

May 2009

MS Quality of Life Project

Bowel Management

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Bowel Management

**By Donna Krasnow,
MSQLP Board Chair**

Oh, we have laughed. It's amazing how many double entendres are out there when you are focused on producing a newsletter about bowels. Look at that last sentence - "focused on producing" - there's a double entendre for you. How many MSers are quite focused on producing bowels on some sort of schedule? And why do so many MSers have bowel issues in the first place? What is it about MS? Don't we have enough problems, already, thank you very much?

So, for the last 2 months, we have had bowels on our minds as we put this issue together. That meant anytime someone said, "holy crap", a listener might start giggling. Similar laughter erupted when someone innocently used terms like "impacted" or "evacuation" or "let it flow" or "elimination" or "in a bind" or "all tied up" or, as I just wrote, "erupted." What should we call this issue, we asked, "Toilet Talk?"

Yes, funny – but not really. It's only funny because bowel management isn't something we usually discuss. It's embarrassing. It's awkward. It's uncomfortable – and we all grew up with mothers who were quite adamant that

"potty talk" was not allowed at the table. And so it becomes the undiscussed issue, the "elephant in the room," the worrisome problem that can cause so much discomfort. And that's the real problem. There is information that can help. In addition, we know that the inability to manage waste product is one of the most common reasons why people have to move from their homes to assisted living or skilled nursing facilities. As always, we urge you to be proactive. That is why it is so very important that you discuss bowel issues with your doctor. Together you can explore solutions that may work for you.

I thank all the people who contributed articles to this issue: Amy Lamb, an MSQLP client, Marion Brandeis, R.N from Santa Cruz, Mary Lou Schaeffer, R.N. and a board member, Cherie Bone, an MSQLP client, and our staff – Victoria, Narit and Kim. They each wrote – sometimes humorously, mostly seriously - about bowel problems and how to deal with them. Finally, I thank Dr Centurion for reviewing the final draft. We wanted to make sure we passed on information that was reliable and useful. So, get ready. We hope this is informative – with some laughs along the way. Don't we all need a laugh?

Why is Constipation a Common Experience for MSers?

By Amy Lamb Heckel, RDH

Constipation is the most frequent bowel problem associated with MS. There are several reasons that constipation happens to MSers: inadequate fluid intake, dietary considerations, medications, reduced levels of exercise, and neurological impairment/demyelination. In her book, *Multiple Sclerosis: the Questions You Have, the Answers You Need*, Dr. Kalb defines constipation as, "infrequent, incomplete or difficult bowel movements." What causes a bowel movement to be difficult? The drier and harder the stool is, the more arduous it is to pass.

Inadequate fluid intake – The Mayo Clinic lists this as the #1 cause of constipation – for the general population. Because MSers frequently have bladder problems that cause us to self limit fluid intake, we are even more likely to experience constipation. Six to eight 8 oz glasses of fluid daily are recommended. The importance of water is emphasized by Judy Graham in her book, *Multiple Sclerosis: A Self-Help Guide to Its Management*. She states, "In fact, water is probably the most important anti-constipation agent."

Dietary considerations – Due to isolation, difficulty with food preparation, and/or swallowing problems, many MSers do not eat the 20-30 grams of fiber that are recommended for each day. Dietary fiber can be supplemented with a psyllium product such as Metamucil© or other FDA approved bulk producing laxative. Why does fiber help? Fiber will cause the moisture retaining (bulk) portion of the stool to increase. Beware that psyllium might affect the absorption of certain medications. To be safe Dr. Bowling recommends that "oral medications should be taken one hour before or four hours after psyllium."

Medications – Pain medications are the most famous for causing constipation. Medications

used to treat high blood pressure, depression, iron supplements, and diuretics may also contribute to constipation.

Reduced levels of exercise – As Judy Graham quips, "Toning up the whole system will get you moving in more ways than one." This is because exercise encourages intestinal function.

Neurological impairment/demyelination – Just as the voluntary muscles of the arms and legs can sometimes spasm as a result of nerve damage, so can the involuntary muscles of the bladder and bowel. Impaired sensations can also mislead the intestines and/or brain as to the need for a bowel movement.

