Macomb County Michigan Ostomy Association

VOL. XXVII  NO. 7                                         Summer 2013

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Contact Us:                 ostomyinfo@yahoo.com
                                      (877) 849-2076

The Macomb County MI Ostomy Association is an affiliated Support Group of the United Ostomy Association of America www.uoaa.org

Meeting dates: We meet at 2:00 PM on the first Sunday of the month, (the second Sunday if the first Sunday is a holiday)

Except there is no meeting July or August. However we are always available for consultations and visitations.

MACOMB CHAPTER CHATTER

March: Katherine Zimnicki CWOCN, was our March speaker. She is a certified wound care nurse as well as a nurse practitioner, operating out of the Henry Ford Health System, both at the hospital and also at the Fairlane Medical Center in Dearborn.

Macomb Chapter Chatter continued on page 2

COMING EVENTS

We meet at 12000 12 Mile Road Warren, MI in the Medical Education Building of St. John Macomb-Oakland, Macomb Campus

June 2, 2013            Indoor Picnic
July and August, 2013    No Meeting
September 8, 2013       Annette Caruso Convatec Rep
October 6, 2013         Mary Gerlach MSN, APRN, BC, CWOCN

Ostomy Association of Metro Detroit
Serving Southeastern Michigan

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METRO DETROIT CHAPTER CHATTER

During this hiatus we (along with other members) work to improve and reorganize operations of our chapter. If you have ideas for topics, please call us.

If you are going out of town, moving or unable to receive our newsletter, please let us know so we are able to hold the newsletter or change your address.

Continued on page 3

MEETING DATES

No Meeting in June, July, and August
However, there may be a pizza and beverage gathering in July
I will let you know the date

September 8, 2013 at St. Mary Mercy Hospital
October 13, 2013 at Botsford Hospital
November 10, 2013 at St. Mary Mercy Hospital

ALL MEETINGS WILL HAVE A GUEST SPEAKER
They now have an outpatient ostomy clinic at the Dearborn facility, and they will see anyone, regardless of where they had their surgery. To schedule an appointment at either the Fairlane Medical Center or Henry Ford Hospital, call 313-916-5089. I am very happy to see more of these clinics popping up around the area, as there is a very great need for this specific condition. We had a good open forum discussion, and she passed out food charts for ostomates, like the one in this issue. I searched the archives for other food related articles to put in this issue for the benefit of newer ostomates. that should answer many questions for all types of ostomates.

April: Tammy Lutzke, Hollister representative, brought samples from their line, and introduced the new FormaFlex Shape to fit Barrier. It features a non-elastic barrier that is simple to shape and reshape to fit the individual's stoma. No measuring, tracing or cutting is necessary. Unlike the Convatec Moldable barrier, this one maintains its shape, and does not have "memory" to come back and turtleneck the stoma. You may order samples by calling 888-740-8999. Tammy also shared information about some of the changes coming to Medicare patients. See separate article in this issue.

May: Thank you to all of the people who made the special effort to come and hear Joseph A. Salisz, M.D., who is a urologist and surgeon at Trinity Health System in Muskegon. I counted 52 in the room; I think that is the largest crowd we have ever had. With him was Pat Camp, retired RN ostomy nurse and president of Med 5 llc, creators of Stoma Cloak. Dr. Salisz also has the distinction of having a urostomy himself, due to prostate cancer. He stated that surgeons are basically like mechanics, fixing the broken parts and then moving on to the next job, without much awareness of how the patient fares once he leaves. Of course, he now is sensitive to ostomy needs. He and Pat Camp collaborated with a few others and came up with the Stoma Cloak, an odor adsorbing ostomy pouch cover, suitable for all ostomy types. It is latex free 100% polyester, and impregnated with activated carbon and an antimicrobial which inhibits bacteria. (See their ad in this issue for ordering information). It is machine washable and dryable, in fact the dryer revitalizes the adsorption process, and it is made in the USA. We also had the honor of being picked for videotaping the presentation. Some of us were even interviewed afterward. They are getting requests to speak at many venues across the country, and not able to physically go to all of them since Dr. Salisz is still a working urologist; so they wanted a video that they could send instead. Thank you Dr. Salisz and Pat Camp; everyone enjoyed the meeting.

