UOAASL 2007 MEETING SCHEDULE

April 2 St. Luke's 7:00PM - Inst of Health Ed, Rm. 4&5
Eating Smart – Dietician from St. Joseph's in St. Charles

May 7 **St. John's 7:00 PM – VonGontard Conference Center**
PRODUCT FAIR – Speaker Dr. Angela Grupas –
Communication Specialist
Exhibits and sharing. A must!

June 4 St. Anthony's 7:00PM – Hyland Education &
Training Building in The Great Room

July 9 St. Luke's 2:00 PM – Inst of Health Ed. Auditorium
Sharing "Summertime Blues"

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

Publication Deadline: May 25, 2007
Send articles to: Mary Beth Akers
949 Chestnut Oak Dr
St. Charles, MO 63303
636/916-3201
marybethakers@excite.com

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

United Ostomy Association Of Greater St. Louis

REBORN FROM THE ASHES OF RISE

LIVE AND LEARN

Spring 2007

President's Message

Hello Members and Friends,

We have wonderful news regarding out Youth Rally Program. Tom Dempski from Hollister Inc. has generously donated the cost of printing our new Youth Rally Brochure. This brochure will help our local patients and their parents learn about the youth rally program, for children 11 to 17. If you know of a child in this age range with Inflammatory Bowel Disease, (IBD), any bowel or bladder disease, birth defect or injury, or with an ostomy, who has interest in this program, please have them contact Mary Beth Akers at marybethakers@excite.com

Recently I attended that annual Crohn's and Colitis Foundation of American Educational Symposium, to help patients understand the UOAA support system and to educate attendees about ostomy surgery. Thank you to LeeAnn Barcus for her support of this program.

We will have our annual Product Fair on Monday May 7, 2007, at St. John's Medical Center, at 7 PM. There will be an inspirational speaker, ostomy company exhibitors, door prizes and a raffle for a Bed and Breakfast Getaway. This is a chance for you to speak directly to the manufacturer representatives of ostomy supplies, and area Wound Ostomy Continent Nurses. Mark the date.

UOAA is having their 1st annual national conference in Chicago in August 2007. Please check out the Phoenix Magazine for more details. From past experiences this conference is 3 days

of educational seminars, an excellent exhibit hall, and lots of fun and fellowship.

I hope to see you at the next meeting at 7 PM at St. Luke's

April 2, 2007 Susan Burns, President of UOAASL

YOUNG ADULTS

Mark your calendars! Let's all go have some fun!

March 17th - 6:30pm Dinner @ AppleBee's on Clayton

April 7th - 7pm Comedy Forum

(Hwy 70 & Cave Springs- St.Charles County)

May 5th - 6pm Dinner for Cinco de Mayo in Westport Plaza

Please email LeeAnn Barcus and let her know if you are able to attend any of these events. leeann@uoaa.org

And remember, young can be a state of mind.

Inaugural UOAA National Conference – Thursday, August 16th through Saturday, August 18th, 2007

Chicago, Illinois!!!!!

Let's take a group again like we did in Louisville!!

Details…….

*The Registration Fee will be $ 75 per attendee ... $ 25 for companion … Children under 10 free

*Hotel room rate is $ 109/night/SD + $ 11.99 tax

***Events will start **Wednesday, August 15th** with a Golf Outing on the hotel's Crane's Landing Course at noon.

Wednesday evening, Hollister will provide transportation to their Corporate Offices at nearby Libertyville for a cookout, country music and tour of their facilities

***The opening session will start at 9:00 am **Thursday**

The Exhibition Hall will be open from 2:15 to 6:00 pm

The ConvaTec Evening Social will begin at 6:30 pm

***The Exhibition Hall will reopen **Friday** at 8:30 am

ASG Leadership Meeting will start at 8:30 am

A Recognition Luncheon will start at 11:45 am

***Closing Session will be **Saturday** 3:30 to 5:00 pm

Informal Reception, Banquet & Entertainment start at 6:30 pm

Up Close and Personal:

This is from the newsletter sent out to all the ASG's

Introducing LeeAnn Barcus…….

"I would like to take a moment to introduce myself. My name is LeeAnn Barcus. I have an ileostomy due to Crohn's disease. I am a wife and mother of two, a son and a daughter. I have a license in nursing and have a great passion for helping others. I am on the Board of Directors for my local support group and have been for two years now. I live in the St. Louis area. I am an advocacy volunteer, representing the State of Missouri, as well as all ostomates and people with medical issues.

