

UOAASL 2006 MEETING SCHEDULE

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- April 3 St. Luke's 7:00PM - Institute of Health Education,
Rm. 4&5 - Dr. Todd Arends – Laproscopic Surgeries
- May 1*** St. John's 7:00PM - VonGontard Conference Center**
Product Fair - Guest Speaker – Peggy Nelson
- June 5 St. Anthony's 7:00PM
Hyland Education & Training Building in the Great Room.
- July 10*** St. Luke's 2:00PM - Institute of Health Education,
Rm. 4&5 - Stump the Ostomy Nurse
- Aug. 7 St. Luke's 7:00PM - Institute of Health Education,
Rm. 4&5 - Dr. Ron Gould, Topic TBA
- Sept. 11*** St. Luke's 2:00PM - Institute of Health Education,
Rm. 4&5
- Oct. 2 Christian Hospital NE 7:00PM - Dietrick Building
- Nov. 6 St. Luke's 2:00PM - Institute of Health Education,
Rm. 4&5 HOLIDAY FOODS – What to eat or not to eat
- December 4 St. Luke's **6:30PM** - To be announced

HOLIDAY MEETING

For more information call: Bill Lawson, 636-256-7703 or
Betsy Naeger, 314-725-1888

Any articles welcome for consideration:
personal experiences, health, obituaries, find a pen pal, etc.

Publication Deadline: May 25, 2006

Send articles to: Mary Beth Akers
949 Chestnut Oak Dr
St. Charles, MO 63303
636/916-3201
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LIVE AND LEARN

Spring 2006

President's Message

Hello Members of UOAA St. Louis,

Spring has arrived, and I am glad for the seasonal change. Hope this newsletter finds you healthy and happy.

UOAA national is having a Regional conference in April and LeeAnn Barcus from our Board of Directors is attending. She will bring back information about the newly organized United Ostomy Association of America. Our chapter has officially affiliated with UOAA, so check out the web site www.uoaa.org to see what is happening nationally.

We also have a web site for our chapter at www.uoastl.org. We will keep it updated with local activities and meeting dates and pictures.

Young Adults will have opportunities to meet with one another. Check out the dates and times for their special activities in the [Live and Learn](#).

Our upcoming **May Product Fair, May 1st at 7 PM at St. John's Medical Center**, is another great way to meet other ostomates, hear an inspirational speaker, win door prizes and a chance to win a great raffle prize, plus meet with ostomy product manufacturers. They will have samples of new products and give aways.

Betsy Naeger, RN, WOCN, and I had the privilege to speak at the **CCFA Educational Seminar** in February. Our relationship with this national organization helps people with Crohn's or ulcerative colitis, transition to their new life if surgery is needed and lets them know that UOAA is here to support them.

Hope to see you at the chapter meetings, and if you have any ideas for speakers or helpful hints, our newsletter editors, Mary Beth Akers and Bill Lawson, would love to print them in the [Live and Learn](#).

Susan Burns
President UOAA St. Louis

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History of Relay For Life

One person can make a difference. Nowhere is that more evident than with the story of the American Cancer Society Relay For Life, which began in Tacoma, Washington, as the City of Destiny Classic 24-Hour Run Against Cancer.

In the mid-1980s, Dr. Gordy Klatt, a Tacoma colorectal surgeon, wanted to enhance the income of his local American Cancer Society office. He decided to personally raise money for the fight by doing something he enjoyed—running marathons.

In May 1985, Dr. Klatt spent a grueling 24 hours circling the track at Baker Stadium at the University of Puget Sound in Tacoma for more than 83 miles. Throughout the night, friends paid \$25 to run or walk 30 minutes with him. He raised \$27,000 to fight cancer. That first year, nearly 300 of Dr. Klatt's friends, family, and patients watched as he ran and walked the course.

While he circled the track those 24 hours, he thought about how others could take part. He envisioned a 24-hour team relay event that could raise more money to fight cancer. Months later he pulled together a small committee to plan the first team relay event known as the City of Destiny Classic 24-Hour Run Against Cancer.

In 1986, 19 teams took part in the first team relay event on the track at the colorful, historical Stadium Bowl and raised \$33,000. An indescribable spirit prevailed at the track and in the tents that dotted the infield.

The **UOASL chapter** will once again be putting together a team headed by Bill Lawson and Bob and Ginny Mattingly. The time and place is July 21st at St. Louis Community College at Meramec.

If you would like to join us or sponsor us in the walk, contact Bill Lawson at 636-256-7703.

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Rolla Satellite News

For meeting dates, times, and place, contact:
Retta Sutterfield RN CNS CWOCN
Phelps County Regional Medical Center
Rolla, MO 65401
retta@fidnet.com 573-458-7688

YOUNG ADULT GROUP

(Our definition of Young Adult is 21-40ish.)

