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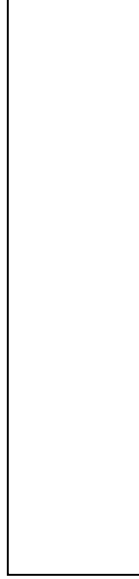


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COME TO THE MEETINGS!



August-September 2010

NEW LIFE NEWSLETTER

*Volume 40 Number 4
Ostomy Connection
of Charlotte*



**Ostomy
Connection of
Charlotte**

www.ostomyconnectionofcharlotte.org

Our meetings are open to all ostomates, their families and friends. Physicians and Nurses are cordially invited. A social hour and refreshments follow each meeting.

Finding Professional Help



These medical professionals are available in our area:

Heather Pucket, NP
North East Medical Center
Concord NC - 704-783-2180

Julie Bowers RN, CETN
Springs Memorial Hospital
Lancaster SC - 803-286-1516

Gloria Johnson, RN, BSN, CETN
Mercy Hospital
Charlotte NC - 704-304-5678

Gretchen Caldwell, RN, BSN, WOC
Julie Elliott, RNET
Lauri Fowler, RN, MSN, WOC
Jean Goldner, RN, BSN CWOCN
Mary French Hut, RN, BSN CWON
Jackie Kelly, CWOCN
Carolinas Medical Center
Charlotte NC - 704-355-7605

Brenda Rutland, CWON
Carolinas Medical Center – Pineville
Pineville, NC 704-667-5002

Union Regional Medical Center
Monroe NC 28111 704-283-3198

Amanda Griffin, RN, BSN, CETN
Rowan Regional Medical Center
Salisbury NC 28144

Cheryl Postlewaite, MSN, WOCN,
Piedmont Health Care System
Rock Hill SC - 803-909-2170

Phyllis Kupsick, RN, BSN, CETN
Stanley Memorial Hospital
Albemarle NC 28001

Betty Loftin, RNET
Medical Mart
Rock Hill SC - 803-366-5544

Carla Mellon CWCN, COCN
Pager # 6579 Voice Mail 704-863-6524
CMC-University

Phyllis McGalliard RN, CWOCN
Presbyterian Hospital
Charlotte NC - 704-384-3229

Debbie Myers RN, CCRN
Lake Norman Regional Medical Center
 Mooresville NC - 704-660-4711

Debbie Strider, RN, BSN, CWOCN
660 Summit Crossing Pl., Suite 306
Gastonia NC 28054 - 704-671-7830

Vickie Hall RN CDE CETN
Iredell Memorial Hospital
Statesville, NC 704-873-5661

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ConvaTec
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Coloplast

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704-906-3997 Cell

Coloplast
Health Services
1-800-788-0293

Hollister

Andrew Hixon — Sales Rep
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Ostomy Connection of Charlotte Membership Application

Name _____

Address _____

City _____ State _____ Zip _____

Home Phone _____

E-mail Address _____

Date of Birth _____

Note: Members will be notified by mail for renewal.

I have a (please check):

Colostomy Urostomy (Ileal conduit)

Ileostomy Other

Year of Surgery: _____

I am interested in becoming involved in
service with OCC. Yes No

Permission to use your name, address, phone no. in an
Ostomy Connection directory. Yes No

Please complete this application and mail along
with a check payable to **Ostomy Connection of
Charlotte** for \$15.00 (annual dues) to:

George Martin
5925 Donegal Drive
Charlotte, NC 28212

The OCC...Ostomy Connection of Charlotte

The goal of the OCC is to provide support for the person that has undergone ostomy surgery. We are committed to providing the ostomate, their family and friends with an atmosphere that is non-threatening, open, honest and supportive. We plan to accomplish this by:

1. Continuing to produce the NEW LIFE Newsletter 6 times a year.
2. Continuing to provide ostomy visitors to new ostomy patients when requested.
3. Establish a website for the local support group.
4. Provide social gatherings to promote support and bonding within the group.
5. Provide helpful educational meetings which reflect the needs of the patient with an ostomy.
6. Reach out to smaller support groups in the surrounding Charlotte area and include them in social and educational events.
7. Encourage membership to subscribe to the *Phoenix* magazine published by the uoaa.