My passion is to get the word *ostomy* out of the closet. I want to make it an acceptable thing to have and not a feared thing or something one should feel they need to be ashamed of. I would like to see that the products are more easily supplied to all those out there. Insurability for those with issues and ostomies is a great concern of mine. I would like to see it available to everyone and not cause a financial burden.

The group of people with the UOA, and now the UOAA are a tremendously important part of my life. I would not be where I am today without the kindness, caring, and support given by these wonderful groups of people. I hope to give back some of what was given so freely to me. I am available to answer questions, feel free to email me. If I can be of help, in any way, I will do my best to provide that." **LeeAnn@uoaa.org**

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. Call Betsy at 314/725.1888.

WHAT I DO NOT LIKE ABOUT MY OSTOMY

by Don Korbin,

Via: Solona County Ostomy News & Chippewa Valley Ostomy Association

My colon was removed in March. It's really gone. I know, because my surgeon brought it to my hospital room during lunch one day, six and one-half pounds in a glass beaker. It looked like a brisket. I wasn't hungry. I opted for a continent ileostomy. So now I'm a kangaroo of sorts, except my pouch is on the inside. Getting used to the new plumbing hasn't been bad. Considering the shape I was in before surgery, I'd say this new system is better than the original, with one exception. The concern isn't the stoma. Mine is less than the size of a dime...it disappears beneath the briefest of swim suits. It's not the diet...I have no dietary restrictions. Nor is it physical limitation...I'm even contemplating cross-country skiing on Oregon's Mt. Bachelor. No, what I dislike is the operation's effect on one of my favorite pastimes. I used to spend many quiet moments sitting in the bathroom. Now I don't. Dr. Koch's efficient catheter system makes it unnecessary. A lifetime reading habit has been shattered. THAT'S what I don't like about my colectomy!

KEEP A MEDICAL JOURNAL

Via: Cleveland Ostomy Association and Evansville, IN Re-Route

Often a problem has been nagging at your body for weeks or months. Sometimes a piece of equipment doesn't work properly. When you finally break down and go to the doctor, or consult an ET nurse, you find that they ask questions about the history of the problem that you can't answer. As a result, their diagnosis is not based on complete information. To avoid a faulty or inadequate diagnosis, it is wise to write down the symptoms of problems as they occur. Often, you will find that by writing down these symptoms and the events which precede them, you, yourself, can spot some obvious solution (or at least, causes). A medical journal can help you to avoid false assumptions about your problems; it can also aid you when similar problems crop up in the future. Accurate information is always welcomed by your doctor or ET.

Youth Rally! July 7 - 11, 2007
University of Boulder, Colorado

Thanks to an invitation to the February WOCN monthly meeting, Mary Beth Akers was able to present the new flyer as well as the Power Point many of you saw at the Holiday Party. Hopefully, they will be able to help us find more youths to send.

Please share this information about this unique opportunity with any youth who has had bowel or bladder surgery or who have a condition which could lead to an ostomy. St. Louis Chapter UOAA pays first year scholarships (Tuition and Air fare minus $75 Registration Deposit).

If you know of an interested youth, have them contact Mary Beth at 636-916-3201 or marybethakers@excite.com for more info. They can also log on to www.rally4youth.org

Applications must be received by the end of May.

Thank You So Much!

A big word of ***THANKS*** to Edie Brown and her family for all they have done in promoting and supporting the Youth Rally especially here in the St. Louis Area. Even though she is currently in California, the Youth Rally is still close to her heart. We look forward to her return.