While waste products travel through the intestines both water and salts are reabsorbed and transported from the waste to the body. Because of this, if the waste remains in the intestines for a prolonged time, the stool continually becomes more dry, hard, and difficult to eliminate. Interestingly diarrhea may actually be a sign of constipation, so before you reach for something to "firm you up" stop and think about when your last bowel movement occurred.

Here's hoping that every reader of this article gets the opportunity to experience happy and unhurried toilet time!

References:

Bowling, A. (2001). *Alternative Medicine and Multiple Sclerosis*. New York: Demos
Graham, J. (1989). *Multiple Sclerosis: A Self-Help Guide to its Management*. Vermont: Healing Arts Press.

Kalb, R. (2000). *Multiple Sclerosis: The Questions You Have, the Answers You Need*. (2nd ed.) New York: Demos.

Mayo Clinic. (2009). *Constipation*. Retrieved March 6, 2009, from <http://www.mayoclinic.com/health/constipation/DS0006>

Be up front with your physician

Oh to be regular!

When it's time to go, you know!!

Enemas may be used intermittently, on occasion

Laxatives will only temporarily relieve symptoms

Multiple Sclerosis patient's often experience constipation

Adequate water intake is essential

Never think you are alone

Abdominal muscles weakened, may make evacuation difficult

Get plenty of fiber

Exercise gets things moving

Maintain a routine

Ever find yourself, just blowing wind?

Necessary to be proactive!

Two ply tissue is a must !!

**By Victoria Scaccia,
Volunteer and
Outreach Assistant**

MS 101 - Bowel Related Vocabulary

By Amy Lamb Heckel, RDH

* **Bulking agents** – such as Metamucil© cause more fluid to be absorbed into the intestine making the stool larger and increasing the urge to pass it. Regular use is considered safe.

* **Constipation** – refers to bowel movements that are hard, difficult to pass, and generally occur two or less times per week.

* **Enema** - a solution placed directly into the rectum to cause a bowel movement.

* **Fiber** –Dietary fiber is found mainly in fruits, vegetables, whole grains and legumes. The Mayo Clinic recommendation is for 20-35 grams of fiber daily.

* **Impaction** - presence of a large or hard fecal mass in the rectum or colon.

* **Osmotic laxatives** – such as lactulose or sorbitol cause fluids to be drawn into the intestine from other parts of the body thereby softening the stool. **Caution:** Do not use if you have high blood pressure, kidney disease, heart failure, or are on a low salt diet. This includes large amounts of sorbitol containing candy (attractive because often sugar-free.)

* **Stimulant laxatives** – such as Ex-Lax© cause irritation of the intestinal lining which speeds the stool through. **Caution:** This can cause permanent changes and/or damage to the intestine which leaves you dependent upon stimulant laxatives to have a bowel movement.

* **Stool softeners** - such as Colace© cause intestinal fluids to penetrate and soften the stool. Considered gentler and therefore safer than laxatives, yet not recommended as highly as bulking agents and/or increasing water and fiber in your diet.

References:

Como, D., Myers, T. (Eds.). (2002). *Mosby's Medical, Nursing, and Allied Health Dictionary, 6th ed.* St. Louis: Harcourt.

Web article addresses are as follows....

<http://www.mayoclinic.com/health/constipation/DS00063>

<http://www.webmd.com/digestive-disorders/tc/laxatives-tpoic-overview>

Gastrointestinal Issues

By MaryLou Schaeffer, RN, MS, PHN

Looking at bowel management, we need to address the main purpose for the gastrointestinal (GI, gut) tract, nutrition. Nutrition is how we fuel our body, support our immune system and body functions. By taking in a good variety of colorful fruits and vegetables daily, (at least 5 servings is recommended), including a good balance of carbohydrates, fats and proteins found in grains, fish and meat, we are well on the right track for a healthy gut.

Examples:

Veggies/fruits--5 colorful servings
Apple, peppers (red/yellow/green), avocado, tomatoes and grapes

Carbohydrates --Pasta, rice, bread
Fat--Olive oil, butter

Protein—Chicken, salmon, beef

But say everything doesn't go along as we would like—then let's look at some possible help.