Our next gathering will be at Dave & Buster's
in Earth City on Saturday, April 1st.

We will meet at 6pm for dinner.

Help us make plans then for the next event.

If you would like to join us, please call LeeAnn at 636-240-3551.

Thanks to those who were able to join us for our
first gathering at Applebee's.

VISITING SERVICES

Upon request from you, a Doctor, a Nurse, or an Enterostomal Therapist (Wound Ostomy Continence Nurse): A **VISITOR**, who has been specially trained will be sent to visit an Ostomy patient, either Pre-Op or Post-Op. The visitor will be chosen according to the patient's age, sex and type of Ostomy. There is **NO CHARGE** for this service and **WE DO NOT GIVE ANY TYPE OF MEDICAL ADVICE**. We only show the patient that his/her operation is not the end of the world, but a NEW pain free beginning to life again.

For a visitor or info on being trained, call Betsy Naeger, 314-725-1888.

Oxymorons:

Found missing	Living dead	Peace force
Pretty ugly	Sweet sorrow	Government Organization
Terribly pleased	Alone together	Resident alien
Passive aggression	Definite maybe	Same difference
Almost exactly	Taped live	Exact estimate
Tight slack	Clearly misunderstood	Military intelligence

ANTACIDS & ORANGE JUICE DON'T MIX

Dayton Ostomy Chapter & GB Support Group

"Avoid drinking orange juice for at least three hours after taking antacids that contain aluminum, such as Maalox or Mylanta," cautions William Ruderman, MD, chairman of the Department of Gastroenterology at the Cleveland Clinic in Ft. Lauderdale, Florida. Orange juice increases the body's absorption of the aluminum in these antacids as much as tenfold and aluminum accumulation can cause calcium loss, which contributes to Osteoporosis.

TYPES OF COLOSTOMIES

From Friends Together, Baltimore Ostomy Association

There are four main types of colostomies. They are named after the portion of the bowel where the colostomy is located.

A **Sigmoid** Colostomy is located within the sigmoid colon. Output has a normal, formed consistency, since the water has been absorbed as the waste passed through the remaining large bowel. An **Ascending** Colostomy is located within the ascending colon, on the right side of the colon as it exits from the ileum. Output will be liquid to semi-liquid, rich in digestive enzymes and therefore irritating to the skin surrounding the stoma.

A **Transverse** Colostomy is located within the transverse colon, the part of the colon that transverses across the abdomen, above the small intestine, and connects the ascending colon with the descending colon. Output is usually liquid to semi-formed because digestive enzyme content decreases as the contents moves further down the colon, therefore, the further away from the ascending colon, the less irritating the output will be to the peristomal skin.

A **Descending** Colostomy is located within the descending colon. Output is semi-formed, because much of the water from the stool has been reabsorbed from the colon back into the body.

The Annual Youth Rally will continue!

Rally 2006 will be held July 8-12th at San Diego State University. If you know of any youth ages 11-17 who would benefit, call for more info. Mary Beth Akers, UOASL, Youth Rally Chair 636-916-3201. The rally's new website is www.rally4youth.org. Youth Applications must be received by the end of May.

POINTERS FOR THE NEW OSTOMATE

Via: Big Sky Informer & Hemet-San Jacinto, CA

There is no answer for "Why me?" but it is normal to ask the question and you do need to work through the answer to this. * Each person's ostomy is different, even as our fingerprints are different. * Support and information received from someone who has an ostomy can be helpful. Ask your doctor or ET nurse to arrange an ostomy visitor. * It is your ostomy; learn to manage it and don't let your ostomy manage you. In the beginning, it is normal for your ostomy care to be the center of your existence; however, with time and practice your ostomy and its care will become just a normal part of your life. * Basic management skills can be learned, new experiences; * Any problems that develop must be met and managed as they occur. With time and experience you will become comfortable with your ostomy care. * You are alive! You will get better and stronger. Give yourself time to get over ostomy surgery and to adjust to this body change and adapt to your ostomy. *

Memorial

Doris Schulz died March 3. She and her husband, Reiny, were active members before her health failed. She and the St. Louis Strutters Dance Group entertained us at many Holiday Parties through the years as well as at the Regional Conference. She helped the chapter in many ways and her smile will be missed.

Please let us know if you hear of the death of a chapter member.

MARCH IS NATIONAL COLORECTAL CANCER AWARENESS MONTH

Get the Test-Get the Polyp-Get the Cure

FIND AND PREVENT COLORECTAL CANCER

Re-Route Via: Loraine County, OH Ostomy Assoc.