Factors that Affect Ostomy Function
Edited by B. Brewer, UOAA Update 2011

Ostomy function may be changed by a variety of medications and medical treatments. This is common. The following are examples:

Antibiotics These often cause diarrhea, even in patients without an ostomy. Make sure your doctor knows about your ostomy, and inform him/her of problems as they occur. Drink plenty of liquids that will help maintain your electrolyte balance if diarrhea strikes.

Pain Medications These are often constipating. Extra irrigations or laxatives or stool softeners might be required for colostomates to combat the side effects of pain medications. Perhaps the dosage of pain reliever may be reduced to eliminate the situation. Again, be sure to drink plenty of liquids.

Chemotherapy Many cancer patients have follow-up chemotherapy after surgery or as an alternative to surgery. That often produces nausea and/or vomiting. You need to drink fluids that help you maintain your body chemistry balance.

Radiation Therapy This often produces the same effects as chemotherapy.

Travel Travel may cause constipation in some people and diarrhea in others. Be aware that these are possibilities. Altered diet, when traveling accounts for some of this, plus the excitement of new surroundings. Allow sufficient time for irrigations and take along an antidiarrhea medication.

Antacids Some types of antacids may cause diarrhea—usually those with magnesium. There are many new products on the market. Find out which is best for you.

Drink plenty of liquids. You need to maintain your electrolyte balance in case of diarrhea. Tea, orange juice and even sodas/cokes are sources of potassium. Bouillon cubes mixed in hot water are a source of sodium. Remember that some of the signs of electrolyte imbalance are irritability, nausea and drowsiness.
Also, member dues are due in September. If unable to afford, please let us know.

Aaron Wooster, Regional Manager of Senior Benefits Group was our guest speaker.

In April’s meeting: He talked about Medicare insurance Part A, B, C and D. After age 65 Medicare is your prime insurance. It’s critically important to get the right insurance plan that works for you. Senior Benefits Group does not work for insurance companies. They work for you to find the best plan(s) that works for you. Medigap is a supplemental plan. HMOs and PPOs are private insurance plans. Caution is needed when involved in these plans. Part C is Medicare Advantage. This is a completely different than the regular Medicare. Caution is again needed when enrolling in Medicare Advantage. This is where a professional like Aaron comes in handy to sort out all the options and plans out there.

QUICK JOKE:
When my husband and I arrived at an automobile dealership to pick up our car, we were told the keys had been locked in it.

We went to the service department and found a mechanic working feverishly to unlock the driver's side door.

As I watched from the passenger side, I instinctively tried the door handle and discovered that it was unlocked.

"Hey," I announced to the technician, "it's open!"
To which he replied, "I know - I already got that side."

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For more information on membership and donations for ostomates, please call 1-800-826-0826 or visit www.uoaa.org.

Please note some meeting time or location changes

Newsletter update: We are always available on the phone. Do not hesitate to call a board member with questions or problems, Please help us consolidate our mailing lists by informing Marge Hamann or a member of the board if you receive duplicate newsletters, have any changes, or wish to be removed from the mailing list,

Member dues/donation: In order to save time and postage, we will not be sending bills. Please remit dues or donations to insure that our chapter remains solvent and that the toll free telephone number is available to all. Send your checks to: Larry Harris, 3220 Mimosa Drive, Commerce Twp. MI 48390-1133

World Medical Relief distributes medical supplies and assistance to those in need. They are a local agency which serves our area and the entire world. If you have medical supplies or any kind, please call Edna Rubin at 248-968-1011 or bring them to a meeting.
UOAA UPDATES

ADVOCACY

With the recent passing of our dear friend Linda Aukett the UOAA has had to appoint a new Advocacy Chair. Linda was a wonderful and experienced team member and her shoes will be hard to fill.

Diane Leigh Miterko has agreed to become the new Advocacy Chair. We wish her well and are confident that she will do a wonderful job. Thank you Diane!

Are your ostomy supplies covered by your insurance company? In most cases, the response to this question is “YES”. That is due, in large part, to the efforts of the UOAA ADVOCACY TEAM. This team, Diane Miterko and Colin Cooke, is meeting regularly with legislators and insurance companies to ensure that this will continue and that more insurance policies will cover your supplies.

