

## UOASL 2008 MEETING SCHEDULE

- April 7<sup>th</sup> St. Luke's 7:00PM –Institute of Health Education  
"Medications: Current Issues" Dr. Leonard Naeger
- May 5<sup>th</sup> St. John's Mercy 7:00PM  
PRODUCT FAIR
- June 9<sup>th</sup> St. Anthony's 7:00PM Hyland Center
- July 7<sup>th</sup> St. Luke's 2:00PM – Institute of Health Education

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

Publication Deadline: May 25, 2008

Send articles to: Mary Beth Akers  
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St. Charles, MO 63303  
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[marybethakers@excite.com](mailto:marybethakers@excite.com)

### **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.



# LIVE AND LEARN

## Spring 2008

### President's Message

Hello UOASL Members,

Our Annual Product Fair is on May 5<sup>th</sup>, at St. John's Mercy Medical Center. This is a wonderful opportunity for you to meet the representatives from Convatec, Coloplast, and Hollister, and to see what is new on the market and get your questions answered. We will have a great speaker, door prizes, refreshments and a raffle, so save the date.

On Saturday April 5<sup>th</sup>, we are hosting a Leadership Seminar at the Holiday Inn Select in St. Peters, MO, with Lee Ann Barcus, National Director for United Ostomy Associations of America as our hostess. This is a day of learning about our national organization and networking with other Affiliated Support Groups in our region. There is no charge, and we offer breakfast, snacks and lunch. Our National President, Ken Aukett, will be attending along with many of the National Board of Directors. If you are interested, please contact me by March 20th--[suerayjr@gmail.com](mailto:suerayjr@gmail.com) or 636 926 2737.

I have recently been elected to the position of Secretary for UOAA as well as taking a position on the Board of Directors on the Crohn's and Colitis Foundation of America. With these new responsibilities, I have decided to step down as your President. The Board of Directors will hold an election at the April BOD. I will continue to support our group, and have thoroughly enjoyed being the President of the St. Louis ASG. The Board of Directors has been a pleasure to work with and all members hold a special place in my heart. Our group plays a great role in the healing of patients and their families after ostomy surgery, and we should all be proud of the work we have done and will continue to do.

Thank you for the great memories,  
Susan Burns,  
President UOASL

### RELAY FOR LIFE UPDATE

TO: All Gutsy Folks (This means you) and their caregivers  
*Registered team members include: Lisa Adams, Mary Beth Akers, LeeAnn Barcus, Susan Burns, and Marty Henricks.*

Our goal is ten registered team members.

DATE: June 27<sup>th</sup> and 28<sup>th</sup>

TIME: 6:00PM – 6:00AM (Stay as long as you're comfortable.)

PLACE: Moss Field, Hixson Middle School in Webster Groves

THEME: HOLLYWOOD, Movies, etc.

RSVP: Bill Lawson 636-256-7703 [bill-jaci@sbcglobal.net](mailto:bill-jaci@sbcglobal.net)

TO DONATE or JOIN THE TEAM: contact Bill or go on-line

[www.events.cancer.org/rflsouthwestcom](http://www.events.cancer.org/rflsouthwestcom)

### Teams Captains meetings are 6-7PM-Third Tuesday of the month

Bill Lawson and co-captain Herb Boener will be attending.

Feel free to join them. March 18 & April 15

All meetings are at St Louis Community College - Meramec  
Business Administration Building Room 105

**SURVIVORS and CAREGIVERS:** If you are a cancer survivor/caregiver and wish to participate in the Survivor's First Lap around the track followed by a meal, contact Bill to register. You are welcome to stay for the whole night or leave after the ceremony.

### Social Night

Any interested members can join us on a trip to Harrah's Casino in May to get together and share fellowship. Please email [leeann@uoaa.org](mailto:leeann@uoaa.org) or call LeeAnn Barcus at 636-240-3551 for the exact date and time and let her know you would like to join us.