Dues are \$15 for a 12 month membership.
You will receive the Bi-monthly New Life Newsletter.

Meetings are held at Presbyterian Hospital, Matthews, N.C. at 7:00 p.m. on the third Tuesday of every other month, starting with February. Members will be informed of any changes. Facilities for the handicapped.

Special Thanks to **CONVATEC** for the printing of our Newsletter!!!
We so appreciate your support of our Chapter!!!

August Meeting



Date: Tuesday, August 17, 2010

Time: 7:00 PM

Place: Presbyterian Hospital Matthews
Community Room

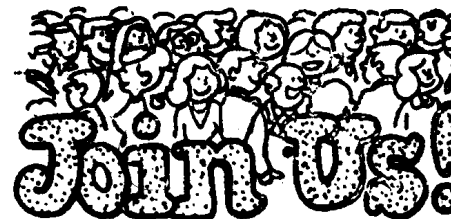
Program: Ostomate "Icebreakers"

Join us for some fun activities as we meet ostomates new to the OCC, get to know each other better, and find others that share in our "ups and downs" of life with an ostomy!

Ice cream creations will be provided

Come join us for an evening of enlightenment and fun!

We need YOU!!!



Can't Come to Meetings? -

Come to our daytime "Stuffing Party!"

Want to volunteer a few hours helping to prepare our Newsletter for mailing? It's fun; there's lots of banter; we make a significant contribution to our chapter.

Call our mailman **Hubert Wilson** at 704-364-0445 to volunteer - **we need your help now more than ever!**

The next Stuffing Party will be Tuesday October 5, 2010 at 1:00 PM at St. Luke's Lutheran Church on Park Road near the YWCA.

And Thank You St. Luke's for your gracious hosting!

Year 2010

Stuffing Party Date

October 5
November 9



Meeting Date

August 17
October 19
December 7
Christmas Party

The **NEW LIFE NEWSLETTER** is the newsletter of the Ostomy Connection of Charlotte. We publish the newsletter bimonthly from the address below and send it to members of our chapter, as well as to others whom we hope will be helped by receiving it. This newsletter is a major component of our mission, detailed on later pages, of helping ostomates to a full recovery from surgery through many means, including education, public meetings, and individual visits.

Address correspondence to:
Editor, New Life Newsletter,
Ostomy Connection of Charlotte
7301 Woodstream Dr
Charlotte, N.C. 28210

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OFFER SUBJECT TO TERMINATION AT ANY TIME

New Driver's License

A teenage boy had just gotten his driver's license and wanted to arrange the use of the family car with his father.

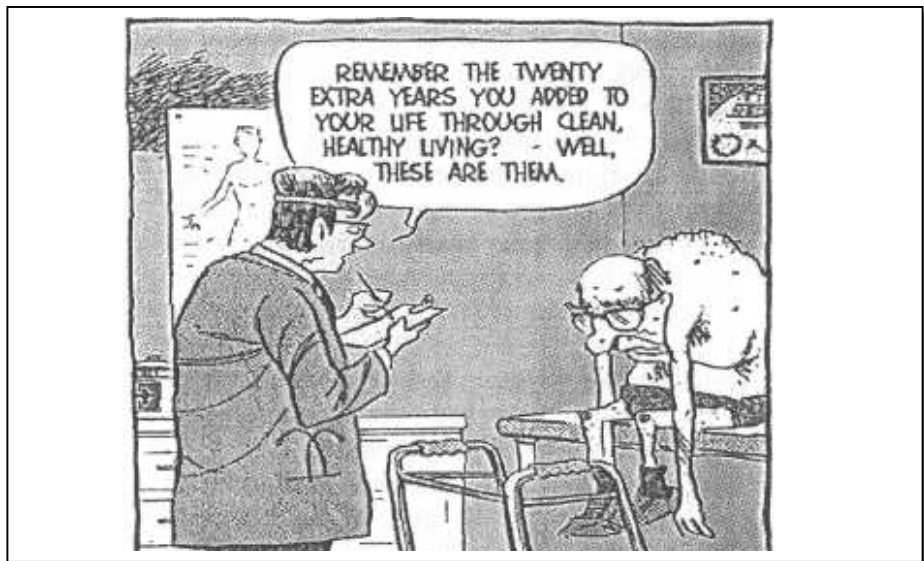
His father said he'd make a deal with his son: "You bring your grades up from a C to a B average, study your Bible a little, and get your hair cut. Then we'll talk about the car."