In 2012 the UOAA Advocacy Team was able to give input to the Department of Health and Human Services concerning the need for ostomy supplies to be considered Essential Health Benefits by State Health Care Exchanges as part of the implementation of the Affordable Care Act.

We all owe the UOAA Advocacy Team a big thanks. To keep this effort going we ask that you consider donating to the Advocacy Team. Simply send a check to the UOAA, PO Box 512, Northfield, MN 55057 and note in the check memo line “Advocacy”. If you choose to make your donation on our website simply click on ADVOCACY on our donation page. Your donation would also be a wonderful way to honor Linda Aukett.

THE OFFICIAL UOAA STORE IS NOW OPEN

The UOAA is proud to announce its new on-line store. You can now purchase official UOAA logo T-shirts, polo shirts, sweat shirts, and assorted UOAA logo gear. Check out the official 2013 National Conference merchandise too! Remember that some of the proceeds from the sales of these items will go to further the efforts of the UOAA.

To see the available selection go to:

http://www.cafepress.com/uoaa

Quarterly Newsletters

As we mentioned in the last newsletter, we are switching to printing quarterly newsletters starting with this issue. We are just cutting back one printing, as we were doing four issues a year. So the new pattern of issues is: Winter, Spring, Summer and Fall
We are affiliated support groups of the United Ostomy Association of America (UOAA)

Enterostomal (ET) and Wound-Care Nurses (WOC)

If you need assistance in an area not listed, you can find WOC Nurses at 888-224-9626(888-224-wocn) or wocn.org. At the bottom of the screen, click on “Patient Care and Information” then click in the right hand column, “Find a WOC Nurse in my Area.” You can also speak to a WOC or ET Nurse by calling customer service at Hollister at 800-323-4060 or Convatec at 800-422-8811 or Coloplast 800-533-0464. You can speak to a nurse 24/7 at AARP Nurse Health Line about any subject at 888-543-5630. The uoaa.org is a fabulous web site, and don’t forget ostomysupport-macomb.org.

Beaumont, Troy
   Catherine Dzus, RN, CWOCN
   Michelle Childs, RN, CWOCN
   248-964-8882

Garden City Hospital, Westland
   Mary Lou Whalen, RN, BSN, CWOCN
   Jane Kuzak, MS, CWOCN, BC
   734-762-9935

Karmanos Cancer Center
   Carole Bauer, ANP-BC, MSN, OCN, CWOCN
   313-576-9103

Sinai-Grace Hospital
   Shirley A. Evans, MS, RN, CWOCN, CRNI
   313-966-3629

St. John Macomb-Oakland Hospital
   Michelle Glowala, RN, BSCN, WOCN
   586-573-5992

St. John Hospital & Medical Center
   HoneyLyn L. Leriash, RN, BSN, CWOCN
   313-343-3665
   Jessica Kreig, RN, BSN, CWOCN
   313-343-7313
   Patricia Morrish RN, BS, CWOCN

Providence Hospital Stoma Clinic
   Sandy Miller CWOCN
   248-849-3435
   Kathleen Stevens, BSN, RN, WON

Ostomy & Wound Treatment Center
   McLaren Medical Center-Macomb
   Kathy Selden, RN, BSN
   586-493-1780
   Providence Park Stoma Clinic, Novi

Carol Stoller MSRN, WOCN
   248-465-4859

Henry Ford Macomb Hospital
   Mary Gerlach, MSN, APRN-BC, CWOCN
   586-283-2841
   Emily Lowry, BSN, RN, CWOCN
   586-283-2077

St. Mary Mercy Hospital
   Donna Choma, MSA, RN, CWOCN
   734-655-3338

VA Medical Center
   Janeice Hampton, RN, BSN, CWOCN
   313-576-1000, ext. 64112

VNA of Michigan
   Shirley A. Evans, MS, RN, CWOCN, CRNI
   248-819-0596, 800-696-0903

Advocate Home Care
   Eileen Blodgett RN, WOCN
   586-751-8127

Harper University Hospital / Hutzel Woman's Hospital
   Kathleen Glover, MS, RN, ANP-BC, CWOCN
   313-745-1846
   kgllover@dmc.org