### ASG Leaders Seminar

Saturday, April 5<sup>th</sup>, 2008, 8 am – 5 pm

Members of ASG's around the region and country will come to St. Peter's to share ideas about their own Support Groups. Topics discussed include: Visiting Program, Conferences and Meetings, Advocacy, and Ways to Improve Your Chapter. If you would like to attend, give Susan Burns a call. More info in the President's Message.

## Twenty Year Colon Cancer Survivor

Written by Bill Lawson for the ACS Relay for Life Buzz (March '08)

When the doctor said the tumor in my colon was cancerous, it was a mild shock. I started a month of radiation treatment. I was lucky. I suffered few side effects and did not miss one day of work. I checked out books from the library, about people who had colostomies, but it was hard to visualize what life would be after a diversionary bowel operation. I did not think to call ACS.

After the radiation treatment, there was a rest period to build up strength and get ready for the operation. The operation was a success. The lab report indicated the radiation treatment destroyed the cancer 100% and I would not need chemo. Recovery went well. They had me up and walking the next day. I can tell you, that was better than sitting.

The doctor and nurse assured me that I could have a normal life after the surgery, but I was not convinced. It was not until I called ACS and I found out about the United Ostomy Association of Greater St. Louis (UOASL) visitor program, and had a visit with an individual who had an ostomy. Talk about coincidence, the visitor was a gentleman I already knew. He was a world traveler and accomplished speaker, and the ostomy never slowed him down.

Having the visitor was a major step in my recovery; the second step was attending monthly UOASL meetings and getting involved and attending visitor training. I volunteered to be UOASL coordinator with our ACS sponsor. I attended the relay as a survivor in 2000, 2001 and 2002. That gave me a little taste of the Relay, but it was not until I attended over night in 2003 with other members of our UOASL team, that we got excited when we saw and felt all the energy generated, especially at 2 O' clock in the morning. Organizing a team for the Relay is a way to give back to ACS for sponsoring the UOASL. Not everyone in the UOASL has an ostomy because of cancer, but there are very few, if any, who does not have a relative or friend who has not been touched with cancer.

Who has not felt a low spot in our recovery and said to themselves, "Why Me?" Recovery for me has been an on-going process. Participating with the UOASL, Gutsy Folks" Team is another way to pay back ACS and generate HOPE.

*Editor's note: Thanks so much, Bill, for representing us so well!*

## Youth Rally! July 12-17, 2008 at the University of San Diego

*Our goal is to find five youth to sponsor!! We have found two so far.* Mary Beth Akers will be making a presentation to the School Nurses at an upcoming meeting. She and friends are available to present info to any interested individuals or groups.

**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](mailto:marybethakers@excite.com) for more info.

They can also log on to [www.rally4youth.org](http://www.rally4youth.org) to find out more.

### COLONDAR:

UOAA is working with **The Colon Club** to promote colon cancer awareness.

As a result of our sponsorship of a "month" UOAA receives 500 "Colondars" that we are offering for sale at the fixed rate of \$15.00 each. Each of the monthly models are colon cancer survivors and several have ostomies! You can get the full story at the UOAA website <http://www.uoaa.org/Colondar.shtml>

**SEND ONE TO SOMEONE YOU  
LOVE FOR COLON CANCER  
AWARENESS MONTH**



### In Memoriam

The chapter expresses its deepest sympathy to the families and friends of long time members, Ray Adams, Estelle Horwitz,

and Jean Schumann, who passed away recently.

## **UOAA SECRETARY ELECTION RESULTS**

Congratulations to our very own Susan Burns, who was elected as Secretary of UOAA. Susan's term commenced March 1<sup>st</sup>, 2008 and will continue through December 31<sup>st</sup>, 2009. Susan will continue participating as a member of the 2009 New Orleans Conference Planning Committee.

As she indicated in her President's Message, Susan will remain involved in our local chapter but will step down as President.