If thoughts of being screened for colorectal cancer make you a bit nervous, that's understandable. But screening is a powerful way to guard against this major cause of cancer deaths, and it can bring peace of mind, too. Screening can find colorectal cancer early, when treatments are more successful. In many cases, screening can even prevent cancer from starting. That's because most colon and rectal cancers begin with abnormal growths called polyps. Doctors can often find and remove these polyps before they become cancerous. Most people should get regular screenings starting at age 50, according to the American Cancer Society, but people at increased risk may benefit from earlier and more frequent testing. Several options are available. Each test has advantages and disadvantages.

The screenings include: * Fecal occult blood test (FOBT) looks for hidden blood in stool samples. * Flexible Sigmoidoscopy uses a lighted tube to check the lower colon. * Double-contrast barium enema uses liquid and air to form an outline of the colon so X-rays can be taken. * Colonoscopy uses a tube longer than the sigmoid scope to examine the entire colon.

Screening can save lives. Talk to your doctor about the options as well as when and how often you should be tested.

UOAA Info

*The website is operating but under construction at www.uoaa.org and the telephone number is still the same. 1-800-826-0826.

*The previous website is being left in operation for a year. All national publications can be downloaded and printed from the site – www.uoa.org

*The advocacy hotline is advocacy@uoaa.org

DOCTOR & PATIENT COMMUNICATION

Via: Mesa-East Valley Chapter & The Phoenix, & Des Moines, Iowa
Talk to your doctor, too many doctor visits open with a general statement about aches and pains, followed by silence as patients wait for a diagnosis. But good medical care depends upon teamwork, with physician and patient pro-actively talking to and listening to one another. Physicians must often be private eyes before the healing process can begin. Body language is important, a patient's posture, facial expressions, speech patterns and even clothing can provide valuable insights to what lies behind "I don't feel well." Initial reasons given for visits to the doctor are often not the entire story. A patient sometimes suffers from underlying fears which must be dealt with by a perceptive physician. If you're worried about something that appears minor on the surface may in fact be more serious, ask the question. The doctor can understand your concerns and, in many cases, help dispel them. Here are some tips that can help you improve communications with your doctor. Write down your questions on paper beforehand; use these as a guide during your appointment. Be sure that you understand your diagnosis—the recommended treatment and the prescribed medication. Don't walk out with unanswered questions. Don't hold back family and personal medical history—for whatever reasons. If you are consulting other doctors, say so; even better, have those records sent ahead. Be specific as to medications you are currently taking—better yet—take your medication bottles with you so the physician has an accurate picture of the prescriptions and dosages. Keep a list of your medication and dosages at home. It can be invaluable in an emergency. Know what preventive tests you should get and when. Be accountable for those tests. Take the initiative in following up with your doctor. If the relationship is not working, change physicians. As with other relationships, sometimes the chemistry just is not there. Two-way communications is a very important component in total patient care.

HINTS AND TIPS FOR COLOSTOMIES AND ILEOSTOMIES

Via: Evansville Re-Route, & Hemet-San Jacinto, CA

*One cause of obstruction you don't think about is from too many "soft drinks". The gas from carbonated drinks can distend the bowel to a point that kinking can occur. *The teabag is an ostomate's best friend. Tea is an anti-spasmodic and soothing to an upset stomach. It also provides fluids containing electrolytes and potassium so frequently lost from diarrhea. *A bit of spearmint vinegar in a glass of water calms the stomach and digestive system. It also relieves gas and adds a tangy zest to iced tea. *Gas problems can be relieved by eating several spoonfuls of yogurt or applesauce. Much air is swallowed at night while sleeping and this will result in gas. A few swallows of club soda will help to get rid of gas bubbles. You just burp them up. The manner of eating is also a factor in relieving gas problems. If you can avoid drinking while eating, the effluent will become thicker, and liquids can be ingested before and after the meal. But be sure to get enough fluids too, so you don't become dehydrated. *If one can avoid greasy foods, this may serve to lessen gas problems. Also some roughage in the form of grain cereal will move food more rapidly through the digestive tract and lessen gas formation. *Eating bran muffins is a simple and delicious way for colostomies to solve a constipation problem. *If stool sticks to the pouch and is hard to rinse out, spray the pouch with PAM before applying.

*When the lock is broken on the restroom door, a wad of folded tissue will sometimes hold it shut. *Carry an extra tail closure or rubber band with you in case yours "goes down the drain". It could prove critical to your entire program. *Ziploc sandwich bags are useful for disposing of used pouches and taking care of odor of used pouches. *Vitamin E and Fatty Soaps (Dove for Example) may be great for the skin but they can cause the appliance to fall off. Polident and Efferdent are very effective to soak your appliances: to deodorize, remove stains and clean. If it's good for your teeth, it is good for your appliance. (Continued...)