The boy thought about that for a moment, decided he'd settle for the offer, and they agreed on it.

After about six weeks his father said, "Son, you've brought your grades up and I've observed that you have been studying your Bible, but I'm disappointed you haven't gotten your hair cut."

The boy said, "You know, Dad, I've been thinking about that, and I've noticed in my studies of the Bible that Samson had long hair, John the Baptist had long hair, Moses had long hair...and there's even strong evidence that Jesus had long hair."

To this his father replied, "Did you also notice they all walked everywhere they went?"



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Looking For Help? Call:

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704-552-6147

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Call

O.C.C. Chapter Highlights ★

JUNE MEETING NOTES

Attendance – 28



Carla Mellon opened our June 15, 2010 meeting by welcoming everyone and introducing new ostomates. She introduced Andrew Hixon from Hollister, Jason Bright from ConvaTec and Andrew Annunziata from Coloplast as our speakers. Each spoke about their products and anything new to come. After speaking, they were available to talk to the ostomates individually.

We adjourned for fellowship and refreshments provided by Andrew Annunziata.

Christale Norwood
Secretary

Thank You Hubert Wilson!

Many thanks go to Hubert Wilson who served as our mailman for many years. He has done a top notch job and has been very faithful as our mailman. We look forward to continuing to see him at our meetings.

Thanks Hubert!!



★ PLEASE READ!!! ★

We need to pursue having our Newsletter on-line instead of a paper mailing...If you have an e-mail address---please notify Carla at cmell@carolina.rr.com. We will begin to compile a list of e-mail addresses for those with access. We will continue to print and mail the Newsletter however due to the expense associated with this endeavor, we MUST seek alternative ways to communicate. Most organizations today do communicate via the internet and e-mail, and we need to explore this as well. Please give this option consideration, we should be able to reduce our mailing by 50%...don't you think?

Sometimes colostomates find that their employers think that the colostomy will keep them from doing their jobs. This also happens to some colostomates who are applying for new jobs. You should know your right to work is protected by parts of the US Rehabilitation Act of 1973 and the Americans with Disabilities Act of 1990 as well as by sections of your state laws. If you feel you are being unfairly treated because of your colostomy, call the UOAA office at 800.826.0826.

What foods have the most VITAMINS

via San Jacinto & Austin, TX

1. **Vitamin A**, which helps you have healthy skin, hair, teeth and gums is highest in: a. potatoes, b. lima beans, c. sweet potatoes
2. **Vitamin C**, which helps defend against colds, bladder infection and some cancer-causing substances, is highest in: a. beets, b. tomatoes, c. carrots
3. **Vitamin D**, which is needed for strong bones and teeth, is highest in: a. cheese b. yogurt, c. sardines
4. **Vitamin B12**, which helps improve concentration, memory and balance, is found in: a. broccoli, b. spinach, c. liver
5. **Vitamin B1**, which helps your nervous system, muscles and heart work normally, is highest in: a. oatmeal, b. parsley, c. turnip greens.
6. **Vitamin B2**, which helps eyesight, growth and reproduction , is found in: a. yellow vegetables, b. fish, c. sunflower seeds
7. **Vitamin B6**, which helps prevent skin disorders and night muscle spasms, can be found in: a. beef, b. yams, c. peanuts
8. **Vitamin E**, which reduces fatigue and helps prevent blood clots, is found in: a. oranges, b. broccoli, c. eggs
9. **Folic acid**, one of the B complex vitamins that's essential for the body to process sugar and form red blood cells, is found in: a. beans, b. almonds, c. bran



Colostomy Hints

UOAA UPDATE July 2010 via *Rosebud Monthly*, Chico CA 3/10

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 formal normal diet; 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.

If you wear a pouch all the time, you will suffer no embarrassment if something you eat produces an unexpected discharge. You will soon learn which foods produce gas or odor, which cause diarrhea and which are constipating. With this knowledge, you can regulate the bowel's behavior to a certain extent. You cannot prevent intestinal activity by not eating. An empty intestine produces gas. No matter what your plans might be, eat regularly, several times a day, with perhaps a small meal before going to bed at night. Your colostomy will function better for it.