## **ILEOSTOMATES**

From: Snohomish County (WA)

Via: S. Brevard FL, UOA Insider & Evansville Ostomy News Re-Route

Can an ileostomy be controlled with strict diet or irrigation? A definite "NO" to both questions. Occasionally, a doctor may irrigate an ileostomy with a lavage set for food obstruction. This procedure should be done only by your doctor to prevent perforation of the small bowel and further surgery. An ileostomy cannot be controlled by any diet. It is vitally important, that everyone with an ostomy eat at least three nutritionally balanced meals a day. If your doctor has given you a special diet, remember that when your stomach is void of food, it will fill up with gas. Excess gases result in a noisy ileostomy. It may also increase the activity of the small bowel, causing the ileostomy to discharge very liquid feces. Diet is an individual matter. Some people can eat all varieties of food, including foods with skins, without affecting the consistency of the stool or the activity of the bowel. Others find that any violation of a low residue diet leads to frequent and watery movement leads to frequent and watery movements. Each person must discover his own dietary pattern through trial and error.

A WORD TO ILEOSTOMATES... If you are ever depressed, just think of all the ailments you no longer have to worry about: rectal cancer; colon cancer; hemorrhoids, Diverticulitis; appendicitis, constipation—sometimes, it's amazing that anyone can survive with the colon intact!

## **WOC NURSE WEEK**

Do you have a WOC Nurse that has made your life easier? Are you aware that **April 13<sup>th</sup> to the 19<sup>th</sup> is WOC Nurse Week**? Why not honor

that special person by saying thanks. UOASL is very fortunate to have so many dedicated WOCN's in our area. We'd like to thank them all.

## **A Profile of Determination**

**By LeeAnn Barcus via UOAA UPDATE 2/08/2008**

The following posting that appears on the general discussion board of UOAA's website was written by LeeAnn Barcus. LeeAnn is a 91 pound, 35 year old mother of two from St. Louis who has very active Crohn's disease. She has an ileostomy and also short bowel syndrome with no large intestine and only 5 of her 22 feet of small intestine remaining. Her condition requires that she take daily shots of a very expensive medicine. LeeAnn is an active volunteer in her local support group and has been elected as a Director of UOAA's Management Board of Directors. She is a courageous, dedicated, determined young woman who makes us all very proud that she is part of our community.

Ken Aukett, President, UOAA

*Editor's note:* LeeAnn's post has been edited for space.

The complete article can be read on the UOAA message board at:

<http://www.uoaa.org/forum/viewtopic.php?t=9180&highlight=>

"Friday evening I had my Black Belt testing. I know I have posted about other belts and such. This was the one that I had aimed for, decided that I was going to get it one way or another. When I started my journey, I thought I would just do it long enough to get my kids started then stop. I found that it showed me an ability, an inner strength that I thought I had lost. Crohn's has cost a lot, to many. It has caused some major life changes that I often look back and wonder just 'why the hell'..... Well, Friday evening showed me, gave me back some of that "why". Here is a bit of the journey:

Two years ago, I walked into the TaeKwanDo school with my kids. My purpose was to get them enrolled in something that would give them some exercise and show them some of their own strengths. I never imagined the journey I was about to go down. I was offered the classes, as my kids were taking them. I could do it and only had to pay for testings. So, I decided to give it a try. I had to be careful not to get into anything that would cause weight loss, as that is something I battle every day. I had to overcome the fear or thought that the stoma was going to make me unable to do it. Each day, I was afraid I would do damage.

That fear slowly, subsided and I started moving up the ladders. I passed that first testing, I thought it was the hardest thing I had done. The kicks got harder, the forms more complex. I got to start sparring. Self-defense was worked in and I found that with each accomplishment, each new belt, I felt better about life. I felt I was no longer allowing the disease to win. I had lost that battle for awhile. I had given up and sunk into a state of submission and it was not a good place for me. The battle of illness was one that I had always been on top of, it was hard to get back on top of it.

I went to my first tournament, did all the events, and no one was the wiser. I was one of the 'group'. I was just like the others, and there to show myself what I could do. I placed first in breaking. YES, I broke boards with my feet doing kicks. I came home with a second place trophy from forms, and the first place for breaking. I did not place in sparring, as I realized that I was not able to do that, no matter the determination. My body can only do so much.