HINTS AND TIPS (cont.)

*Don't be afraid to take a shower without your appliance. Soap cannot hurt the stoma. Just rinse well. *After bathing with the faceplate off, hold a cold compress over the peristomal area for a few seconds to close the pores before replacing the appliance.

*A good rule to follow—if it is safe to put in your mouth, it is safe to put in your pouch. Try GREEN MINT MOUTHWASH as a pouch rinse. *Trouble with itching under the tape or Stomahesive? Mix 50% white vinegar and 50% water, apply gauze sponges and soak the skin for 5 to 10 minutes when changing your appliance. Be sure the skin is washed and rinsed well to remove the vinegar before applying the new appliance. *Use CERTS if nothing else is available. PEPTO-BISMOL is an effective deodorant. Take one tablet immediately after meals. Its effectiveness is lessened the longer you wait after a meal. *Eat parsley to eliminate odors. *You do not have to be a baby to discover the merits of Johnson and Johnson diaper liners. You may try them as a barrier between ostomy pouches and the skin. They come 60 to a box and cost under a dollar. (Editor's Note: I don't know how old this tip is, or if they are still available.)

*Don't behave as if having an ostomy makes you less of a person or some freak of nature. There are lots of us and most of us are glad to be alive!

*Build a support system of people to answer questions when you have a problem. Consider our ET's and your officers who are listed in this newsletter.

*Don't play the dangerous game of making your appliance last by over taping or putting off a change. There aren't any prizes given for the longest wear time except accidents!

*Don't wait until you see the bottom of your supply box before ordering more. Always count on delays in shipping, holidays, etc. when calculating what is needed.

URINARY DIVERSIONS

Or What Does One Do Without a Bladder?

Via: Evansville Re-Route & Lee County, FL

Basically, the bladder is a hollow muscle which performs two important functions. It acts as a storage device for the accumulating urine, relaxing as the volume increases. But it also acts as a pump as it contracts, squeezing out the urine through the urethra to the outside of the body. Accident or illness may dictate the removal of the bladder, thus necessitating the introduction of alternate methods or devices to dispose of the urine. Such devices (or substitute bladders) should provide the following: A low pressure system to assure continence and prevent damage to the kidneys. Be continent, preventing leakage and associated physical and social problems. Be non-flexing, thus preventing recirculation of urine to the kidneys. Be easily emptied. Should avoid certain metabolic/electrolyte salt chemistry problems that configurations of intestines can impart. Prior to 1950, the removal of a damaged or diseased bladder allowed relative few alternatives. One procedure brought the ureter out to the skin individually. Since the ureters are very small in diameter, often no larger than the thickness of the lead of a pencil, problems with narrowing of the ducts, even occlusion, as well as infections were frequent occurrences. Furthermore, the employment of appliances to collect the urine was difficult and generally inefficient. In 1950, the ileal conduit was devised by a Dr. Bricker in a procedure which attached the two ureters to a section of the small intestine and then brought the intestine out through the abdominal wall into a stoma. The procedure had the advantage of assuring unimpeded flow of urine through the stoma as well as the more effective and practical use of an appliance to collect the urine. Bricker's ileal conduit has remained a favorite procedure throughout the years, even though it is still subject to infection and reflux to the kidneys and requires that a prosthesis (pouch) be worn at all times.

PREVENTING SKIN IRRITATION

Via: Metro Maryland & So. NV. Town Karaya

You do not have to put up with irritated skin. A properly fitting pouching system changed as needed will prevent skin irritation in most instances. Irritation right around the stoma can be a sign of poor adhesion which permits leakage of body waste. Your skin barrier should be changed as soon as it starts to leak. The time you can wear it comfortably will vary depending on your activities. You may need to change it more frequently when you exercise strenuously or when the weather is hot and you are perspiring. Itching, redness, or rash may be caused by constantly pulling the adhesive away from the skin. It may also indicate that you are allergic to the adhesive. Report any such reaction to the doctor, nurse, or ET nurse immediately. There are several types of skin barriers available. You should be able to use at least one of these with no problem.

Product Fair Information

Be watching your mail for the flyer containing all the information about the product fair. We are pleased to welcome back Peggy Nelson as our speaker. Her topic this year is "How to Tell." After her talk, we will all have the opportunity to visit with our local product representatives and see some of the new products.

As we have done in the past, we will be offering a stay at a special place for our first prize. This year's destination is two night's stay at **The Original Springs Hotel and Bath in Okawville, Illinois**. The hotel boasts of its mineral springs and has been open since 1892.

This year we have a second prize, a **handmade afghan**, created and donated by member Ann Eckert.