

MORRIS COUNTY OSTOMY ASSOCIATION OF NEW JERSEY

AN AFFILIATE OF UNITED OSTOMY ASSOCIATIONS OF AMERICA, INC.

THE MESENTERY—NEW BODY ORGAN DISCOVERED IN THE DIGESTIVE TRACT

In 2017, you'd think doctors would know the human anatomy thoroughly, but researchers recently were surprised to discover a completely new body organ. The organ is called the mesentery, it resides in our digestive tract, and may hold the key to better understanding digestive disorders.

The mesentery didn't just appear from thin air. According to *ScienceAlert*, it was previously believed to be made of fragmented, separate structures. However, new research has shown that it's actually one continuous organ. The discovery that the mesentery is actually a continuous structure was actually made in 2012, but it has taken four years of further research before the findings could be officially released.

Still, it's unclear exactly what the mesentery does. The body part has been long ignored and believed to be otherwise useless, but scientists are beginning to change their ideas on its function. "Now we have established anatomy and the structure. The next step is the function. If you understand the function you can identify abnormal function, and then you have disease," said J. Calvin Coffey, a researcher from the University Hospital Limerick in Ireland who helped to identify the organ.

Clarification of mesenteric structure has raised many questions, but has simultaneously provided a platform from which to direct future investigations across natural and applied sciences. Various anatomical and other features of the mesentery need to be detailed. Contiguity of lymphatic, neurological, vascular, and connective tissue means that the mesentery occupies a central position. Whether the mesentery should be viewed as part of the intestinal, vascular, endocrine, cardiovascular, or immunological systems is so far unclear, as it has important roles in them all. Its effects are being investigated at haematological, immunological, endocrine, metabolic, and other levels.

In summary, advances in understanding of the mesentery now enable a rigorous and scientific study of it. Accordingly, benefits to gastroenterology are anticipated by improved diagnostics and an expansion of therapeutics in general. Benefits to radiological appraisal of the abdomen will be achieved by increased accuracy in the interpretation of abdominal disease. Pathology will benefit from enhanced comprehensive understanding in an array of abdominal and non-abdominal conditions. In surgery, it is expected that surgical technique, standardisation of the craft component of abdominal surgery, and its future scientific investigation will all be improved.

Sources: Dana Dovey in *Medical Daily*, Jan.4, 2017, and J Calvin Coffey, Dr. Peter O'Leary, *The Lancet*, Nov. 2016

SPRING 2017 NEWSLETTER

www.ostomymorris.org

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FOUR NOT-SO-COMMON REASONS FOR OSTOMY SURGERY

The word “ostomy” is slowly becoming familiar in the media, but still very misunderstood. You may know people suffering from Inflammatory Bowel Disease (IBD) or colorectal cancer who require a temporary or permanent ostomy as part of their treatment; however, there are other illnesses in which ostomy surgery may be needed. Here are four not-so-common reasons some patients require ostomy surgery:

1. Familial Adenomatous Polyposis

Familial adenomatous polyposis (FAP) is an inherited condition in which numerous adenomatous polyps form mainly in the epithelium of the large intestine. While these polyps start out benign, malignant transformation into colon cancer occurs when left untreated. According to an article from the National Center for Biotechnology Information, “Surgical management of familial adenomatous polyposis (FAP) is complex and requires both sound judgment and technical skills. Because colorectal cancer risk approaches 100%, prophylactic colorectal surgery remains a cornerstone of management.”

2. Colonic Inertia

Colonic Inertia (also known as slow-transit constipation) is a motility disorder that affects the large intestine (colon) and results in the abnormal passage of stool. It is a rare condition in which the colon ceases to function normally. A study from the NCBI (National Center for Biotechnology Information) shows, “Patients with severe constipation due to colonic inertia who remain symptomatic after extensive medical therapy or partial colonic resection have occasionally been treated with ileostomy as a last resort.”

3. Chronic Intestinal Pseudo Obstruction

Intestinal pseudo-obstruction is a clinical syndrome caused by severe impairment in the ability of the intestines to push food through. It is characterized by the signs and symptoms that resemble those caused by a blockage, or obstruction, of the intestines. The National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK) explains, “...when a health care provider examines the intestines, no blockage exists. Instead, the symptoms are due to nerve or muscle problems that affect the movement of food, fluid, and air through the intestines.”