I continued to train, I continued to set my focus on the final goal. My black belt. (..edited..) After *I completed the black belt testing*, one of the masters (...) told me how she had seen me in the beginning, barely able to do the kicks without getting dizzy and almost collapsing. She had watched me progress and was very proud, her final statement was "welcome to the Black Belt family". That was a big moment for me.

Now, many may think "it is only a test." This was more than that. This was not just for me, but for all who have felt that the disease they are faced with, the ostomy, and life in general has become a hindrance that they must give in to. This was something that I hope to be able to show others that we can still do things, no matter who or what thinks we cannot. If we put our minds to something and try with all our might, we can prevail. There may be some changes / alterations that need to be made to get there, but we can do it.

I just wanted to share with you all, a bit of my journey. It may not make sense, it may ramble. But, in the end, I do hope that all get the message. Don't give up on yourself or doubt your abilities. An ostomy is not an end. For me, and for many, it is the beginning. Without it, I never could have taken the course, I never could have achieved this goal. For giving me "myself" back, I thank my ostomy. Just a shame I had to break cement to prove that to myself. Most of all, I want all to know that you should set those goals for yourself. You don't have to set them to be a Black belt in Martial Arts, but set them. You can achieve them. You

don't have to let the disease or the ostomy change your determination. They may change how you go about achieving things, but you can do it.

We can sure be a stubborn lot, can't we!!! LeeAnn

## **UOAA IN A NUTSHELL**

UOAA UPDATE 2/2008

On January 4 and 5, 2008, the UOAA Management Board of Directors held their annual Strategic Planning meeting as guests of Hollister, Inc. The agenda was jam packed and the board of directors decided to undertake a number of projects designed to help the Affiliated Support Groups (ASG) and their members.

Here are some of those projects:

- Creation of Conference Attendee Reimbursement Expenses Program (C.A.R.E.S.) to help new ostomates attend the National Conference.
- Update the Ostomy Guidebooks that are available on the UOAA website.
- Creation of a Visitor Training Video and DVD.
- Partner with WOCNs to improve the education of LPNs and RNs about ostomy care of the new patient.
- Create an ASG Leadership Resource Program to help the local groups better meet the needs of their members.
- Creation of a Medical Advisory Committee.
- Publish "Timeless" Phoenix that will be ostomy specific to be given to new ostomates.

## **WHAT IS A REVISION?**

Via: Sherman Area Ostomy Association and Evansville Ostomy News Re-Route

We often hear people asking, "What is a revision?" The term applies to a surgical correction of the stoma. This may be a small procedure done in out-patient surgery, or it may be a procedure requiring hospitalization. Four common reasons for revisions are listed below. But, before we begin, please bear in mind that these conditions may be present without causing much trouble—in which case a revision is not needed.)

Revisions are most frequently done to correct: 1. A tight stoma, 2. A prolapse (when the stoma becomes very long and large), 3. A retraction (when the stoma becomes so short that it is below the skin level), or 4. In the case of a hernia, so near the ostomy that it interferes with management.

## STOMA COMPLICATIONS

From: North Texas Ostomy News

Via: Sherman Area Ostomy Assoc. and Evansville Ostomy News Re-Route  
Many pathological conditions can necessitate the need for some type of bowel or urinary diversion known as an ostomy. For the most part, ostomies are well managed by the patient, and/or caregiver. Sometimes complications can occur. A list of basic stoma complications follows:  
**\*Necrosis\***— A dark, black stoma due to inadequate blood supply. This can be caused by excessive tension on the mesentery, too thick of an abdominal wall for the intestines to pass through, too tight a suture line, or interruption of blood flow (clot). Management is based on the extent of necrosis. Superficially— continual monitoring: it may slough off and can be managed with a modified pouching system. If it is below the fascia level, it often requires stoma reconstruction.

**\*Detachment\*** — The stoma separates completely from the adjoining skin. This is caused by too much tension on the mesentery and requires surgical revision of the stoma.

