

MORRIS COUNTY OSTOMY ASSOCIATION OF NEW JERSEY

AN AFFILIATE OF UNITED OSTOMY ASSOCIATIONS OF AMERICA

Ostomy Awareness Day October 5, 2019

National Ostomy Awareness Day will be celebrated this year in the US on Saturday, October 5, 2019. Sponsored by Hollister Incorporated, its purpose so to show “we are proud to stand with the broader ostomy community to show how we are #AllinforOstomy.” Hollister invites everyone to join together in spreading awareness or engaging in activities that can impact the day-to-day lives of people living with ostomies and their caregivers.

For some, the best way to celebrate and support ostomy awareness is to get out and enjoy the day, even better to do so together with the people we care about. In that spirit, Hollister celebrates Ostomy Awareness Day again this year by supporting United Ostomy Associations of America (UOAA) as the exclusive Diamond Sponsor of the annual Run for Resilience Ostomy 5K events. The events help increase awareness about ostomy and continent diversion surgery and encourage positive dialogue. Family and friends may participate in one of these fun events nationwide. Many feature kids’ activities, a DJ, a division for people with ostomies, and awards. Visit ostomy5k.org to find a run near you. Unfortunately, the New Jersey run had to be cancelled.

By wearing a “stoma” where people can see it, you can start a conversation, raise awareness, and show support for the ostomy community on Ostomy Awareness Day and every day. Place the sticker over your clothes on the lower right or left side between your navel and hip, where ostomies are typically located. Then, take a photo or video and share it on social media with the hashtags #AllinforOstomy and #OstomyAwareness. Because any day is a good day to support and celebrate ostomy awareness, Stoma Stickers are available for order year round! Visit stomasticker.com to order a free educational Stoma Sticker, shipped anywhere in the US.

Visit www.hollister.com/ostomyawareness to learn more and help the ostomy community to take action at www.ostomy.org/take-action/ to help us garner legislator support and pass this in 2019.



Fall 2019 NEWSLETTER

www.ostomymorris.org

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The Most Inspirational Women in History Who Lived with an Ostomy

by OstomyConnection Editorial Team, March 8, 2018 issue;
via Southern NJ Insights; and St Louis MO *Live and Learn*

Athlete, Babe Didrikson Zaharias: Babe Didrikson Zaharias is widely regarded as one of the greatest female athletes of all time. She won two gold medals in track and field at the 1932 Summer Olympics before turning to professional golf and winning 10 LPGA major championships.

In 1953, her career was put on hold after being diagnosed with colon cancer and undergoing colostomy surgery, but she made a comeback in 1954, winning her 10th and final major championship at the U.S. Women's Open. In 1955, her cancer resurfaced and she passed away at the age of 45.

Entertainer, Barbara Barrie: Barbara Barrie is an American actress of film, stage and television. She has been nominated for an Academy Award, a Tony Award and three Emmy Awards and is also an accomplished author. Barbara was diagnosed and successfully treated for cancer in 1994, enduring chemo and radiation treatments, and multiple surgeries including a colostomy.

She has written two biographical books about her battle with colorectal cancer and living with a colostomy — *Second Act* (1997) and *Don't Die of Embarrassment* (1999) — in order to speak out about the importance of early detection. Barbara lives in New York and is 86 years old.

Business Woman, Letitia Baldrige: Letitia Baldrige was an American etiquette expert, public relations executive and author who was most famous for serving as Jacqueline Kennedy's Social Secretary. In 1964, she founded her own PR business and wrote several successful books. Most of her career was spent as an entrepreneur, but she also did significant charity work with Jane Goodall to help fundraise for the preservation of habitats for wild chimpanzees. *The Washington Post* wrote that she was diagnosed with colon cancer in 1978, and the *New York Times* mentioned that she lived with an ostomy. She died of cardiac complications in 2012 at age 86.