Drinking water helps our bodies metabolize and utilize nutrients. Our body is composed of a great percent of water. When we are low on water intake, it is pulled from body tissues like muscles and organs, minimizing the ability to absorb and use the nutrients taken in and absorbed through our GI tract. The amount of water/fluid each of us needs may vary, but if your medical adviser suggests 8 glasses (8 ounces each) increase your current amount gradually. So if you now drink 3 glasses over a 24 hr period, add only 1 or 2 at a time then try adding more after several days. All liquid is not created equal. For example, coffee tends to dehydrate, and makes your body lose water. Juices and water may be counted the same, but many soda drinks are high in caffeine same as coffee.

Exercise is the way we fuel our bodies with oxygen, the little element our body needs to power each cell and utilize nutrients we take in. Try to do some physical activity 20-30 minutes a day, 3-4 times a week, and maybe break it up to 10 minute sections. You will find it will lift your spirit as well as help your whole body work more efficiently.

Earlier, we talked about eating well, drinking appropriately and getting exercise. All of that is fine when the GI tract is working well. But say there is some change in bowel function due to MS or other causes. We then need to look at how additionally we can support the gut. There are products in the drug store that will help both diarrhea and constipation. When you look on the ingredients label (the nutritional contents), the first ingredient is phylum hush. This is a plant material, a fiber, and when dissolved in water and drank one or 2 times a day will absorb and/or bulk in the GI tract to move things along helping to relieve either diarrhea or constipation. You can find this product under the brand name of Metamucil or Fiber One. The capsules do not have the same effect as dissolving the powder and drinking the solution. The directions are on the container and you will notice it recommends taking it early in the morning, not with meals. And more than once or more a day may be what works best for

different individuals. Other products are available, but may need a prescription from your doctor.

Bowel Management in MS: When Nothing Else Seems to be Working

Marion Brandis, MA, RN, MSCN

(Please note: These recommendations do not constitute medical advice. Please seek the supervision of your medical provider before trying any of these approaches to bowel management.)

Bowel management problems for people with MS are quite common. It is estimated that about 50% will experience it at some time in their MS journey. I suppose it's always good to know that you're not alone! But I also know that this problem in particular can be embarrassing and may cause you to want to stay at home and isolate yourself. That's why it's really important to get on top of, this issue. But there is hope: for those who have tried increasing exercise and your intake of water and other liquids, and the addition of fiber to your diet, and these have not improved your constipation or diarrhea (or loss of control over your bowels), there are more tricks up the sleeves of your MS clinicians and primary care providers!

One of the next things we recommend for those with chronic constipation is that you establish a regular time of day for accomplishing a bowel movement (BM). Even if you used to have more or less than one BM a day in the past, once a day is generally the right frequency to keep your digestive system healthy and functional. This will most likely be accomplished with the aid of either a bulk-forming laxative or a stool softener, and in some cases both. In order for bulk formers to be effective, they need to be taken with 1-2 extra glasses of liquid, preferably water. They are not habit-forming. Consistent use of either bulk formers or stool softeners (or the combination) is important to

achieve the most benefit. There are also some oral medications that can be effective. The harsher laxatives (Ex-lax, for one, and even castor oil) can be habit forming, and are best avoided.

Other approaches include rectal stimulants—suppositories that are used less frequently but in concert with the above two treatments. They are fast acting, usually taking effect in 15 to 60 minutes. Enemas as a regular part of your bowel regimen should be avoided, as they are quite habit-forming (meaning, your body will come to depend on them as the only way for producing a BM).

For some people, the damage to the nerves that aid in the movement of stool and in defecation are so dysfunctional that it is necessary to stimulate the defecation reflex and remove the stool manually. The initial trigger for defecation is usually one of the stimulant medications mentioned above, followed by the insertion of a finger into the rectum to both stimulate the bowel reflexes and remove the stool. This might require several repetitions, once the medication takes effect. This procedure should not be tried without the supervision of your healthcare provider and some training by either a GI or home visiting nurse.