Henry Ford Home Health Care
   248-670-4517
   Yvonne Diamond, BSN, RN, CWOCN

Henry Ford, Fairlane Medical Center
   Katherine Zimnicki, DPN, ACNS-BC, CWOCN
   Stoma Clinic: 313-916-5089

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CAUTIONS FOR THE UROSTOMATE
via Space Coast Shuttle Blast, Edited by B. Brewer, UOAA 1/2011

People with urinary surgery generally do not need to be too concerned with diet unless they have some other health problems like diabetes or heart disease. They must, however, take special care not to gain too much weight, since weight gain can precipitate some special problems. The stoma may retract as the flesh grows around it. And there's an increased chance of herniation around the stoma if there is too much pressure inside the abdomen.

Normally urine is acid and should be kept acidic. This natural defense mechanism prevents growth of bacteria and the resultant infection. If the urine becomes alkaline, raised, granular, warty areas can develop on peristomal skin that is constantly exposed to alkaline urine. Alkaline urine can even cause crystal-like encrustations or gray, plaque-like lesions on the stoma. If such problems occur, the pH of the urine should be checked to see whether it is acid or alkaline. To help make the urine more acid, vitamin C can be taken, after checking with your doctor to make sure there are no reasons to avoid it. Vinegar soaks around the stoma can also be used for plaque encrustations or for raised tissue on the stoma.

COLOSTOMY AND CONSTIPATION
Edited by B. Brewer, UOAA 1/2011

Way back before surgery, did you go to the bathroom after a hot cup of coffee, milk, cold juice, bourbon or beer? Well, whatever made you feel that need then can make you feel the need now. Check it out. See if your irrigation can be helped by some of the things you used to do. Of course, if you have had colostomy surgery for a number of years, your previous habits may not be the same now. Your body can, however, be trained as it was before, and you can adapt yourself to certain habits which can help you to be in control.

A glass of hot water or juice, or a cup of coffee before a morning irrigation may initiate gut reaction. Also, a glass or two of water after the water return starts is usually helpful. If you irrigate before going to bed, a glass of ice water or a cup of hot coffee should get you started. If you have not drunk much water during the day, it would be wise to drink an extra glass or two to make sure your tissues will not absorb so much or you may be left with little or no return.

But what if you do not irrigate? Part of the difficulty in elimination of waste matter experienced by colostomates is due to lack of bulk in the diet. Consumption of white bread, pastry and highly refined foods does not provide the roughage and bulk necessary for proper evacuation of the colon. The deficiency can be overcome in part by the simple addition of bran to the diet. Bran can be made into muffins. Add raisins and molasses to taste.

Diet. There is no such thing as a colostomy diet. A colostomy is not an illness, so try to eat the same foods you have eaten and enjoyed in the past. If you are on a diet for a condition such as diabetes or high blood pressure, of course you should stay on this diet. Foods can be acidic or alkaline, bland or spicy, laxative like or constipating. Individuals react differently to food. Try to return to your former, normal diet; omit those foods, which disagreed with you in the past, may still do so. Chew well and see the effect of each food on your colostomy output. To maintain good health, the body requires carbohydrates, proteins, fat, minerals, and vitamins. Water is not nutritious but is absolutely necessary. Having a balanced diet is a fitting way for people to maintain good nutrition and keep bowel activity normal. Every day your body needs meats or fish, dairy foods, vegetables and fruits, cereals and bread, and liquids. Talk to your physician or ostomy nurse if you have problems.
Medicare Required Re-certification

First of all I want to stress that this applies to Medicare recipients ONLY, but it also does not apply to Medicare Advantage HMO participants. There was some confusion on our part because some members were being notified and some were not. So if you have Medicare, (and not an Advantage plan), read on.

As of 06/01/2013, Medicare will be requiring all dealers of ostomy supplies to obtain detailed documentation from your physician’s office, stating that that you are still in need of the supplies you will be ordering. This will require a yearly visit to the physician who writes your prescription. (It does not need to be a GI or colon Dr.) Therefore it is of great importance that you make sure that the Doctor has in his Dr.’s notes (medical record) the type of ostomy that you have, type of supplies and approximate quantity to be used per unit of time. You will still be able to get a three month supply at a time, but nothing will be automatically dispensed; you must specifically request the items you need.