Nurse, Norma Gill: Norma Gill was born on June 26, 1920 and became the world's first Enterostomal Therapist (ET) nurse in 1958. She was diagnosed with chronic ulcerative colitis, yet found the strength to look beyond her own situation to recognize the needs of others in similar circumstances. Norma finally found relief from the illness after undergoing ileostomy surgery and then became interested in working with ostomy patients. She believed that ostomy surgery should be a stepping stone to an improved quality of life.

"Will I be Able to Have a Baby?"

by Corinne Barnes, Metro MD, originally written 1979, reprinted in July 2019 Metro MD newsletter

I asked this same question myself seven years ago and generally responded generally responded with the answer I was given...that surgery itself does not prevent pregnancy. While this is true, it does leave something to be desired as an answer to a very serious question. Now I have a more positive response...seven years after my ileostomy, I can confirm that pregnancy is very definitely possible by relating my personal experience with our first child, Teresa, born October 11, 1977 at Holy Cross.

My pregnancy with Teresa was quite normal. I was able to work up until three weeks before she was born. I experienced the usual discomforts...i.e., morning sickness, fatigue, etc., (escaped hemorrhoids). I did find I needed even more than my normal fluid requirements; it was difficult to adjust as I found myself very thirsty most of the time. During the 9th month I did develop what my doctor described as a mechanical obstruction of the intestine by the uterus. The weight of the uterus partially pinched the intestine closed so a liquid to soft diet was recommended. The diet worked well and relieved what distention had developed. My internist and obstetrician worked together to solve this complication.

During this whole pregnancy the stoma changed very little. It became more almond shaped as my abdomen grew but did not change in size after the 6th month. I was fortunate to be able to use the same size appliance throughout by just reshaping the karaya ring to accommodate my stoma. Overall, the size changed less than ¼" in diameter and protruded about ¼" further than usual. My normal size stoma returned in about 10 days after delivery. I had anticipated leakage problems because of the changing shape of my abdomen but experienced none. My only real problem with the stoma was not being able to see it over my tummy to change appliances!

I found I needed a full-length mirror or my husband coaching me to center the appliance over the stoma. While we had a Cesarean birth, my doctor had assured me that the ostomy itself in no way precluded a normal vaginal birth. They encouraged us to take the prepared childbirth classes earlier in the pregnancy before it was determined that my pelvic measurements were inadequate to deliver Teresa vaginally.

P.S. On November 27, 1978, Teresa's brother, Timothy, was born. Again, my pregnancy experience was about the same with the exception that the stoma this time flattened out somewhat — but not enough to cause me a significant problem.

Do You Know Where We Stand? UOAA Positions on Issues

by Jeanine Gleba, UOAA Advocacy Manager;
via UOAA July 2019 E-News and UOAA Blog Post

Under UOAA's national advocacy program we develop position papers on topics concerning people living with an ostomy or continent diversion. This official "position" is formally approved by the Board of Directors. These important documents might give background information, description of the impact on our community, and in some cases, advocate for change.

These papers also provide a perspective into UOAA's views, and can be used by you, to strengthen your own self-advocacy efforts. Individuals and UOAA Affiliated Support Groups can use them when talking to key decision-makers such as your elected officials, the media, or anyone who wants to know more about where UOAA stands on the topic/issue.

UOAA currently has position statements available on the following advocacy efforts:

Disability Integration Act (DIA) (S117/HR555)

This civil rights bipartisan legislation would require insurance providers to cover community-based health care services for people with disabilities as an alternative to institutionalization.

The DIA would ensure that people could not be prematurely forced into nursing facilities because they couldn't get assistance with health-related tasks such as maintenance and use of a stable ostomy. This is a good thing and we support it! UOAA's position is https://www.ostomy.org/wp-content/uploads/2019/03/2019_UOAA_Statement_on_DIA.pdf.

Medicare's Competitive Bidding Program

UOAA is actively working to maintain the current Medicare reimbursement system for ostomy and urological products.

