

UOASL 2016 MEETING SCHEDULE

www.uoaastl.org

- May 2:** Mercy Medical Center Product Fair
June 6: St. Anthony's Hospital
July 11: St. Luke's– Breakout Groups
August 1: St. Luke's Hospital –How to Tell, Who to Tell, When to Tell
September 12: St. Luke's Hospital – Summer Wrap-up:
Dinner and Breakout Groups
****October 3:** Christian Hospital
November 7: St. Luke's– Leonard Naeger Pharmacy Lectureship
December 5: Annual Banquet – Syberg's

All meetings begin at 7pm and last about an hour.

Visiting happens before and after for about 30 minutes.

Any articles welcome for consideration:

personal experiences, health, obituaries, tested tips, etc.

Publication Deadline May 25, 2016

Send articles to: Mary Beth Akers
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St. Charles, MO 63303
636/916-3201
marybethakers@excite.com

LIVE & LEARN By Email

Are you interested in getting this publication by email? Send an email to Mary Beth at marybethakers@excite.com and let her know that.

Mailing Information Update

Please let Brenda Schulte know if your info changes.

Her address is: 115 Pine St., Old Monroe, MO 63369.

Her phone number is: 636-661-5607.

Please let us know if you have any change in home address, email address, company address or contact person.

We would really like for you to keep getting the L&L's and postcards.

If you do not receive any of our information please let us know.



LIVE AND LEARN Spring 2016

President's Message

To All Members and Friends of UOASL,

Spring has sprung and it is starting to get green. I am amazed how time continues to fly by and I always look up and say, "Where did it go?"

Before you know it, we will be at the Product Fair at Mercy in May. Our speaker is Monica Houttuin, MSW, LCSW with a topic of New SexPectations: Embracing our Sexual Potential. Similar to the presentation she gave at the National Conference last September, we are looking forward to a great talk. For those who would prefer to visit with the Youth and chat about Youth Rally, we will gather in another room. We don't want anyone to not come because they are not interested in the main speaker. After the presentation, we all move to the next room and visit with the company reps and enjoy refreshments while we visit with each other. We will have our raffle tickets for sale as well, 50/50 and the \$100 Visa Gift Card Raffle.

Another point I want you to know about has to do with the CDC ads trying to stop people from smoking. They are the ones with Mark and Julia who had to have an ostomy as a result of their smoking. UOAA and many members contacted the CDC and let them know how offensive they were and so the CDC tweaked them to tone them down. Unfortunately, the original ones are being aired here in St. Louis and other communities right now. If you would like to contact the CDC and let them know how lifesaving your ostomy was for you and how devastating the commercial could be for someone who has to choose to have an ostomy or lose a health battle, contact them at 770-488-5439 or jlondon@cdc.gov

I look forward to seeing you at a meeting and please do not hesitate to e-mail me at marybethakers@excite.com or call 636-916-3201.

Mary Beth Akers, President, UOA St. Louis

COLOSTOMY IRRIGATION

By Mary Lou Boyer, B.S.Ed., RN, CWOCN
Lifetime Achievement Award Winner, Cleveland Clinic

You may have seen or heard the term "irrigation" used in conjunction with ostomy care. There are several different ways this word is used and it can have very different meanings.

Some people with ostomies say that they "irrigate" their pouch or appliance each time they empty. In these cases, it is a matter of adding water to help loosen thick or formed stool to assist in emptying the thick stool from the pouch. Or it can mean rinsing out the pouch with water until the pouch appears clean. In other cases the term "irrigation" is used when referring to a procedure that some people with descending or sigmoid colostomies may use to cleanse or regulate the bowel by instilling water into the large intestine through the stoma. This is called "colostomy irrigation".

Colostomy irrigation is a method of assisting the bowels to move at a certain time. The procedure itself is similar to an enema, however it is done with specialized equipment to instill warm water through the colostomy stoma. A large water bag with tubing that has a cone-shaped tip is inserted into the opening of the stoma. The cone-shaped catheter tip allows the water to flow into the colon while preventing the water from leaking back out. As the colon fills with water, it distends. This distention stimulates colon peristalsis and mass contractions that lead to stool evacuation.

Colostomy irrigation is an option only for people who have a descending or sigmoid colostomy.

If the procedure works well, the person with a descending or sigmoid colostomy can count on regular evacuations and the need for a pouch is minimized. The patient who irrigates successfully may wear only a small stoma cap or gauze square over the stoma between irrigations. Some wear a small pouch just for security.

Colostomy irrigation is not always appropriate or even desirable for every person who has a sigmoid or descending colostomy. The person's age, physical and mental ability to learn and perform the procedure, the disease process, and whether or not the ostomy is temporary or permanent are all factors that need to be considered.