Daily Life: Once you have recovered your health, you may continue a normal day's routine, as you did before surgery. A colostomy is not an impediment to most activity. When its care has been properly determined, it will not interfere with your daily schedule.

Work: Colostomates can do most jobs; however lifting can cause the stoma to herniate or prolapse, especially soon after surgery. A sudden blow in the appliance area could cause the faceplate to shift and cut the stoma. Still, there are some colostomates who do heavy lifting, such as firefighters, mechanics and truck drivers. Check with your doctor about your type of work. As with all surgery, it will take time for you to regain strength after the operation. A letter from your doctor to your employer may be helpful should your employer have doubts about what you can do.

UOAA Ostomy Awareness Day

SUNDAY, JULY 25, 2010



UOAA is proud to announce its 1st National Ostomy Awareness Day! Let's celebrate by spreading awareness and increasing national visibility of those living with ostomies. We will break the silence and shine a positive light on what has saved so many lives.

Editor's Note: I know that by the time you receive this newsletter the date for the **UOAA Ostomy Awareness Day** has passed but this is just provided for your information.



A perfect summer day is when the sun is shining, the breeze is blowing, the birds are singing and the lawn mower is broken.

- James Dent



You are unique, so be sure to consult your doctor or WOC nurse before trying products or methods that are mentioned in this newsletter.

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UOAA NEWS ★

Keep current with the **UOAA blog!**

UOAA now has a new way to communicate with you...we have a blog. For the uninitiated, a BLOG = a shortened form of **web-log**. It's our way of bringing you up-to-the-minute news about happenings within UOAA. In addition to the general blog there will be one concerning advocacy matters and others as time goes along. You can find it at **www.uoaa.org** in the left-hand navigation menu or go to **www.uoaa.wordpress.com**.

The **2010 COLONDAR** is now available for purchase online and you can read about it at: **www.colonclub.com/colondar.html**.

To see how the 2009 Colondar was produced go to: www.youtube.com and enter: 2009 Colondar in the search box. There are 4 short video segments with interviews. It's quite interesting.

Public TV/Cable Documentary Tape

UOAA entered into a contract for the production of a 5 minute UOAA/ostomy public awareness tape that will appear in Public TV, National Medical Report as shown on cable, network TV and internationally as part of Voice of America.

This excellent project, coordinated by Kristin Knipp, can now be viewed on the UOAA website at **http://www.uoaa.org/uoaa_psa.shtml**; or on the UOAA Blog: **<http://uoaa.wordpress.com>**, and if you are a member of Facebook, on the **UOAA Cause** at **<http://apps.facebook.com/causes/261710?m=618>**.

Our **2011 UOAA National Conference** will be held at the Nugget Hotel in Reno on August 7th to the 11th. This Conference will have the opening ceremonies on Monday night and continue through Thursday. The room rate will be \$ 79.00 + tax. Plan now to join the fun in Reno as they observe their "Hot August Nights" festivities.



(Continued from p. 15)

or have problems absorbing nutrients from food. In severe cases of Hirschsprung's disease, a newborn child experiences an obstructed colon and is unable to have a bowel movement. In mild cases, doctors may not detect Hirschsprung's disease until later in a child's life. Surgical removal of the diseased portion of the child's colon is the only treatment for Hirschsprung's disease. After surgery, nine out of 10 children pass stool normally.

Hints

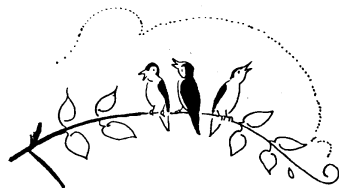
UOAA UPDATE July 2010 via UOASL Spring 2010

Posture Matters! When you return from hospital you will be feeling sore and uncomfortable. You may be anxious about the front of your body getting bumped, or self conscious about the stoma which can lead to a habit of hunching over to "guard" that area. Try to focus on keeping your head up and your back straight.

Walking Works! Don't lie or sit all day. Walking helps restore lost muscle tone, gets your circulation going and just generally perks you up. Get up and walk several times a day.

When my grandson asked me how old I was, I teasingly replied, "I'm not sure." "Look in your underwear, Grandma," he advised. "Mine says I'm 4 to 6."