Currently ostomy and urological supplies are not included in the Competitive Bidding Program and we want to keep it that way. UOAA's full opposition is https://www.ostomy.org/wp-content/uploads/2018/09/UOAA_CBP_Position_Statement_2018.pdf.

Opioid Crisis

UOAA wants to ensure that any plan, especially legislatively or regulatorily, to address the opioid crisis considers the needs of those who require the use of opioids for non-pain treatments of medical conditions such as high output stomas for some people living with an ostomy or fecal continent diversion.

UOAA's position is https://www.ostomy.org/wp-content/uploads/2019/05/UOAA_Opioid_Crisis_Position_Statement_2019.pdf.

Removing Barriers to Colorectal Cancer Screening Act (S668/HR1570)

This act would eliminate costsharing for initial and follow-up colorectal cancer screening tests such as removal of polyps for Medicare beneficiaries. Cost-savings for senior citizens and more lives saved is a no-brainer. UOAA's position is https://www.ostomy.org/wp-content/uploads/2019/03/UOAA_Colorectal_Cancer_Screening_Act_Position_Statement.pdf

All of our position statements are available for download and printing on our advocacy webpage at www.ostomy.org/action-center/ We encourage our community to frequently check this page as efforts get updated or closed, and new issues may arise.

Energy Flow and Healing

In the 1960s, people spoke of good vibes and bad vibes as metaphors for the moods of social interactions. The vibes, in effect, were emotional signals a person gives out through body language. For example, happy, smiling people were thought to have positive effects on those around them. That is, good vibes. In contrast, grumpy, morose people send out bad vibes that bring others down. In one sense, the terms were just a matter of giving a name to the obvious. Happiness or unhappiness in a person can be infectious.

But it turns out that the nature of these so-called vibes is much more complex, often not visually apparent and not limited to the effects on other people. We can send ourselves good and bad vibes too. In the half century since the nineteen sixties, research has revealed that a form of vibes actually exists within us and around us and that we all possess the ability to use them for healing ourselves and others.

This tangible energy can be demonstrated right before our eyes. That's exactly what Jean Marie Rosone did at the group's June 2019 meeting. She is the coordinator of Oncology Integrative Medicine at Atlantic Health, which has recognized the benefits of complementary medicine techniques throughout its hospital system. Atlantic Health is hardly alone in applying the benefits of these techniques, which are used in most of the country's leading hospitals.

Atlantic Health employs such integrative therapies as meditation, stress reduction, guided imagery, yoga, Jin Shin Jyutsu, reflexology, Reiki, acupuncture, massage Healing Touch, Therapeutic Touch, Music Therapy, Art Therapy and Sound Healing.

Using pairs of people and one blindfolded volunteer at our meeting, Jean Marie showed how thoughts can clearly produce dramatic physical effects on our muscular strengths and weaknesses. First, she had two people stand beside each other, one holding out an arm and the other trying to push it down. In the initial test, one person said his or her real first name. The arm held strong. But when the person spoke a false first name, the arm gave way.

That result might be dismissed with the explanation that both people were aware of what was true and what was not. But in the next test, the person holding out the arm had both unspoken true and false thoughts that the pusher had no way of knowing. Here again, true meant the arm could not be pushed down; false meant it could.

A more complex test involved the blindfolded volunteer standing in front of the group to demonstrate that our thoughts can affect another person, not just ourselves. When Jean Marie gave a thumbs up signal, those in the group were directed to have positive thoughts about the volunteer; thumbs down meant negative thoughts. Every time Jean Marie gave the thumbs up sign, she could not push down the volunteer's arm. But with each thumbs down she could.

Beyond accomplishing an impressive revelation, Jean Marie was revealing a larger, more important point about the powers of our thoughts and other forms of energy most people don't consider.

Research has shown that an upbeat attitude can stimulate our own healing. A study conducted by Johns Hopkins Medicine concluded that "People with a family history of heart disease who also had a positive outlook were one-third less likely to have a heart attack or other cardiovascular event within five to 25 years than those with a more negative outlook."