**\*Recession—Retraction\*** — Sinking of the stoma below the skin level. This can be caused by scar formation secondary to mucocutaneous separation, necrosis, peristomal skin problems, weight gain, radiation, recurrent malignancies, or excessive tension on the suture line. This can be medically managed with a modified pouching system. Severe cases may require stoma revision.

**\*Stenosis—Strictures\***— Extreme narrowing of the stoma that can threaten the normal function of stool evacuation. Multiple causes can include inadequate suturing at the fascia level, mucocutaneous separation, edema, and disease conditions which may cause scar formation that compress the stoma causing ribbon-like stool or obstruction. This may be medically managed with stoma dilation or require surgical intervention.

**\*Prolapse\*** — Telescoping of the bowel out through the stoma. Poor abdominal wall support and increased abdominal pressure from coughing, sneezing, laughing, or tumor formation are common risk factors. Conservative management of a prolapse includes reduction of

protrusion by gentle pressure, cool wash cloth and even sugar (acts as an osmotic diuretic) on the stoma, then applying a binder or prolapse belt. In some cases, prolapse is medically managed if the patient is considered a surgical risk.

**\*Hernia\*** — Protrusion of the bowel into the subcutaneous tissue  
**STOMA COMPLICATIONS** continued.

around the stoma. This is characterized by a bulge in the abdominal wall or tension on the abdominal wall or on the abdominal muscle. This is medically managed by wearing a binder and/or modified pouching system. If herniation leads to a blockage, surgical intervention is required. To aid in prevention of a hernia, wear a binder especially when lifting heavy objects, or guarding the stoma with a hand pillow when coughing or laughing. One noted entertainer places a hand over his side, guarding the stoma when laughing.

**\*Obstruction\*** — Blockage of a stoma from recurrent disease process, or twisting-kinking of a loop of bowel in the abdomen. Surgical intervention is required.

**\*Impaction\*** — (In colostomates). Stoma clogged by hard stool requiring stool softening with enema or a small amount of oil prior to stoma irrigation. Impaction may be prevented by drinking 8 to 10 glasses of fluid per day, attention to diet and regular use of stool softeners.

## UROSTOMY FOOD FOR THOUGHT

by: Gene Frankson, Green Bay WI, Via: Marshfield WI Newsletter

One week in August, I went to the store and bought cucumbers and tomatoes. Loving to eat vegetables, I ate half the cucumber, a tomato, had a few cans of soda pop, and another tomato on my hamburger. In addition to the other food I had consumed, I had a bottle of lemonade. About 3:00 A.M., I had a leak in my wafer. Six hours later, I had another leak. I took the appliance off and put on another wafer. After another 6 hours, another leak. By that time, I'm getting a little unhappy and worried, because my supply of wafers was running out. I started thinking about all the acid I had ingested, so I slammed down a big glass of milk and lots of water. All that food and drink I had consumed was acid! My urine got so acidic it was cutting right through the glue on my wafer. It's been five days since I put my last wafer on—thank goodness! What a pain, and it was all my fault. My daughter, who is a doctor, said

maybe if I took some Tums for the acid...I don't know if that would work. Fresh vegetables are great—but be careful what and how much you eat!

## **HEARD YOU WERE AN OSTOMATE**

by: Louis J. Wray

Via: Evansville Ostomy News Re-Route, & The Ostomee-News, Fairfield, OH

I heard that you're an ostomate. Is it true what I heard about you? That you have no guts, your bladder is gone, and that you're all washed up and through? Yet, whenever I look at you, you're beaming with joy and grace. You never hint at the strife you've borne, disguised by the smile on your face. You seem to be a special breed, bent on helping others to live. Your suffering must have battered your life, yet you reach out and always forgive. I'd think that you might be angry at the way fate has picked on you. But, I'd never suspect it if you are, for your love always seems to shine through. I assume your second chance at life makes each day a pleasure. And, your thankfulness for health and friends makes itself a treasure. Now, I better appreciate the Phoenix (bird), the symbol of your dear UOA; "Reborn from the ashes of disease." What a message of help this conveys. See, I know you are an ostomate— a pattern you have set for me. Like you, I'll try to help others cope with their new way of life, cheerfully. A second chance, reborn to serve, and as happy as can be. Ostomates inspire me and my friends with service offered so free. So, out in the open— your secret is known, your formula for success is in view. You're an asset to this weary old world; We're blessed for having ostomates like you.