There is a new search engine that gives back to a charitable organization of your choice. If you use goodsearch as a search engine instead of google, a penny for each thing you search will go to the UOAA if you choose that as your organization. Please think about doing this, as it will and does add up. It is a way to donate free money to a great cause. I have been using it for a few days and it is as good as google.
http://www.goodsearch.com/ Thanks, LeeAnn

NINE REASONS FOR OSTOMY POUCH LEAKAGE: A PREVENTATIVE LIST

(via The Hartford Ostomy Update; via The Rambling Rosebud, Gambrills, MD)

1. Poor Adherence to Peristomal Skin- Make sure the area around the stoma is bone dry before applying the wafer. Hold a warm hand over the pouch and stoma for 30-60 seconds after application to warm it and assure a good seal.
2. Wrong Size of Pouch Opening- If the size of your stoma has changed due to a change in your weight or post-operative shrinkage of the stoma, you should remeasure the stoma size or you may end up with a leakage problem.
3. Folds or Creases- If these develop in the skin and leakage occurs, wafer strips or stomahesive paste can be used to build up the area. Consult a WOCN Nurse.
4. Peristomal Skin Irritation- Pouches will not stick well to irritated skin. Try stomahesive powder or even dried calamine lotion to help treat the skin irritation. Consult a WOCN Nurse before the skin problem gets out of hand.
5. Improper Pouch Angle- If the pouch does not hang vertically, the weight of its contents can cause an uneven twisting pull on the wafer and cause leakage.
6. Too Infrequent Emptying- Pouches should be emptied before they become half full. If they are allowed to overfill, the weight of the discharge may break the seal and cause leakage.
7. Extremely High Temperatures- Wafer melt-out may cause leakage in warm weather. More frequent pouch changes may be necessary.
8. Pouch Wear and Tear- Disposable wafers do wear out. If you are stretching your wear time, you are pressing your luck! Don't put off changing your appliance if you know it is time to change it.
9. Improperly Stored Appliances and Aging Appliances- Store supplies in a cool, dry place. Heat and humidity can affect pouch adhesives. Appliances do have a shelf life.

OVER 50? LIVE IN THE NORTH? TAKE VITAMIN D THIS WINTER

(Tuff University Newsletter)

Boston, Philadelphia, Chicago, Minneapolis, Boise, Seattle. If you're over 50 and live in or near any of these cities, or anywhere else in the northern third of the country, you're probably not getting enough vitamin D this winter. Generally speaking, 90 percent of our vitamin D is made in our skin upon exposure to sunlight. But during the winter months, the sun's rays are not strong enough to initiate vitamin D synthesis in northern climates.

Worse still, hardly anyone middle aged or older takes in the 10 percent of our vitamin D that the diet is supposed to provide. The most convenient food source is fortified milk. But each cup contains only 100 units of D. Granted, the recommended allowance for someone through age 50 is just 200 units. But for someone 51 to 70, it is 400 units; an entire quart worth. Anyone 71 or older should be consuming *600* units daily.

It's a serious problem. Vitamin D is needed for absorption of calcium so that the mineral can take its place in bone and shore up the skeleton against fractures. Hip fractures alone occur in 300,000 people a year, causing complications that end in death for one in five of them.

We suggest that people older than 50 who live where winter feels like winter take a supplement containing vitamin D, at least through February. If you drink a fair amount of milk, a pill with 200 units of D is probably enough. Otherwise, a supplement with 400 to 600 units is in order, certainly for those over 70.

RELAY FOR LIFE UPDATE

Next year's relay will be held June 22nd at St. Louis Community College – Meramec. It goes from 7 pm to 7 am on the 23rd. If you would like to join our team of "Gutsy Folks" give Bill Lawson a call at 636-256-7703 or email bill-jaci@sbcglobal.net

CONTROLLING ODOR

Via: Pensacola FL Stoma-Gram and Evansville, IN Re-Route

An important part of a new ostomates rehabilitation is learning to control odor; it is important to feel good about oneself and be secure in relationships with others. The ostomate can be extremely sensitive to odors and the reactions of those around him or her, especially family and friends. Colostomies tend to emit more odor than ileostomies because of the bacterial abundance in the colon. Most sigmoid and descending colostomies are routinely irrigated, so persistent odor is less of a problem than with a transverse colostomy where semi-liquid drainage tends to be rather malodorous. Ileostomates experience almost continual peristaltic waves which sweep the ileum and prevent stagnation of the intestinal contents, thereby eliminating the major cause of odor, i.e., bacterial growth. Extreme and persistent odor from an ileostomy could be an indication of a secondary problem, such as a stricture or blockage. Urine has a characteristic odor, but a foul odor could be a sign of infection due to overgrowth of bacteria. Certain foods will affect the odor of both feces and urine. Avoiding such odor-producing foods will help. External and internal deodorants are available, but two important aspects of odor control are good personal hygiene and appliance care. For fecal ostomies, use odor proof pouches. Change the pouch immediately if a leakage occurs. Eliminate from your diet such odor producers as cabbage, onions, fish, spicy foods and eggs; do eat parsley and yogurt. Internal deodorants that can be taken by mouth include bismuth subgallate tablets which help control odors by absorbing toxins. Ostomates should consult their physician before taking these tablets. Urinary ostomates should clean their pouches periodically with such agents as Uri Kleen, etc. Vinegar solutions have fallen into disfavor because they tend to damage certain manufacturer's pouches. Avoid eating asparagus and onions; do eat parsley and drink cranberry juice. Deodorants are not used because they would mask the odor which could signify the presence of an infection. With proper care of the appliance, personal hygiene and dietary precautions, odor should not be a problem for ostomates.