If constipation becomes chronic and untreatable in any other way, you may be asked to consider some surgical options. Often at this point, you've been challenged for some time by abdominal discomfort (moderate to severe) and bloating, and may be spending a fair amount of time "tied to the bathroom" trying to accomplish a BM. Through these options your stool is diverted to an "ileostomy" (a surgical procedure that creates an opening, or "stoma," from the ileum to the abdominal wall to function as an anus) or a "colostomy" (the equivalent but through the wall of the colon). These are major surgical procedures, and prior to deciding upon these options, there should be much discussion between you, your surgeon, your caregivers/family members the MS neurologist and/or team, and any rehab specialists who might be involved in your long-term care planning. Questions should center around the potential for simplifying bowel care

and your quality of life parameters.

Less common but just as challenging to deal with for people living with MS is chronic diarrhea. It may occur along with the more serious problem of fecal impaction—a solid, immobile bulk of stool that can develop in the rectum as a result of chronic constipation—dietary changes medication side effects, or inflammation of the bowel, or stress and anxiety. If diarrhea becomes chronic, electrolyte imbalance can occur, which needs to be monitored. Another concern with frequent or chronic diarrhea is skin care. Keeping the skin dry and clean is extremely important for the prevention of pressure sores for those spending much of their time sitting in chairs or lying in bed.

Involuntary bowel, or bowel incontinence, is a third problem sometimes seen in people living with MS. It might occur because of lessened sphincter control or overly active nerves and muscles in the rectal area. It might be a part of the chronic constipation picture, related to fecal impaction. Treatment approaches for this problem are similar to that for constipation; that is, establishing a bowel regimen with a regular time for elimination each day.

Speak to your primary care clinician or MS clinician if you are experiencing any of these problems, rather than trying to problem-solve these on your own. I think you'll find that with persistence, control will once again be yours.

Sources:

- Consortium for Spinal Cord Medicine: *Neurogenic Bowel Management in Adults with Spinal Cord Injury*. PVA, 1998.
- Halper J, Holland N (eds.). *Comprehensive Nursing Care in Multiple Sclerosis, 3rd ed*. New York: Demos, 2008.
- Shapiro RT. *Managing the Symptoms of Multiple Sclerosis, 4th ed*. New York: Demos, 2001.

Cherie Bone

I had a colostomy procedure several years ago and today wear a colostomy bag. The bag attaches to a pad that covers the opening in my abdomen. The waste flows from my intestine

into the bag. I can no longer do the needed care of the bag so my caregivers do it for me. They change the pad, on the average, every 4-5 days and empty it several times a day. What do they find challenging? Sandie and Tiffany say it's making sure the pad stays clean and allows no leakage. Each time the pad is changed I need to stay on my back for several hours so that the glue adheres to my abdomen. If I move too soon, leakage could be a problem. I have gotten used to the whole system. It has become a normal procedure and it is much better than the problems I had before I had the colostomy.

Getting to Know Gary

***By Donna Krasnow,
MSQLP Board Chair***

I sometimes wonder what my husband would think about all the things I share about his adventures with MS. Well, here goes one more. In the last years of Gary's life he was in bed most of the day and couldn't move any part of his body except his head. Urinating was no problem (he had an external catheter) but he was unable to have a bowel without help. We tried adding water and veggies to his diet and he did have large, relatively soft bowels but he still couldn't push them out himself. We started using enemas. I say we because he couldn't insert one himself. I did it for him. When I asked the pharmacist for a carton of enemas, he told me they couldn't sell them in large quantity because they were habit-forming. I argued about it – what did it matter when my husband couldn't expel a bowel on his own? I didn't win the argument.

But the time eventually came when even the enema wouldn't work by itself. Our VNA nurse described the digital evacuation process to both of us. I don't know which made us more uncomfortable - the term or the concept. It sounded so very clinical and, at the same time, like a description of a mining process. "Would I be searching for coal while I was up there?" I asked.

The nurse explained that either I could do it or we could hire a nurse who would come to the house several times a week to do the "evacuation." What an incredible dignity issue - which is

worse? A total stranger sticking her fingers up your anus or your wife going places you didn't expect her to go? I could tell that Gary didn't want to ask – so I offered. Hey, new spaces to explore, I joked.

It actually was a simple process. He would lie on his side on a "chuck" (disposable pad) on the bed. I'd put on gloves (snapping the wrist band to sound like a mad scientist in a monster movie), insert an enema, wait a few minutes, then gently insert my fingers up his anus and pull out his bowel. It would take a few insertions. I once told him it reminded me of the time we went clamming in Maine – reaching into the sand and pulling out those clams. He thought that was very funny!