A second grader came home from school and said to her grandmother, "Grandma, guess what" We learned how to make babies today." The grandmother, more than a little surprised, tried to keep her cool. "That's interesting," she said, "How do you make babies?" "It's simple," replied the girl. "You just change 'y' to 'i' and add 'es'."



Make sure you check out the video [Living With an Ostomy](#), and watch it all the way to the end, yours truly is at the beginning and the end during the credits. This video will give you an overall view of why so many people have ostomies, temporary and permanent. Many of you know my personal story of being diagnosed with colorectal cancer at age 39. At the time I had never heard of anyone else dealing with that kind of cancer. I went to my local ostomy support group in Edina, MN and learned that there were people there with ileostomies, colostomies and urostomies. Many of us call ourselves ostomates or you can refer to us in the more politically correct form of people living with an ostomy. Ostomy is the general term for all three different operations.

I had never known anyone dealing with Crohn's disease or ulcerative colitis before I went to my support group. When I learned how many years some of these people had suffered with their bowel diseases I must admit to being relieved that I only had cancer. Since then I have made it my personal mission to educate people on colon cancer and bowel diseases whenever the opportunity presented itself. Who would have thought that almost 15 years later, I'd still be talking about living rectum free on such a national level and have written 3 books dealing with the subject and a fourth coming out in June 2011. That one is called, *It's in the Bag and Under the Covers*. That's where we get a good look on how people tell someone they are dating about having an ostomy or having been in a relationship for a number of years how it affected the intimacy. There is also a section on caregivers and how valuable they are to us people with ostomies.

Having an ostomy saved my life. Colon screening could save yours. Learn from from my story and others' by visiting the [Minnesota Gastroenterology](#) website. Don't put off getting your colonoscopy especially if you are over age 50. It is far from the worst thing in life to "live with a bag," and to some people who have had serious bowel issues, it's really a life enhancer. Colon cancer is the 2nd leading cause of cancer deaths amongst men and women in the USA yet the most preventable with a simple colonoscopy. Have I made my point? If you want to read more about my weekly life and sometimes I even talk about having an ostomy, please connect to blog on www.c3life.com.

Coming Soon!!!! Comedian and Colorectal Activist **Brenda Elsagher** will be at CMC-Northeast Hospital on October 3rd Sunday afternoon at 2:00pm. This promises to be a free and fun evening!!—Mark your calendar now... Will provide more information as time gets closer!!!

SWIMMING WITH AN OSTOMY

Via: Chicago North Suburban Chapter

Ostomates swim. We put together a few little items we have gathered to help make you feel more secure. First, allow some time after changing a barrier before swimming so that the seal is secure. Overnight is best, but even taking that extra minute to let the barrier seal should be fine. The newer barriers actually melt to obtain adherence. You have to make sure this chemical action has taken place. To be extra secure, it may be best to picture frame the barrier with a waterproof tape. There is a "pink tape" available through most suppliers that works well to assure the appliance stays on your body. Hollister's new skin like tapes as well as other similar types may be made more waterproof by covering them with a skin prep after they are in place.

Cloth belts stretch in water. If you wear a belt, it may be preferred to substitute a rubber one while you are swimming. Swimsuits, with busy patterns camouflage the appliance better than solid colored suits. Wearing solid colors will reveal the appliance more easily. Skirts, bows, sashes, ties, drapes on a swimsuit may also help camouflage the appliance. Boxer-style trunks work well for men.

A tight garment under your swimsuit can help hold the appliance in place. Depending on how active you are and the level of comfort you desire some of the following are good suggestions: A lightweight two-way stretch panty girdle; the top part of old panty hose; biking shorts; or sewing a pocket in the lining of your swimsuit to support the pouch. These are unisex ideas. Men can also try a pair of jockey shorts for similar support. Mini, non-drainable pouches are an alternative to people who use two-piece systems. They may be more comfortable and have a lower profile under swimsuits than your usual pouch. They may be used over and over if you rinse them out and air dry after every use. Avoid pouches with built-in filters for swimming. Water can get in, and make a real mess.