Quoted in *Scientific American*, science journalist Jo Marchant reports, "There are now several lines of research suggesting that our mental perception of the world constantly informs and guides our immune system in a way that makes us better able to respond to future threats."

And it's not just thoughts. For example, touching or just the energy from our hands can provide a healing benefit. Atlantic Health's integrative medicine includes Energy Healing Modalities in which therapists place their hands on or near a patient's body with the purpose of consciously directing or modulating the individual's energies through interactions with the therapist's energy field. The goal is stimulating the body's own natural healing.

Jean Marie had the group prove to themselves that each one can apply his or her own hands to relieve stresses in specific parts of the body by moving a hand over the troubled area and releasing self-energy to ease the problem, such as moving a hand over the bowels for digestive issues.

The demonstrations at our June meeting served as an introduction to the wide range of healing possibilities available to integrative medicine specialists and to each one of us in our own homes.



Kinesiology

Many of the energy techniques included in integrative therapies can be grouped under the larger category of kinesiology. First developed in the 1960s with the discovery that each muscle in the human body is related to an energy circuit and each circuit was connected to an organ. Since then, many different branches of kinesiology have evolved with the aim of restoring balance to three key areas of health—structure (muscular-skeletal), mental/emotional (psyche), and biochemical (nutrition).

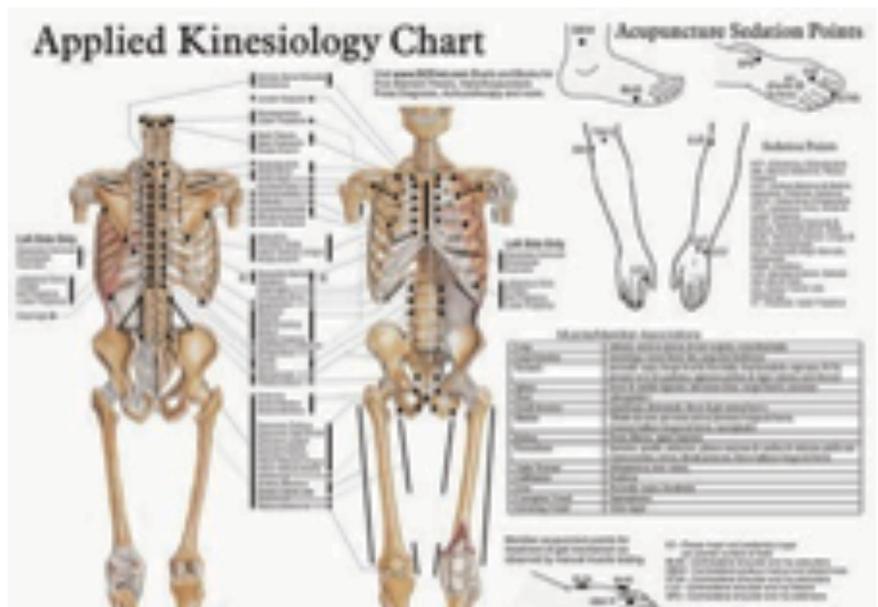
As a holistic therapy, kinesiology looks beyond the condition of the physical body itself to include the environment and the psychological state of each individual. Because kinesiology considers the body's overall state of structural, chemical, and emotional balance, it is capable of addressing a wide range of health issues. These may include stress; allergies and food sensitivities; nervous disorders; muscle, bone and joint pain; headaches; hormonal imbalances; fatigue; insomnia; and emotional issues and learning difficulties.

If the body is under stress from causes such as trauma or nutritional deficiencies, it will block energy flow within the body. This stress in the central nervous system is reflected in specific muscle patterns. Kinesiology treatment is designed to clear blockages by stimulating the body's innate healing capacity to allow it to resume normal function.

Initially skeptical of the notion that “that your subconscious can talk via your muscles,” psychologist Susan Heitler, PhD, writing in *Psychology Today*, experienced a complete reversal of her opinion. After observing how kinesiology sessions actually led to people overcoming PTSD and emotional pain like anger, anxiety, depression, Heitler is now convinced that “everyone's subconscious brain has capacities for guiding healing that go way beyond what we normally give the brain, or the muscles that speak for it, credit for.”