What was interesting was how easy it became. From beginning to end, the whole process took about 7 minutes and we did it several times a week. All the previous attempts (trying to push it out by himself, using enemas) took much longer and were, actually, much messier. With this process I cleaned Gary, folded up the disposable pad, dumped the contents in the toilet and threw the emptied pad in the garbage.

Talk to your doctor if you think digital evacuation might be appropriate for you. It is easy to learn but you need the discussion to make sure it is an appropriate step for you.

A poem by Amy Lamb Heckel Constipation

Here you are again
What must I – must I
Ever do to win?

The requisite eight glasses of fluid
Are so very hard to drink
When, "Where will I find a toilet to pee?"
Is all that I can think!

So...I limit myself
An extremely bad idea
Because "inadequate fluid intake"
Is the number one listed cause of

Constipation
Stay away, far away again
I am hydrating – hydrating
Working so very hard to win!

Farwell from Dockie Lewis

It is with great regret that I leave my position as social worker with MSQLP. It has been my privilege to serve you who live with MS. I'm sorry I did not get a chance to see some of you in these last weeks. After the reality of our financial situation became clear, decisions had to be made quickly to finish up with immediate concerns. As some of you know, Multiple Sclerosis has been in my life since I was a teenager and I have had many friends and family affected by this complicated illness. I have met such wonderful people working with MSQLP. I applaud your courage and good humor. May you continue to take such good care of yourselves and each other. Here's hoping our paths cross again. Susan Dockie Lewis

MS Support Groups

Anyone dealing with MS on their life journey is welcome to attend, whether as one with MS, a family member, caregiver or friend.

MSQLP sponsored groups:

Oldemeyer Center: 986 Hilby Ave. Seaside
Second Saturday of each month
11:00 am to 1:00 pm

MS Caregiver Support Group

Seaside Second Saturday of each month
(Also at Oldemeyer Center, meets in separate room from MSers' support group)
from 11 am to 1 pm

Lorna Wheatley Memorial Support Group at Salinas Valley Memorial Hospital

Downing Resource Center
Third Friday of each Month, 11:00 am to 1:00

Santa Cruz Skilled Nursing Center

2990 Soquel Avenue, Santa Cruz
Second Thursday of each month
1:30 pm to 3:00 pm

Times and locations are subject to change, please call the MSQLP Office at 333-9091 for current information.

National MS Society sponsored groups:

Monterey

Community Hospital (CHOMP)
Last Wednesday of each month
7:00 to 8:30 pm
Call Susan Jones at 659-1354

Santa Cruz

United Way, 1220 41st Ave. Capitola
3rd Saturday of each month
10:30 am to 12:30 pm
Call Ada Shannon at 440-1211

Workshop for the Newly Diagnosed

This workshop is scheduled for the third Saturday of each month. **Registration is required**, call 831-333-9091 for details.

Water Aerobics

Weekly classes at the Monterey Sports Center, Wednesdays from 11am to 12 Noon. Free to MSers and their caregivers. There is a trainer in the pool for group instruction. Get Wet!

Equipment Clinic

Next Clinic will be June 22, 2009. Call Don at (408) 559-5800, ex 114 to set up an appointment or just drop by the MSQLP Office. Don Jones, ATS, from American Medical & Equipment Supply in San Jose is offering a **free Equipment Clinic at our office**. If your wheelchair repairs are minor, he may be able to fix it right on the spot. Don is qualified to assist both Medicare and Medi-Cal insurance holders.

Dr. Allen Bowling





April 18, 2009 Dr. Bowling spoke to us at the Hyatt in Monterey. This event was sponsored by EMD Serono and facilitated by Cynthia Bailey, who is a true champion to MSQLP and MS patients.

Dr. Bowling has a message of wellness. He was so informative that we are devoting our next newsletter to this information. But if you can't wait we have a copy of his book **Complementary and Alternative Medicine and MS** to lend out.

Terri's Tinsel Town Talk

By Terri Nash

One of our clients, Terri Nash, is an avid moviegoer. She, along with her service dog, Mabel, sees about 8 movies a month.