Try and plan ahead for swimming. Even nonostomates should wait two hours after eating before going swimming. Try to roughly calculate your transit time, how long it takes food to get from mouth to pouch, and eat your meals at a time that will allow you to have the least amount of output when you plan to swim. For most people, the first few hours after getting up in the morning will be the time of least output. The conclusion to all of this, the main reason for writing this article is so that you go swimming. An ostomy does not stop you, or even slow you down from swimming and enjoying all the different type of water activities like hot tubs, beaches, pools, scuba diving, snorkeling, diving, swimming, etc. Enjoy it...you have been given a new life.

"So if they had done the colostomy then, he'd probably still be here. However, it was not acceptable treatment at that time. Now the treatment is short."

Nichopoulos also believes that Presley's prominent weight gain in the years prior to his death was not a result of overeating or eating the wrong foods, as they initially assumed. The doctor reveals that Elvis' bloated appearance was due to his severe constipation.

"It was really a physiological problem. During the last few years we were going back and comparing pictures, some of them were taken just two weeks apart but he looked like he'd gained 20 pounds when the only difference was that he had a good healthy bowel movement and then lost a lot of weight from that," Dr. Nick explained. "Usually you pass it all in two or three days, but at the autopsy we found stool in his colon which had been there for four or five months because of the poor motility of the bowel."

So how would Presley feel about all the details of this "debilitating" disease being made public?

"I still think it'd be embarrassing for him, but that may be because we couldn't explain it at that time the way we can now. But bowel paralysis is hereditary and you can in fact pass it down to your children," he continued. "His condition was either something he was born with like Hershberger's disease, or some viruses cause the paralysis of the nerves in the colon. The nerves weren't functioning enough in places, or weren't functioning at all because his colon would not push food out, it would just accumulate."

Moreover, even through all the trials and tribulations of their personal and professional relationship, Nichopoulos will first and foremost remember the captivating yet compassionate person that was our beloved American icon, Elvis Presley.

"He was well-written, a very kind person, a very giving person. He was just one of a kind. You couldn't ask for a better friend," Dr. Nick added. "The main thing that he enjoyed in life was doing his shows. He would change from one person to another as soon as he walked on the stage. He would just go through a metamorphosis—all of a sudden he flipped a switch and looked like a toy soldier dancing up there."

Hirschsprung's disease

Definition by Mayo Clinic staff

Hirschsprung's disease is a condition that affects the large intestine (colon) and causes problems with passing stool. It's present when a baby is born (congenital) and results from missing nerve cells in the muscles of a portion of the baby's colon. Children with Hirschsprung's disease can be constipated

(continued on next page)

Elvis Died of Constipation

Formally Known as Hirschsprung's Disease

FOX News, Los Angeles, via *The New Outlook*



It has been widely reported that Elvis Presley died in 1977 from cardiac arrhythmia, an irregular heartbeat, possibly brought on by drug dependency, obesity and a weak heart. But the music legend's longtime friend and physician, Dr. George "Nick" Nichopoulos, has put pen to paper for the first time and revealed his belief that it was chronic constipation that actually killed the King of Rock and Roll.

"After he died we weren't sure (of the exact cause of death) so I continued to do some research and I had some doctors call me from different places and different med schools that were doing research on constipation and different problems you can get into with it. I just want to get the story straight — it all made sense with the new research that was done," the now retired Memphis M.D told Pop Tarts. "Dr. Nick" was by Presley's side for the last twelve years of his life and tried to resuscitate him the day he died. He recently released the book "The King and Dr. Nick" about his time with The King, and his theory on the death that shocked America.

"We didn't realize until the autopsy that his constipation was as bad—we knew it was bad because it was hard for us to treat, but we didn't realize what it had done," the doctor explains of Elvis' condition. "We just assumed that the constipation was secondary to the meds that he was taking for his arthritic pain and for his insomnia." According to Dr. Nick, the autopsy revealed that Presley's colon was five to six inches in diameter (whereas the normal width is two to three inches) and instead of being the standard four to five feet long, his colon was eight to nine feet in length.

"The constipation upset him quite a bit because Elvis thought that he could handle almost anything, he thought he was really a man's man and he wasn't going to let something like this . . . he thought that this was a sign of weakness and he wasn't going to be weak," Nichopoulos said. "And it's not the kind of thing you table talk. Back in the '60s and '70s you did not talk about constipation much, you did not hear people complaining about it or saying what they did or how much trouble they had with it."