Editor's note: This is just a portion of the entire article published by UOAA for newsletters. If you would like the entire thing, I will send it via email. marybethakers@excite.com

Ostomy Tips from Ostomates

From the Tulsa Ostomy newsletter and the UOAA Update

- Tea is an anti-spasmodic and soothing to an upset stomach.
- Avoid drinking while eating to allow the effluent to become thicker. Drink liquids before and after a meal.
- Eating bran muffins is a tasty way for colostomates to solve constipation problems.
- If stool sticks to the pouch and is hard to rinse out, use a surfactant/deodorizer or oil to let the pouch empty out easier.
- Ziploc® sandwich bags are useful for disposing of used pouched and help control odor in the trash.
- If it's safe to put in your mouth, it's safe to put in your pouch. Try green mint mouthwash as a pouch rinse.
- Diaper liners are great as a barrier between the pouch and your skin. Or you may purchase a commercial pouch cover. Or make one yourself.
- Place a couple of squares of toilet paper in the toilet before emptying your pouch. This will take care of the "splash back". Or let it out very, very slowly.
- Check with your pharmacist to learn if your pills or capsules should be changed to liquids. This is especially necessary for ileostomates. They tend to go through too fast and don't dissolve.

Source : Pittsburgh Ostomy Society Triangle Jan. 2015

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.

Coping During the First Few Weeks

Source: Vancouver Ostomy HighLife Jan/Feb 2016 Via Winnipeg

Coming home with a new ostomy can be a very stressful time. You may feel weak and uncomfortable and deeply worried about how you are going to deal with this strange new thing on your abdomen. You may be fearful about having to take care of the ostomy by yourself or resentful that you have it at all. You would not be the first to feel like this nor will you be the last. Give yourself time to recover -- you've been through a grueling surgery and it takes time for surgical wounds to knit together. It takes time for strength and appetite to return. Most of all it takes time to learn how to live, emotionally, with an ostomy. Take it one day at a time.

Tips for the first few weeks:

- get some gentle exercise every day, even if it's just walking around the home
- establish regular mealtimes like you used to have, or if you have little appetite, eat several small meals or snacks throughout the day
- follow your nurse or surgeon's instructions on what to eat for the first few weeks. This will emphasize soft cooked and low fiber foods. If you want to try raw fruits and vegetables after a while, introduce these in very small amounts and chew thoroughly.
- do not lift anything heavy, ie. stay under 10 pounds
- unless you are physically unable, you should not be asking your spouse or family to change your appliance for you. You cannot regain confidence if you're relying on others to do this basic function for you.
- if you are having doubts or problems caring for your ostomy, call your ET nurse for advice. She may be able to help you over the phone or you may need to make an appointment with her.
- talk to someone else who has an ostomy! Ask your ET nurse if he or she can connect you with another person who has an ostomy or diagnosis similar to your own. If your area has an ostomy chapter you can connect with one of their members. Other ostomates are more than willing to talk with you for they have experienced the same fears and frustrations you may be having. If you have a computer, you can go online and participate in ostomy forums -- they are a wealth of information and reassurance.

Proficiency with changing your own ostomy gear doesn't happen overnight and you are going to make mistakes. It can be unnerving if an accident happens, but it's also an opportunity to learn how to avoid such things in the future. Try not to be too hard on yourself if you make a mistake or can't remember something.

Helpful Hints

Source : Pittsburgh Ostomy Society "The Triangle" Feb. 2015
Via Winnipeg Inside Out

Posture matters: when you return from the hospital, you'll be feeling sore and uncomfortable. You may be anxious about the front of your body getting bumped, or self-conscious about the stoma. This can lead to a habit of hunching over to "guard" that area. Try to focus on keeping your head up and your back straight.

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

If your Stomahesive® Paste becomes hard and won't push through the end of the tube, heat half a glass of water in the microwave oven for 45 seconds. Remove it and place the tube cap-down in the water. Let it stand for a few minutes and then dry it. You should now be able to push the paste out easily.

Vitamins should be taken on a full stomach. Otherwise, they irritate the lining of the stomach and produce the sensation of feeling hungry.

Diuretics: try strong-brewed tea before the purchase of a "diuretic". Hot tea twice a day will wake up your sluggish kidneys.

Juice versus Gatorade®: tomato juice provides as much sodium and five times more potassium and is a low cost alternative to Gatorade®. Orange Juice is another alternative providing the same amount of sodium and 15 times the amount of potassium as Gatorade.

For colostomies: if you use just a pad instead of an appliance, use a little K-Y® Jelly over the stoma to keep things soft and lubricated. If you irrigate, allowing too much water to enter the stoma too quickly may cause a sudden evacuation of waste, leaving much of the feces still in the colon, along with most of the water. Periodic evacuation may follow. This is not diarrhea, but is simply a delayed emptying of the colon.

For ileostomies: usually ileostomates experience hunger more often than other people. When this happens, they should drink fruit juice or water, eat soda crackers followed by a meal as soon as possible. If you do need to eat a snack at bedtime or during the day in order to ward off nausea, try to cut down on calories somewhere else in the daytime. Otherwise, you'll gain weight. Never skip meals in order to lose weight. An ileostomy keeps working whether the ostomate has eaten or not.



There are a number of Relays going on in the Greater St. Louis Area. Brenda Schulte participates in the Troy one while Herschel Austin is with the Highland, Illinois one. To find out more about how you can participate in one near you, go to www.acs.org for more info.

Generic Drugs, Are They As Good As Brand Names?