Rating: 1 to 4 paws    
(In honor of Mabel)

Many of this month's movies match the theme of this newsletter! I know this is always the case in the months following the Oscars but I still go because I like to get away from all that is going on. The only good thing about this set of bad reviews is that, like a hangover, it will only get better as time goes on. Thank goodness, the better films come Memorial Day.

12 Rounds

Interesting concept (the hero has to complete 12 challenges to get his girlfriend back) but it doesn't really work. It was entirely unbelievable. There is no way you could complete the challenges in the time allotted.

Duplicity

It is very convoluted. It goes back and forth in time so often that I had trouble following it. I didn't get it. People tell me that the ending was a complete surprise but by the time I got to the end, I was so lost I had no idea what actually happened. Even Julia Roberts couldn't save this one.

Is Anybody There?

Oh, my goodness, I just saw this film (right before this issue went to print) and its good! This is a movie about old floks living in a retirement home run by a couple and their young son. It is darling, charming, funny, witty - all the emotions. Michael Caine is excellent.

Knowing

Another movie that didn't hit the mark. I hoped it was going to follow along with the Nicholas Cage's Treasury movies that were fun to travel with him while he discovered what had happened in history but it was not to be. It was unbelievable.

Sunshine Cleaning

I didn't understand why she attempted to do so much with so little to her resources. Taking on the job of cleaning up repulsive crime scenes is not particularly funny and although it states it is a comedy I didn't find anything about it funny

except in a sick way. There is nothing redeeming about it.

So, even though it has been a slow month, there IS a change in my Favorites since starting these reviews:

Terri's Favorite Movie of All Time: Babe – unchanged

Terri's Favorite Since Starting these Reviews – Batman the Dark Knight –**NOTE CHANGE** – both Milk and Grand Torino have surged ahead of Batman.

Most Disappointing Movie since Starting These Reviews: Forgetting Sarah Marshall – No, even the clunkers above can't pull Sarah Marshall up from the bottom.

Have you missed any of our previous newsletters?

Since November of 2006, each newsletter is based on a theme and all are on our website at: www.msqlip.org.

Just go to our website and click on Newsletters.

Feb 2009	Transitions - Housing
Nov 2008	Transitions - Mobility
Aug 2008	Advocacy
May 2008	Anxiety
Feb 2008	Caregiving
Nov 2007	Nutrition
Aug 2007	Exercise
May 2007	Travel
Feb 2007	Relationships
Nov 2006	Gratitude

Postcard from Germany!

Greetings MSQLP Friends,

It's me, Lisa Yocum, writing from Germany. I am doing well and adjusting to life overseas. We live in a cute little village just 10 miles from the French border. Our neighborhood is a mix of Germans and Americans. My husband John has a 20 minute commute to work and our daughter Rachel is enjoying kindergarten at a Department of Defense elementary school. I have the fun part of unpacking and getting the house situated. Thanks for all your greetings and well wishes. I miss you all and hope everyone is doing great.

Take care of yourself and take care of each other. *Lisa*

Calendar

May

- 20 Water Aerobics, Monterey
- 27 Water Aerobics, Monterey
- 27 Support Group NMSS, CHOMP

June

- 3 Water Aerobics, Monterey
- 10 Water Aerobics, Monterey
- 11 Support Group, SC Skilled Nursing Center
- 13 Support Group, Oldemeyer Center, *Seaside Room*
- 13 Caregiver Support Group, *Bayonett Room*
- 17 Water Aerobics, Monterey
- 19 Support Group, SVMH, Salinas, *Downing Room A*
- 22 Equipment Clinic
- 24 Water Aerobics, Monterey

Development

On July 11, 2009, Chamisal Tennis and Fitness Club will hold the 39th *Sam Linder Monterey Bay Open, Senior and NTRP Tennis Championships and silent auction*. **Silent auction proceeds will benefit the Multiple Sclerosis Quality of Life Project.** This Tennis Championship tournament is in its 39th year and is sanctioned by USTA Northern California, (United States Tennis Association). The public is invited to watch the tournament and participate in the Silent Auction. Please note Chamisal may not be completely accessible.