GASTRIC REFLUX

By: Bob White,

Via: S Brevard (FL) Ostomy Newsletter and Evansville, IN Re-Route

A recent article in the Annals of Internal Medicine purports to deal with the possible association between certain drugs and the incidence of esophageal Aden carcinoma (cancer in the esophagus) as a result of gastric reflux. It is, unfortunately, more likely to confuse the layman than to educate him. First, incidents of esophageal cancer demonstrably are on the rise among men in America and Western Europe. It has a 5-year survival rate of 11%. Gastrointestinal reflux—the backward flow of stomach fluids into the esophagus—is a risk factor in this cancer. Second, the research group, from Sweden and the Harvard Center for Cancer Prevention, theorizes that certain drugs may loosen the sphincter at the base of the esophagus, making reflux more likely. Third, the drugs include nitroglycerin, asthma medications such as albuterol and aminophylline (a bronchodilator), and Valium. The research considered the cases of 600 people with the cancer, between 1995 and 1997, as compared with a control group of healthy men who had taken the medicines in question. The rate of cancer was almost four times more common in those who had taken the drugs daily for more than five years. Then, the researchers concluded that the findings "could be seen" as "reassuring" for users of the drugs, because "our data suggest that persons who use these drugs (for short periods) may be at little increased risk. A logical rebuttal might hold that, if you use these drugs on anything approaching a daily basis, and you are experiencing the symptoms of gastric reflux (they're hard to miss!) be sure your physician knows about the situation.

UOAA Info

*The national website is www.uoaa.org and the telephone number 1-800-826-0826.

*Our local website is www.uoaastl.org

*The advocacy hotline is advocacy@uoaa.org

EATING & DIGESTION AFTER ILEOSTOMY SURGERY

Via: Metro MD

There is no such thing as an ileostomy diet. An ileostomy is not a sickness, so there is usually no health reason for not eating the foods you ate in the past. If you have a special diet because of heart disease, diabetes, or other health problems, you should ask your doctor about a diet that will work with both the problem and your ileostomy. You may wonder if you will be on a limited diet after surgery. Here are a few simple guidelines about your diet Doctors often have their patients follow a low-residue diet the first weeks after any abdominal surgery. This includes only foods that are easily digested and excludes raw fruits and vegetables. Be sure to find out when you can start a regular diet. Eat all foods that you like except those restricted by your physician. Try one food a day that you have not eaten since surgery. Eat small portions at first, then gradually increase the amount. Chew well. If a small serving gives you cramps, diarrhea, or odor, eliminate that food from your diet temporarily and try it again in a few weeks. If it still bothers you, try it again in six months. Eat a balanced diet. You need protein, fats, carbohydrates, vitamins and minerals, just as you did before your illness. Your diet should include dairy products, vegetables and fruits, meats, fish, or legumes high in protein and cereals, bread, and liquids every day. Watch for foods that cause watery discharges with cramps or partial obstruction of the small bowel. Some foods may tend to clump together to form a mass difficult to digest or expel. If this occurs, the ileostomy may squeeze out the water and retain the pulp. Nut, kernel corn, popcorn, coconut, Chinese vegetables, coleslaw and celery are among the trouble makers if eaten in large quantity. Many ileostomates find that these foods can be tolerated in small amounts if chewed well and eaten in combination with other foods. Experimenting is the only way to find out for sure. Eat regularly. Skipping meals to avoid gas or discharge is unwise because your small intestine will be more active, and more gas and watery discharge might result. Some people find it best to eat a lesser amount of food four of five times a day. Drink plenty of

