

Hello once again and welcome to this 2nd edition for 2010 - and already what a short sunny summer we have had - it

seems to have been the wettest on record - and yet for some months we had a hose-pipe ban! !

Since my last newsletter in the Spring we have had a busy time and you will have seen some activities already in your Summer Journal - such as the National Council Annual NC10 - held at Leicester, and our own Annual General Meeting - held at Salford NHS Trust and held in a new building - The Mayo Building - by courtesy of Salford NHS Foundation Trust.

You may also have read the article I submitted to the IA on the Full Body Scanners and their use at Manchester Airport where your Chairman and two members of Manchester IA helped to make up a party of Ostomists invited to

examine the mysteries and rumours surrounding the use of these Security Machines at Terminals 1 & 2 . Suffice to say, at the present time, these machines are still under trial and the outcomes remain as controversial as ever.

On the Committee front - we are looking forward to our first Meeting after a long Summer break and will hopefully be seeking new Committee Members to boost our small numbers.

In this Issue I have included articles on Social Networking for those with Internet facilities; an article on obtaining the RADAR Key and my thoughts on becoming more 'mobile'

Moving forward we have some thoughts on projecting our image over a wider audience in the Greater Manchester membership area, and in particular new initiatives aimed at attracting a younger membership.

Finally, may I apologise for the 'missing' Newsletter in the last Journal. During the process of creating the newsletter I had a family crisis and was unable to get it completed in time. All is well now.

Regards *Chris Ainsworth*

*NEWS FROM YOUR COMMITTEE*  
*Subscriptions and Journal Distribution*

**NATIONAL DRAW 2010**

**Information on this Draw is fully covered in your**

**Quarterly Journal**

**A leaflet for the National Sweepstake 2010**

**is included in the Journal**

**NOTES FROM THE AGM**



On Saturday 22nd of May Tom, Jane, myself, Marlene and Anne prepared a lecture theatre in the Mayo Building of Salford NHS Foundation Trust for our Annual General Meeting. In attendance also was our President - Professor Gordon Carlson who gave an

illustrated and interesting presentation on IBD, Cancer of the Bowel and current and future developments in these areas. We were also attended by a number of Stoma Appliance suppliers for whom we were extremely grateful considering the close and humid temperatures of the day. We were also pleased to see quite a number of the Membership - who were brought up-to-date by Reports of our current Financial state, the latest from our Visiting Rep Marlene, and secretary Jane's report on Exhibitions and Appliances. The same Committee was once again elected to stand for a further year and we completed the session with a fine cold buffet and a 'mingle' and chat amongst old and new friends.

## ILEOSTOMY ABSORPTION CONCERNS

### Important medical facts

Due to the absence of the colon and often altered transit time through the small intestine, the type of medication taken is carefully considered by your GP when prescribing for a person with an ileostomy.

Medications in the form of coated tablets or time-release capsules may not be absorbed and therefore no benefit received. A large number of medications are prepared in this way.

After ileostomy surgery, you should never take laxatives. For a person who has an ileostomy, taking laxatives can cause severe fluid and electrolyte imbalance.

Transit time through the digestive system varies with individuals. If food passes through undigested, be aware that this may be a sign that nutrients are not being absorbed properly. Prolonged incidents of decreased absorption may lead to various nutritional deficiencies.

## IA MANCHESTER EXECUTIVE COMMITTEE

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**The Committee welcomes  
New Members  
If you would like to  
contribute as a Committee  
Member please contact our  
Secretary**

## MeetAnOstoMate.com raising awareness about Ostomy - The Secret Surgery

**MeetAnOstoMate.com, a social network for people with ostomies has started a global campaign for raising awareness about the life-saving surgery called Ostomy.**

### **"How do I tell others about my Ostomy?"**

[MeetAnOstoMate.com](http://MeetAnOstoMate.com), a social network for people with ostomies has started a global campaign for raising awareness about the widely unknown and

The former president of the United States of America, Ronald Reagan, says in his Ostomy Awareness Proclamation from August 28, 1984 nearly 1.5 million Americans have had ostomy surgery and approximately 125,000 new ostomates join their ranks each year.