The same technique of muscle testing arm strength or weakness Jean Marie demonstrated at the group meeting is used in kinesiology to reveal energy blockages when the practitioner light touches acupressure points on the body that relate to glands and organs. If that aspect of the body does not suffer a blockage, the arm cannot be moved. If it is blocked, the arm drops with the slight pressure. The blockage can manifest in a physical symptom such as a sore throat or headache or a matter of emotional stress.

Once a blockage is identified, an individual possesses the capability for self-correction by touching a specific point on the body. Of course, the person must be taught where to touch to relieve a certain blockage. Examples are demonstrated in this YouTube video: <https://www.youtube.com/watch?v=NN1dctmPYqw&feature=youtu.be>.



Kinesiologists emphasize that their approach is not meant to be a substitute for traditional medicine. People still should have an appropriate blood tests, X-rays, or other diagnostic analyses. And kinesiology will not cure major illnesses such as cancer, diabetes, or heart issues. The techniques will, however, provide assistance in coping with the physical and emotional consequences of major health problems, and it can be used to relieve or lessen the effects of less critical issues such as headaches, fatigue, and stress.

In the United States and Canada, 471 universities offer bachelor's degrees in kinesiology, with doctoral degrees available in 45.

by Walter Cummins, edited by Jean Marie Rosone

Morris County Ostomy Association

The Morris County Ostomy Association is a community-based, local organization made up of volunteers whose purpose it is to reach out to ostomates and their families, providing them with a network from which they can share experiences, obtain information, and gain emotional support.

The association's voluntary visitation program offers support on a one-to-one basis to patients and their families. The ostomy volunteer visitor is carefully chosen and trained. The visitor is well adjusted to his/her ostomy and is able to offer additional support and information on ostomy care and management at home.

The Morris County Ostomy Association holds regular monthly meetings. The meetings normally consist of an informal gathering of ostomates and individuals who may be contemplating ostomy related procedures. Families and friends as well as significant others are always welcome.

The evening usually involves an informal talk by a physician, a nurse specialist, a distributor of ostomy supplies, or social worker. Presentations are always on a topic of interest to the entire group. Most importantly, the meeting offers the opportunity for individuals to share information and discuss mutual interest and concerns.

Donating supplies

Group members may send unused ostomy supplies to Friends of Ostomates Worldwide, an organization that provides ostomy materials to needy ostomates throughout the world. For more information about Friends of Ostomates, click "Donating Ostomy Supplies" on the list of links on www.ostomymorris.org. Their address is 4018 Bishop Lane, Louisville, KY 40218.

DUES

Dues for 2019 are now current.
You may send a check or cash for \$20.00

to:
George Salamy
30 Wyckoff Way,
Chester, NJ 07930

Meeting schedule

Meetings start at 7:30 p.m. and end at 9 p.m.
in the Carol Simon Center
of the Morristown Medical Center.

OCTOBER 16, 2019
DR. RAZVAN ARSENESCU,
GASTROENTEROLOGIST
CHIEF OF ATLANTIC DIGESTIVE HEALTH
INSTITUTE AND IBD CENTER
"UPDATE ON GI DISEASE MANAGEMENT"

NOVEMBER 20, 2019
PAMELA GIORDANO, PHARM.D, BCPS
CLINICAL PHARMACIST AT MORRISTOWN
MEDICAL CENTER

DECEMBER 18, 2019
HOLIDAY PARTY
SCHERING PLOUGH CONFERENCE ROOM,
GAGNON CENTER
NOTE 6:30 PM START TIME

JANUARY 15, 2020
B. BRAUN MEDICAL REPRESENTATIVES
OSTOMY PRODUCTS



MCOA
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ATLANTIC HEALTH GROUP
100 MADISON AVENUE
MORRISTOWN, NJ 07092