September 13, 2009 is our **3rd Annual Walk-n-Roll**. We need each one of you to collect donations from friends, neighbors and families to help keep our programs going. We are looking for a corporate sponsor so let us know if you are able to underwrite this event. If you want to help, give Kim at the office a call!

We want to thank our dedicated donors. People who help MSers are our heroes! We have reached \$5,655 towards our \$7,000 goal needed by July! Wow! You can still donate by mail or on the website at www.msqjp.org!

Since our last newsletter we have received donations from:

- Peter and Janie Andreotti
- Marie and Gregory Boddy
- Betty Bryant
- Wes and Janice Callahan
- Helen Chow
- Richard and Lynda Cornell
- Howard Dernehl
- Donation Line, LLC
- Andrea Dowdall
- EMD Serono, Inc.
- Ron and Margaret Gaasch
- GAP Foundation
- Lori George
- Winifred and Lester Gorn
- Jon Gundersgaard

- 24 Support Group NMSS, CHOMP

July

- 1 Water Aerobics, Monterey
- 8 Water Aerobics, Monterey
- 9 Support Group, SC Skilled Nursing Center
- 15 Water Aerobics, Monterey
- 17 Support Group, SVMH, Salinas, *Downing Room A*
- 18 Support Group, NMSS, SCruz
- 18* Support Group, Oldemeyer Center, *Seaside Room*
- 18* Caregiver Support Group, *Bayonett Room*
- 22 Water Aerobics, Monterey
- 29 Support Group NMSS, CHOMP
- 29 Water Aerobics, Monterey

***Note Date Change for Oldemeyer Support Groups this month**

August

- 5 Water Aerobics, Monterey
- 12 Water Aerobics, Monterey
- 13 Support Group, SC Skilled Nursing Center
- 15 Support Group, NMSS, SCruz
- 15* Support Group, Oldemeyer Center, *Seaside Room*
- 15* Caregiver Support Group, *Bayonett Room*
- 19 Water Aerobics, Monterey
- 21 Support Group, SVMH, Salinas, *Downing Room C*
- 26 Water Aerobics, Monterey
- 26 Support Group NMSS, CHOMP

***Note Date Change for Oldemeyer Support Groups this month**

September

- 19 **Third Annual Walk-n-Roll**
Save the Date

- Norm and Lois Hagen
- Arthur and Joanne Hayashi
- Bernice Hearn
- Richard Hess
- Richard Higgins
- Bob and Linda Holub
- Jean Hontalas
- Edith and Leonard Hoskins
- Mike Johnson
- Gene and Claudia Johnson
In Memory of Grace Council
and Gloria McChesney
- Gloria and Robert Kaswen
- Max Kirkeberg
- Donna Krasnow
- Marsha Lubow
- Lotte and Alan Marcus
- David Mayne

- Monterey Peninsula Volunteer Services
- MS Foundation
- Ted Nash
- Network for Good
- Kent and Erica Newbold
- Carolyn Niblack
- Barbara Noble-Totah
- Dawn Pencovic
- Jim and Patty Petersen
- Monica Pielage and Blake Cooper
- Gerry and Marian Ryan
- Mrs. Fay Sample
- Mary Lou Schaeffer
- David Spilker, MD
- Bertha Warrick
- Mary Wessling
- Yellow Brick Road Benefit Shop
- Marsha Zeitlin and Peter Bolton

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After Words

The Poop Poem (Or the lack thereof)

By Victoria Scaccia & Narit Gessler

I've made an observation
On having constipation
It's not a happy place to be
Oh, of all the remedies
If I could just find one that works for me.

There's Dulcolax, Miralax, and even Ex-Lax
What I wouldn't give to just finally RELAX!
Colace, Pepto, they're all the same
They address the issue, they just have different names

While drinking lots of water is a good therapy
It doesn't move my bowels, it just makes me pee
A high fiber diet, full of oats and bran
Does nothing more to help than keep me parked on the can.

Warm prune juice goes right through me
Oh, and don't forget that healthy flax seed
Orange Metamucil tastes alright
But it keeps me posted on the throne all night

These are some of the options, there are so many more
It's time to go to the loo now, where I can contemplate behind closed doors!