Ostomy is a type of surgery which creates an opening in the abdominal area, called a stoma, allowing for drainage of body wastes. The surgery is performed when a person has lost the normal function of digestive or urinary systems due to birth defects, Crohn's Disease, Irritable Bowel Syndrome, Colorectal Cancer, Ulcerative Colitis, injury or trauma. Ostomates are required to wear an ostomy bag over their stoma in which the discharge flows. Apart from that, ostomates look just like anyone else, they have jobs like anyone else, play sports, and participate in most of the ubiquitous activities a normal human being will do.

Julian Markov, the owner of MeetAnOstoMate.com says "Ostomy is sometimes referred to as 'the secret surgery' because the ostomy bag is usually hidden under person's clothing. This very secretive character of the ostomy condition sometimes leads to social discomforts - dating issues, relationship breakdowns, problems at work, or unease among other people. The most common problem ostomates face is: 'How do I tell others about my ostomy?' "

Depending on the type of surgery, ostomates might have a colostomy, ileostomy or urostomy.

"Do you know anyone with an ostomy?" We hear -"Chances are you do, but don't want to be pushy. Next time you hear that someone has an ostomy, make yourself known. Just take it as part of life or even better, as a potential life saver for you or the someone you've heard about."

# RADAR KEYS FOR LOCKED PUBLIC TOILETS

Are you aware that you can obtain a key to access thousands of toilets across the country that are designed for those with special needs? Read on to learn more about these keys – called RADAR keys – and how to request one.

**What are RADAR keys?** - In the United Kingdom, the London-based Royal Association for Disability and Rehabilitation – or RADAR – offers a key that provides selected individuals with immediate, independent access to locked, public toilets. These toilet facilities are often more spacious and can have helpful features such as mirrors, hand railings, and lower toilets and sinks. Access to these toilets can make travel and everyday life easier for people with physical, sensory, or learning disabilities, as well as those with physical and mental health challenges – whether permanent or temporary. People with ostomies are eligible to receive RADAR keys.

**Why are they needed?** The RADAR Scheme, also known as the National Key Scheme (NKS), was developed because some public toilets designed for people with special needs were being damaged and misused. To prevent this, these toilets were separated from other public toilets and equipped with locks. The Scheme allows key holders to access these toilets and also increases the likelihood that the toilets will remain usable.

**Where are the locked, public toilets?** A wide range of public, voluntary, and commercial organisations have joined the Scheme and are providing these types of toilet facilities. They can now be found in many places, including shopping centres, country parks, railway and bus stations, libraries, motorway service areas, and sports venues. Currently, there are over 8,000 NKS toilets around the UK. RADAR publishes a Key Scheme Guide which lists all of the toilets fitted with a NKS lock throughout the country. How does one get a RADAR key?

If interested, ostomists can apply for a key via the RADAR website or by telephoning RADAR (020 7250 3222). They can also obtain a key through their city/town council. In addition, an ostomist's dispensing appliance contractor (DAC) can apply for a key on his or her behalf.

As of this writing, keys cost £3.50 each, but are sometimes available at no charge. A declaration of need form must be completed.

## Getting Mobile - or Have Stoma Will Travel

The prospect of making any kind of journey, particularly if it's soon after your operation, can be daunting. There's the worry of being able to find a clean place to change a pouch, the thought of losing or running out of equipment, or simply being anxious about being away from familiar surroundings. Whatever your concern, feeling apprehensive is only natural. But having a stoma shouldn't be a barrier to any kind of domestic or international travel. With the right kind of preparation and planning, you can enjoy stress-free trips and rewarding holidays. Of course, individual circumstances and personal requirements will be different, but there are guidelines will help focus attention on the general areas that need consideration before leaving home.

Since my own personal operational experiences and subsequent convalescence my wife and I have enjoyed a variety of home and overseas hotel holidays and only recently joined a coachload of sightseers on the Classic Italian Tour - spending time at two hotels and countless hours on coaches. (With 'rest' stops, of course!)