You will still order in the same way you always have, but each year you will need a new certification from the doctor. As long as you have made the yearly visit, just tell the person taking your order. They then will mail the form to the doctor to be filled out and returned to the dealer. It is recommended at that time that you call in your order about 14 days prior to expected delivery, so the dealer can get the required documentation in time.

I know, and understand, that this may anger you because it should be obvious that if one has a permanent ostomy of any type, he would naturally need the supplies for the rest of his life. Many also see it as an invasion of privacy. But it is also a good thing that we see a doctor at least once a year, which many people neglect to do. But don’t blame the dealer; they are simply following Medicare regulations.

One more thing: since Medicare is also cutting back even further on medical assignment, (the amount that Medicare pays to the dealer) some suppliers may choose to not carry certain items, or if they continue to offer them, their loss may be passed on to the customer as a price increase.

Ostomy supplies are not now included in competitive bidding, but Medicare is in the process of expanding a bid program for Durable Medical Equipment in Michigan and Ohio. This would result in a decrease in the number of equipment providers throughout the country and thus a decrease in equipment and services provided to ostomates.

Action to take: You can call your Congressional Representative and leave a message requesting that they support the repeal of Competitive Bidding and passage of the Market Pricing Plan.

Partial list of SE Michigan Representatives:

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<tr>
<th>Congressman</th>
<th>Phone</th>
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<td>202-225-5802</td>
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<td>Sander Levin</td>
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231.733.5555
For individuals who have had ostomy surgery, it is important to know the effects of various foods on ileal output. The effects may vary with the remaining portion of functioning bowel. Listed below are some general effects of foods after ostomy surgery. Use trial and error to determine your individual tolerance. Do not be afraid to try foods that you like, just try small amounts.

For more information, visit the United Ostomy Association of America (UOAA) website at www.UOAA.org.

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### ILEOSTOMY FOOD FACTS

*via North Central Ostomy Outlook, edited by B. Brewer UOAA 1/2011*

- Usually people with ileostomies experience hunger more often than other people do. When this happens, drink fruit juice or water and eat a couple of saltine crackers.
- If you need to eat a snack at bedtime or during the day, try to cut down on calories somewhere else or you may gain weight.
- Never skip meals in order to prevent fecal output. An ileostomy keeps working (peristalsis) whether the ostomate has eaten or not. And it is not good for your health.
- Never limit your fluid intake in order to thicken the drainage, since this can lead to dehydration. Avoid foods that you know from experience makes drainage too loose and too frequent. Some foods help in thickening and add bulk to the drainage, they include: bananas, applesauce, boiled rice, tapioca and peanut butter.
- Bananas (good source of potassium) may darken the stool.
- Cooked oatmeal can help slow down ileostomy activity.
- Don’t be afraid of new foods, but do be a bit cautious with foods such as nuts, coconut, popcorn and mushrooms.
- If your stoma gurgles a lot, try eating solid food at mealtime first and then the beverage.
- Don’t eliminate salt from your diet; however, be careful adding excessive salt for your needs.

#### Suggested Food Remedies...

- A glass of grape juice works wonders in loosening a food blockage.
- Tea is antispasmodic and is soothing to an upset stomach and contains potassium.
- Orange juice provides twice the amount of sodium and thirteen times more potassium than that found in the same amount of Gatorade.
- The large amount of pectin in applesauce tends to lower stomach gas noise and helps counteract the liquid discharge.
- Fats of all kind should be kept at a minimum by most ostomates. Fats induce an increase flow of bile into the intestines and make the body wastes more liquid and harder to control. They also tend to produce gas.

Editor's note: Colostomates do not have to be as concerned about what they eat as do ileostomates, who have no large intestine. Colostomates should be able to eat the same things they could tolerate before their surgery. They still may get constipated, however, and should follow the guidelines to relieve constipation.

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OSTOMY ASSOCIATION OF METRO DETROIT
Annual dues are $12.00
Dues Are For Newsletter, Phone & Chapter Expense

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Send your application and payment to: For Macomb: Loretta Stromske, 2460 Elmcrest, Sterling Hts., MI 48310
For Metro Detroit: Larry Harris, 3220 Mimosa Dr, Commerce Twp., MI 48390

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