In 1975, the primary treatment for this kind of problem involved removing part of the colon, known as a colostomy, and at the time, Dr. Nick was in talks with a surgeon at the University of Memphis to perform the procedure. However, Presley's "ego" got in the way. "He would get embarrassed, he'd have accidents onstage. He'd have to change clothes and come back because of the way we were trying to treat his constipation," Nichopoulos said.

Adhesions

Via- UOA 82 Chapter, Ostomy Support Group, Louisville KY

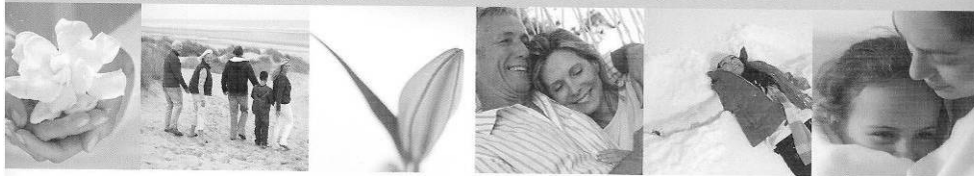
Definition—An adhesion is a scar tissue that binds together two anatomic surfaces, which are normally separated from each other.

Description—Adhesions are most commonly found in the abdomen, where they form after abdominal surgery, inflammation or injury. Lysis (destruction or dissolution) of adhesions is a surgery performed to free adhesions from tissues. Although sometimes present from birth, adhesions are usually scar tissue formed after inflammation. The most common site of adhesions is the abdomen, where they often form after peritonitis (inflammation of the abdominal lining) or following surgery, as part of the body's healing process.

Abdominal adhesions infrequently bind together loops of intestine resulting in intestinal obstruction. The condition is characterized by abdominal pain, nausea and vomiting, distention and an increase in pulse rate without a rise in temperature. Nasogastric intubations and suction may relieve the blockage. If there is no relief, an operation is usually required to cut the fibrous tissue and free the intestinal loops.

Although scar tissues within the abdomen can occur after any abdominal operation, they are more common after a ruptured appendix. Most adhesions cause no problems, but they can obstruct the intestines in about two percent of all patients. These obstructions can occur several years later.





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SUR-FIT Natura® Moldable Durahesive® Skin Barrier with Flexible Hydrocolloid Collar	411800	45mm (1 3/4")	10 Pack	small 1/2" - 7/8"
SUR-FIT Natura® Moldable Durahesive® Skin Barrier with Flexible Hydrocolloid Collar	411802	45mm (1 3/4")	10 Pack	medium 7/8" - 1 1/4"
SUR-FIT Natura® Moldable Durahesive® Skin Barrier with Flexible Hydrocolloid Collar	411804	57mm (2 1/4")	10 Pack	large 1 1/4" - 1 3/4"
SUR-FIT Natura® Moldable Durahesive® Skin Barrier with Flexible Hydrocolloid Collar	411806	70mm (2 3/4")	10 Pack	X-large 1 3/4" - 2 1/8"
Flat Moldable Stomahesive® Skin Barriers				
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SUR-FIT Natura® Moldable Stomahesive® Skin Barrier with Flexible Hydrocolloid Collar	411803	45mm (1 3/4")	10 Pack	medium 7/8" - 1 1/4"
SUR-FIT Natura® Moldable Stomahesive® Skin Barrier with Flexible Hydrocolloid Collar	411805	57mm (2 1/4")	10 Pack	large 1 1/4" - 1 3/4"
SUR-FIT Natura® Moldable Stomahesive® Skin Barrier with Flexible Hydrocolloid Collar	411807	70mm (2 3/4")	10 Pack	X-large 1 3/4" - 2 1/8"
Convex Durahesive® Moldable Skin Barriers				
SUR-FIT Natura® Durahesive® Moldable Convex Skin Barrier with Flange	404592	45mm (1 3/4")	10 Pack	small 1/2" - 7/8"
SUR-FIT Natura® Durahesive® Moldable Convex Skin Barrier with Flange	404593	45mm (1 3/4")	10 Pack	medium 7/8" - 1 1/4"
SUR-FIT Natura® Durahesive® Moldable Convex Skin Barrier with Flange	404594	57mm (2 1/4")	10 Pack	large 1 1/4" - 1 3/4"

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