liquids. A minimum of one quart a day is recommended. Dehydration and loss of electrolytes are possible if not enough fluids are consumed in a day. Foods which are difficult to digest such as whole corn, Chinese foods, skins or seeds, may appear in the pouch, undigested, if not chewed well. Medication in the form of coated tablets or time-release capsules may also come out whole in the pouch and be of no benefit at all. Beets will make ileostomy output turn a reddish color rather like blood, but there's no harm done. Tomato juice and food dyes may change the usual color of ileal discharge as well. Tomato skins can also appear in the pouch. For some ileostomates, milk or large quantities of beer can cause a watery discharge, as can iced beverages. How long is it before intestinal contents flow through the stoma after eating? This varies with each individual. It may take anywhere from 20 minutes to several hours after eating. Some ileostomates find their movements occur regularly after eating; others find their movements are irregular. What you eat or drink, your mood, and your health may affect how long it takes, as does the length of the remaining ileum and many other personal characteristics of your digestive system.

TIPS FOR THE UROSTOMATE

Via: Ostomy Outlook, Stillwater, OK

Check the pH of your urine about once a week to be sure the urine is acidic, with a pH of less than 6.0. Always wash your hands before working with your appliance or stoma, to avoid introducing bacteria into the stoma. Reusable or disposable appliances that are not cleaned adequately or are worn for long periods of time can cause urinary tract infections from bacterial growth in the pouch and urine. Signs and symptoms of a urinary tract infection include fever, chills, bloody urine, cloudy or strong-smelling urine, and pain in the back and kidney area. If you experience these symptoms, see your physician!

FOR COLOSTOMATES

Via:Rose City Ostomy News and Evansville, IN Re-Route

If you use a Stomahesive wafer and cut your own center hole, save the leftover pieces and use them to fill any skin indentions around the stoma underneath the wafer. Apply the pouch standing, lying or sitting down, but do not allow abdominal wrinkling or this will break the seal when you straighten out. Colostomy diet is fairly normal. You will discover which foods may not agree with you by trying everything, a little at a time, wait a few weeks and try it again. If it doesn't work then, leave it alone for a few months, or forever if necessary. If you have difficulty with constipation, glasses of apple juice every morning and the night before irrigation may prove helpful. If you prefer, you might try taking your apple juice heated (add a little cinnamon.) Colostomates who take antihistamines during the sneezing season may find that certain drugs have a tendency to slow down intestinal action and the irrigation process becomes slower. Some report relief from the drug reaction by increasing the fluid intake the day they irrigate, or eating laxative foods (in moderation.) If you are irrigating and having problems with leakage between irrigations, try using less water. Too much water contributes to leakage. If you are a colostomate who uses a convex insert in your faceplate, and the insert becomes gunky or sticky, try good old Uni-solve to remove the gunk. It really works great!!! Especially in hot weather, wear protection between the pouch and your skin to prevent rash from perspiration. You can make a pouch cover with an old handkerchief, a baby's bib, etc. Pouch covers can be purchased also. If you are taking a bismuth preparation, try to stop taking it for one day before having an intestinal x-ray or tell the doctor, because it sometimes shows up opaque on an x-ray.

The four Ls of the ostomy patient are:

Learn—through the ostomy association chapter;
Lean—on each other;
Laugh—through troubles and with a positive outlook;
Lead—others through your time, by volunteering.

A HISTORY OF WOC(ET) NURSING

(by Major Melissa W. Kaufman,
Dwight David Eisenhower Army Medical Center, Ft. Gordon, Georgia)

The world's first enterostomal therapist was Norma N. Gill-Thompson who also served as the cofounder of the Rupert B. Turnbull, Jr. School of Enterostomal Therapy Nursing at the Cleveland Clinic Foundation in Cleveland, Ohio. Norma served as the pioneer for what was to become the nursing specialty known as ET (enterostomal therapy). She was perfectly suited to serve as an ostomy leader and teacher of patients at the Cleveland Clinic because she personally endured horrible complications as a client with ulcerative colitis which eventually resulted in her requiring ileostomy surgery (Turnbull, Erwin-Toth, & Krasner 1999). Although Norma functioned as the first enterostomal therapist, she was not actually a nurse. She was, however, a key player in the development of the first ET nurse education program which opened in 1961 (Gray & Mawyer, 2000). The focus on enterostomal education at that time involved caring for patients with urinary and fecal diversions prior to and following surgery.