4. Hirschsprung’s Disease

Hirschsprung’s disease (HD), also called congenital megacolon or congenital aganglionic megacolon, occurs when part or all of the large intestine or antecedent parts of the gastrointestinal tract have no ganglion cells and therefore cannot function. It is a disease of the large intestine that causes severe constipation or intestinal obstruction. According to the NIDDK, “People with HD are born with it and are usually diagnosed when they are infants.” As a result, “some children with HD can’t pass stool at all, which can result in the complete blockage of the intestines, a condition called intestinal obstruction.”

Source: EditorialTeam, ostomyconnection.com, Fall 2016

COLORECTAL CANCER AWARENESS

by Dr. Avi Gallar

With March’s Colorectal Cancer Awareness Month behind us, I wanted to remind everyone that cancer doesn’t take the rest of the year off. There is no “season” for cancer as many in-dividuals who are battling know and understand. It all starts with a polyp and that is why early detection with colonoscopies is key. Colorectal cancer is the end result of a polyp. A polyp is a growth in the inner lining of the colon or rectum. Though the majority of polyps do not harbor cancer, they can and often become a cancer if they continue to grow. There-fore, it is important to identify and treat polyps early before they can develop into some-thing malignant.

Often patients are told that the polyps they had removed were benign, and rightfully so, but they are pre-cancerous. If they weren’t identified and removed, the polyp would likely become a cancer necessitating more invasive treatment than merely a colonoscopy.

It takes anywhere from 3 to 10 years for a polyp to develop into a cancer. People with prior polyps are prone to developing more polyps, especially with significant family histories. Surveillance of polyps is recommended, based on the size and amount of polyps that an individual has, in order to catch something early.

So even though March has come and gone, and the blue ribbons of colorectal cancer awareness month have turned to a new color, don’t forget to keep your colon in check and get your colonoscopy.

Source: Insights of Ostomy Association of Southern New Jersey, April 2017

WOMAN MAKES FREE OSTOMY BAG COVERS

by Rachel Moss

A woman is making free covers for ostomy bags to help those living with lifechanging medical conditions feel less self-conscious. Celia Montoya, from Albuquerque, New Mexico, started the project after being hospitalised with diverticulitis—a digestive condition that affects the large intestine.

She had surgery and was fitted with an ostomy bag, which left her feeling embarrassed, but found many covers sold online were expensive. Now, she makes covers for free and sends them to people around the world, only asking for donations towards shipping costs.

“When I got out of the hospital I was embarrassed of ‘how am I going to hide this bag’ - it stuck out of my shirt,” she explained on her Facebook page. “Even a t-shirt isn’t long enough to hide these bags because you still see the faeces at the end of the bag. Most of these bags are transparent.”

She said her insecurities led to her experiencing two weeks of depression, before family helped her research bags to cover the ostomy. She was disappointed to discover many of the bags on sale online cost more than \$40 per bag.

“I couldn’t afford that, coming out of the hospital with hospital bills and everything...so my auntie made me a bag,” she said.

Having a cover helped Montoya embrace her new ostomy bag and celebrate her improved health, so she decided to make more to help other people. To start she was paying for materials and shipping herself

out of her own pocket, but soon received requests from people in places as far as Australia and the UK.



She now receives between 80 and 150 orders per week, so asks for donations from clients and the public towards shipping. However, she’s determined to keep the bags free for those most in need.

To order: <https://www.facebook.com/Freeostomycovers/>

Source: **The Huffington Post UK**

CONVATEC ME PLUS

ConvaTec has a Me Plus program that provides exclusive ostomy secret coupons. The me plus welcome letter provides a 50% off coupon.

Here are instructions to sign up for Me Plus and to receive Ostomy Secrets coupons, visit this website <https://www.convatec.com/forms/enroll-in-meplus/> Or call Michelle Miller 1-877-585-0470 extension 2

You will also receive stories about diet, travel, exercise, and more.

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

If you haven’t already sent a check or cash, 2017 dues are due.

Dues are still \$20.00, and you can send to:
George Salamy, Treasurer
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.

APRIL 19, 2017
MARSHA MORAN,
TRIO OSTOMY CARE

MAY 17, 2017
JEANMARIE ROSONE,
MSW CAROL SIMON CENTER

JUNE 21, 2017
CHERYL ASTORIA,
CONVATEC

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.

MCOA

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