At the end of July we took the plunge and acquired a Motor Home! We are now Campers! To date we have completed over 2000 miles of the UK and seen - and stayed in - Dorset, Wiltshire, Pembrokeshire, Aberystwyth, and the Chilterns - including Stratford-on-Avon. Our next location is this coming week in Mablethorpe. Each location spent at reputable Caravan & Camping sites which have superb accommodation for toilets, washrooms, disabled facilities, etc. On-board we have a 2-berth fully-fitted kitchen and dining facilities; as well as a 'wet-room' toilet/shower. (An important facility that can be used during travel in-between sites) Most important, of course, is the double bed - or 2-single beds ( whichever we choose to use.) Altho' it is 10 years since my major operations I still pack enough supplies for a prolonged stay away and find I have no problems with driving long distances - sat above the traffic! - with adequate rest stops.

Holidays are to be enjoyed and this involves wearing what we feel most comfortable in. Having a stoma places very few restrictions on clothing and sometimes no restrictions at all. Just be careful to avoid especially tight fitting clothing that may restrict the pouch function.

Remember - read the article on the RADAR Key - mine stays always in the MotorHome

So - my recommendation is **Go For It!**

HEALTHY ITEMS.....Who said beauty was only skin deep...

Almost everyone faces skin issues from time to time, and wonders about how to best care for their skin. Here are some **Frequently Asked Questions** of the more frequent problems ostomates can face.....

“I have developed a rash underneath the tape portion of my skin barrier. The rest of the skin around my stoma is fine. What should I do?”

*It's quite possible that this is tape sensitivity but it may also be skin stripping. Make sure when you are removing your product that you're removing gently by pressing the skin away from the tape instead of pulling the tape straight off. Sometimes remover wipes can assist with a more gentle removal. If this persists, you can try a skin barrier without tape and see if this fixes the problem.*

“The paste stings when I put it on the skin around my stoma. Is this normal?”

*Pastes generally contain alcohol. If your skin is broken, the paste will sting on application but this usually goes away as the alcohol evaporates. There are lower-alcohol pastes available or you can try using a seal or ring instead of paste to fill in these uneven surfaces. These generally are alcohol-free.*

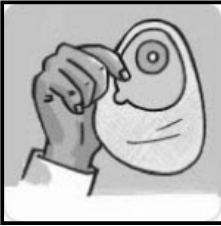
“I have a very hairy abdomen and when I remove the skin barrier I pull most of my hair and it hurts. Should I shave the hair off?”

*No. This is generally not a good idea as the shaving can sometimes either nick the skin leaving it open to infection or the hairs grow back underneath the skin giving unusual bumps or pimples. Using a clipper would be better as this allows a small amount of 'stubble' on the skin that still allows the barrier to stick and avoid unnecessary pain on removal.*

“A friend of mine recommended using methylated spirits to make sure my skin was dry before applying my pouch to make it stick better. Is this a good idea?”

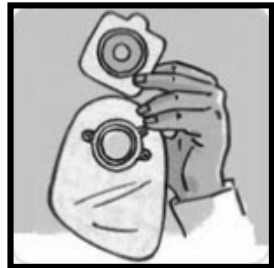
*No. You should dry the skin only with a dry towel, or if you have time, allow it to air dry. You may possibly damage the skin with something flammable so you should avoid using that.*

# TYPES OF PRODUCTS



**One-Piece Systems..**In a one-piece system, the skin barrier is already attached to the pouch. The one-piece is simple to apply — just peel and stick. One-piece products are available in all styles and quite often differing shapes. They can be found in closed, drainable (open-ended) and with varying features from manufacturer to manufacturer.

**Two-Piece Systems ....**A two-piece system can often be the most versatile. The skin barrier is separate from the pouch. The pieces either snap together with a flange (a part that looks like a plastic ring), or there are adhesive styles which actually stick together. It's easy to remove the pouch and discard it as often as desired without having to remove the adhesive from the skin every change. The versatility comes in where it's possible to have a quick change and wear different pouches depending on activity level. For example: changing to a smaller pouch for sports or intimacy. These also are available in closed, drainable (open-ended) , with varying features from manufacturer to manufacturer. If the pouch needs changing more frequently than the skin barrier, choose a two-piece system.



**Drainable Pouches ...**Choose this type of pouch if there's discharge frequently throughout the day (such as with an ileostomy). Drainable pouches these days have options of a clamp style closure, which is separate from the pouch, or an integrated closure system, which is already attached. Either way, emptying the pouch is quick and easy. Drainable pouches are available in several lengths, and there are options to choose transparent or opaque.



Filters are available on most drainable pouches. However, there are non-filtered styles available too.