## **LEAK PRODUCERS & PREVENTERS**

Via: Southern Maryland Counties Chapter & Evansville Ostomy Re-Route

Abruptly sitting up straight from a flat-on-your-back position can pop your pouch loose. So can bending over to clean out the bathtub, or picking up something off the floor, or stretching high to reach something. Learn to get in and out of bed on your side. Get in bed by sitting far onto the bed and going down on your elbow while holding the mattress with the other hand, and swing your legs up. To get up, roll

over on your side and use your elbow to push up, while holding the mattress with the other hand and swing your legs sideways off the bed. Get a clamp-type reacher for reaching down and a stool for reaching high shelves. Learn to lift and carry on the side of your leg, carry things high, or drag it, or get someone to help. Ostomates get hernias easier than anyone else.

## ADVOCACY ... Direct from our meeting in D.C.

UOAA Update 3/08

Ostomy management products are **prosthetics**! The 600,000 individuals with an ostomy in the United States are a special needs group within the general population. After surgery, we know that ostomates can remain active despite the loss of continence; however, no two patients manage their ostomy the same way. Suppliers provide patients post-surgery with medically necessary items that effectively replace the function of the bladder, colon and rectum. These include not only pouches, but also skin barriers, skin care treatments and accessories to ensure a secure fit for the patient.

We ostomates tend to refer to our stoma management products in generic terms such as “appliances” or “stoma bags” or just “pouches”. Ostomy products are often inappropriately grouped with “medical supplies” for reimbursement by public and private payers. The items included in the “medical supplies” group include gauze pads, tongue depressors, cotton balls and band-aids, but most certainly should not include ostomy products. Ostomy products are “**prosthetic devices**” since they replace all, or part of an internal body organ. Buried deep in the Social Security Act is the statement that **prosthetic devices** include colostomy bags and supplies related to colostomy care. Over the years this coverage has also been understood to apply to ileostomy and urostomy pouching systems.

Therefore, to keep this fact in front of our legislators, we have to start writing and talking about our **prosthetic devices** and not our bags or appliances. There may come a time in the near future when the powers-that-be may take the position, for example, that one type of pouching system is good for all people with ileostomies. We know that no two people manage their ostomy the same way ... that we need **prosthetic devices** that allow us to choose the system that works best for us. So in the future when referring to that “thing” attached to our abdomen, remember “appliance” ... bad; “**prosthetic device**” ... good!

## FREQUENTLY ASKED QUESTIONS

Excerpted from Diet & Nutrition Guide, UOA 2002,  
Via: Cleveland, O.A., OH & Evansville Ostomy News Re-Route

**\*Question:** How soon after ostomy surgery can I return to a normal diet? **Answer:\*** Physicians and ostomy nurses suggest that you begin slowly, depending upon your recovery and/or other medical complications. Add back one new food at a time. If you experience any problems, discontinue for a few weeks and try again. **\*Question:** In the past, certain foods caused me some trouble with digestion. How will they affect me since my ostomy surgery? **Answer:\*** Check them out. You may find that some of those foods will continue to be troublesome and others may not. **\*Question:** Will my ileostomy continue to produce output even if I do not eat? **Answer:\*** Yes, the small intestine will continue to produce gas and digestive juices. An empty digestive tract seems to produce excessive gas. Eat small meals to keep something in the gut. Peristalsis happens! **\*Question:** After ostomy surgery, I have gained excess weight. What happened? What types of food should I eat? **Answer:\*** The relaxation of dietary restrictions, freedom from debilitating illness and malabsorption promotes a rapid gain in weight. Follow the same weight reduction diet as recommended by nutritionists and dieticians. Eating small quantities of a well-balanced diet and increasing water/fluid intake will assist with weight reduction. **\*Question:** What is meant by “low residue” diet? **Answer:\*** Low-residue refers to a dietary regime which eliminates bulk-forming, hard-to-digest or high-fiber foods. **\*Question:** Will spicy foods cause any damage to my stoma? **Answer:\*** If you can tolerate spicy foods through your digestive system, the output through your stoma should not cause any harm. The stoma is formed from the lining of the bowel and it is tough and can tolerate those spicy foods. **\*Question:** What effects will oral odor control medications have on my ostomy? **Answer:\*** Some individuals who have a colostomy report that they experienced some constipation from bismuth products found in oral odor control medications. Individuals who have an ileostomy have more benefits and fewer side effects from oral preparations (chlorophyll tablets, bismuth subgallate and bismuth subcarbonate). Most foods do not effect an individual with a urostomy. A strong urine odor may be an indication of dehydration and the need for increased fluid intake. Check with your doctor or ET nurse about oral preparations and don't exceed the recommended dosage.