It was not until the late 1970s and early 1980s that enterostomal therapists became interested and involved in skin and wound care. There was a call to broaden the role of the enterostomal therapist. In the clinical setting, ET Nurses were often being called upon to pouch and contain drainage from all types of wounds and fistulas. Often, ET Nurses had to learn about skin and wound care conditions through on-the-job training and by applying peristomal skin guidelines that they had learned while carrying for ostomates (Turnbull, Erwin-Toth, & Krasner, 1999).

In order to meet the changing educational needs of enterostomal therapists, WOC (Wound, Ostomy, and Continence) Training Programs have changed over the years. The requirements for training as an ET have grown from an initial interest in ostomy care in the 1960s to the current requirement that attendees at a WOC(ET) Program have a nursing degree and a bachelor's degree (Gray & Mawyer, 2000). Today, WOC Nurses work with patients who have stomas, fistulas, draining wounds, vascular ulcers, pressure ulcers and urinary and fecal incontinence. In 2000, there were more than 3,400 nurses functioning worldwide as WOC nurses (WOCN Nurses Society, 2002).

(continued on the next page)

The following areas are just a few examples of the WOC nurse's scope of practice:

Stoma care: It's estimated that 70,000 ostomy surgeries are performed annually in the United States and Canada. The WOC nurse provides pre- and postoperative education, stoma site selection and discharge care.

Pressure Ulcer Prevention: New cases of pressure ulcers each year result in approximately 60,000 deaths. Many WOC nurses are involved in evaluating and treating patients with pressure ulcers.

Urinary and fecal incontinence: This is a growing problem particularly for the elderly in our country because the average life expectancy continues to rise. Urinary incontinence affects approximately 10 million Americans, and up to 50 percent of clients in nursing homes have fecal incontinence (WOCN Nurses Society, 2002).

Needless to say, the roles of the WOC nurse have dramatically expanded over the years. Some WOC Nurses specialize in only one area of practice such as urinary and fecal incontinence. Other WOC nurses are involved a little in all scopes of practice. Roles that the WOC Nurse assumes are primarily defined by the needs of the patient population served.

Norma Gill-Thompson, the pioneer of ET Nursing, died October 25, 1998, after an extended illness. She remained very involved in ET Nursing over the years and was recognized as a worldwide leader and pioneer in ostomy care. Today, individuals functioning as WOC nurses have Norma Gill-Thompson to thank for this wonderful nursing specialty.

References

Gray, M., & Mawyer, R. (2000). A brief history of advanced practice nursing and its implications for woc advanced nursing practice. JWOCN 27(1), 48-53.

Turnbull, G., Erwin-Toth, P., & Krasner, D. (1999). In loving memory: A tribute to Norma Gill-Thompson.

WOCN (2002). Web site: www.wocn.org.

Skin Care for the Pull-Through Patient

Via UOAA Chapter Newsletter Resource

In a pull-through, whatever came out of your ileostomy will now come out of your anus. Most pull-through patients retain full control over their passage of stool, gas and mucus. A small minority will need to use a pad or panty liner for fecal and or mucus seepage.

The perineal skin is most at risk for inflammation and irritation that causes burning during periods of excessive mucus discharge and increased bowel frequency. Patients need perineal skin care to prevent irritation and to promote comfort and healing when irritation is inevitable. Here are some hints to maintain healthy skin or soothe the burning:

- Cleanse and dry the skin thoroughly after each discharge of mucus or feces.
- Use only soft material for cleansing, such as tissues or cotton balls. Industrial toilet paper is very abrasive.
- Warm water is all that is necessary for intermittent care. Save soap for your shower or bath. Using soap that tends to dry and is difficult to rinse thoroughly may cause itching and further compound irritation.
- Some people have found Balneol to be helpful. It is a perineal cleansing lotion that does not require rinsing and is said to be soothing.
- Pads and panty liners, if used, should be changed frequently to keep the skin clean, dry and irritation free.
- Cotton underwear, or at least a cotton crotch, is advisable to keep perspiration to a minimum and to allow for circulation, since cotton breathes.

Phoenix Renewals - Don't forget to renew your subscription to ***The Phoenix***. Remember that ½ of your subscription cost helps to fund the activities of the UOAA and it's tax deductible.