enrolled, 2015 Annual dues are \$25 and are due following your submittal of this form. Membership in the Ostomy Association of the Minneapolis Area includes 8 informative meetings, subscription to the "Ostomy Outlook" newsletter and an "Antless picnic" in June.

OAMA
PO Box 385453
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I have a: Colostomy Ileostomy Urostomy (ileal diversion) Other Non-ostomate

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OSTOMY ANNIVERSARY

The Anniversary of my stoma is ____/____/____, and in order to celebrate my return to good health, I am contributing the sum of _____ or \$ _____ per year for my stoma.

I hereby grant permission to print my name in the Chapter Newsletter.

Name _____ Years _____ Amount \$ _____

Send this form with your check, Payable to OAMA

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