## AN OSTOMATE LOOKS AT SPORTS: PRACTICAL ADVICE FOR ALL

By: Barbara Hurewitz ,

Via: UOA Northern Virginia Chapter & Green Bay, WI Chapter/

Sporting activities are some of the most exciting things for any ostomate to participate in. Good muscle tone and increased strength are important for anyone who has suffered a prolonged illness, but for ostomates, there is the added pleasure of doing something which, because it is a challenge, adds to our emotional strength. When I was ill, I had no desire to do any kind of vigorous physical activity. After my operation, while I felt better, I was still worried about taking part in any activities, especially athletic ones. I was afraid that my appliance would fall off, that I would strain my abdomen, and that I would feel inhibited from really throwing myself into a sport. But, by starting to do various exercises, and by taking a certain number of precautions, I not only have enjoyed vigorous activity, but have also found myself doing many sports I had never done even before my illness. This successful activity has in turn increased my courage and made it easier for me to accept my ileostomy. It has certainly brightened my outlook many times over. Swimming is one of the first sports an ileostomate should try. It is a gentle form of exercise which uses all your muscles and should get your body into good enough shape to start any other sport. I would suggest to ostomates to wear waterproof tape around the edges of the appliance. No water will seep under it to loosen the appliance. (I have worn a temporary appliance to the beach and found this perfectly satisfactory.) I also suggest wearing some sort of reinforcer (A stretch panty, the panty part of pantyhose, or a gentle support belt) under your bathing suit. This will keep your appliance from moving around, loosening, or causing discomfort.

## OSTOMY HINTS

Via: New Directions, Ft. Worth, TX Area Chapter

Be sure to re-order supplies before they get too low. Your supplier may be out of your particular brand and will need time to notify the company. When you travel and fear that you may have an accident during the night, buy the small pads in the baby department and take them with you to place them under you when you sleep. If you have a leak, no one will be the wiser.

## TEN THINGS TO KNOW ABOUT PROSTATE CANCER

from National Prostate Cancer Coalition, via: Cabarrus County NC

- One in every six men will get prostate cancer sometime in his life.
- African-American men are at special risk for the disease. They have the highest rate of the disease in the world. In fact, the incidence rate in African-Americans is 60% higher than in white males and double the mortality rate.
- Prostate cancer is the second leading cause of male cancer death in the United States. An American man dies every 18 minutes from the disease.
- An estimated 28,900 men will die from prostate cancer this year.
- More than 220,000 cases are expected this year—more than breast cancer.
- In the single decade of the 1990s, prostate cancer killed about 350,000 men, slightly more than the entire population of Cincinnati, Ohio.
- Before the advent of early detection through PSA screening, about three-fourths of all prostate cancer cases were found in the late stages, where the disease isn't readily treatable or curable.
- Since widespread use of screening, about three-fourths of all cases are now found early — giving men a fighting chance.
- Every man over 50—younger, if African-American or with a family history of the disease—should resolve to be screened annually for prostate cancer.
- Screening for prostate cancer takes less than 10 minutes, and is covered by health insurance in many states.

The  
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