MedicineNet.com, November 2015 Medical Author: Melissa Stoppler, M.D.

Medical Editor: Barbara K. Hecht, Ph.D.

Via Winnipeg Inside Out and Vancouver Ostomy HighLife

Generic drugs are copies of brand name drugs that have exactly the same dosage, intended use, effects, side effects, route of administration, risks, safety, and strength as the original drug. In other words, their pharmacological effects are exactly the same as those of their brand-name counterparts.

An example of a generic drug, one used for diabetes, is metformin. A brand name for metformin is Glucophage. (Brand names are usually capitalized while generic names are not). A generic drug, one used for hypertension, is metoprolol, whereas a brand name for the same drug is Lopressor.

Many people become concerned because generic drugs are often substantially cheaper than the brand-name versions. They wonder if the quality and effectiveness have been compromised to make the less expensive products. The FDA (U.S. Food and Drug Administration) requires that generic drugs be as safe and effective as brand-name drugs.

Actually, generic drugs are only cheaper because the manufacturers have not had the expenses of developing and marketing a new drug. When a company brings a new drug onto the market, the firm has already spent substantial money on re- search, development, marketing and promotion of the drug. A patent is granted that gives the company that developed the drug an exclusive right to sell the drug as long as the patent is in effect.

As the patent nears expiration, manufacturers can apply to the FDA for permission to make and sell generic versions of the drug; and without the start up costs for development of the drug, other companies can afford to make and sell it more cheaply. When multiple companies begin producing and selling a drug, the competition among them can also drive the price down even further.

So there's no truth in the myths that generic drugs are manufactured in poorer-quality facilities or are inferior in quality to brand name drugs. The FDA applies the same standards for all drug manufacturing facilities, and many companies manufacture both brand-name and generic drugs. In fact, the FDA estimates that 50% of generic drug production is by brand-name companies.

Sometimes, generic versions of a drug have different colors, flavors, or combinations of inactive ingredients that the original medications. Trademark laws in the United States do not allow the generic drugs to look exactly like the brand-name preparation, but the active ingredients must be the same in both preparations, ensuring that both have the same medicinal effects.

Reference: Office of Generic Drugs, Center for Drug Evaluation and Research, U.S. Food and Drug Administration (FDA), Generic Drugs: What you need to know. 2009.

Cholesterol

Source: The Ostomy Rumble publication of the Ostomy Support Group of Middle Georgia Via: Metro Halifax News, Nova Scotia

People with ileostomies often have lower cholesterol than people in the general population. That's because the last part of the small intestine, the terminal ileum, is where the bile acids are absorbed.

Bile acids are made in the liver and help in the digestion of fatty foods. After the terminal ileum is removed during surgery, the body is unable to absorb the bile acids. Consequently, fatty foods, rich in cholesterol, are not broken down and used by the body, resulting in lower levels of cholesterol.

Get Ostomy Answers!

The Phoenix is the leading national magazine for ostomates, their families and caregivers. Each issue contains 72 pages of inspiration, education and information including new products, medical advice, management techniques, personal stories and more.



Subscriptions directly fund the nonprofit United Ostomy Associations of America – the only national organization providing vital information, resources, support and advocacy for ostomates.

The Phoenix



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Payable to: The Phoenix magazine, P.O. Box 3605, Mission Viejo, CA 92690

URINARY TRACT STONES

Source: Ostomy Halifax Gazer January 2016 Via Winnipeg Inside Out

Urinary tract stones, particularly kidney stones, have been known for many, many years. The disease manifests primarily in adulthood, although its occurrence in children is not unknown.

Three times as many males suffer from the malady as females. The pain associated with the disease, the result of passing of the stones, is recognized to be the most severe known. Heredity is one factor that contributes to the disease. If one member of a family has stones, most likely another family member will also develop stones. Age is also a contributing factor, with males in the fifth decade of life being at the highest risk.

Summer time is the peak season for kidney stones because outdoor activity leads to perspiration which, in turn, may result in dehydration.

Replacement of lost fluids with such liquids as iced tea or soft drinks does not adequately correct the dehydration or the tendency to form kidney stones. The ingestion (drinking) of ample amounts of water is most important to help prevent kidney stones.

Urostomates are at high risk of developing infections of the urinary tract and of kidney stones.

Ileostomates are also at risk of developing kidney stones because they have difficulty with absorbing liquids and are thus subject to dehydration and consequently stones. The currently preferred treatment for the majority of patients suffering from urinary tract stones employs shock waves, which break up the stones rapidly and with a minimum of discomfort. Usually one day in hospital is all that is required,

In the future, we may see advances in medicine which will prevent the formation of urinary tract stones.

Our best defense remains drinking an adequate amount of fluids, and the best being water.

YOUTH RALLY 2016

As you know, we are always looking for youths, 11-17, to send. This year will be in Seattle, Washington, July 25-30, 2016.

Please share this information with any youth who has any issue with the bowel or bladder. St. Louis Chapter UOAA pays first year scholarships (Tuition and airfare 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 or log on to www.youthrally.org



FLUIDS and ELECTROLYTES with an OSTOMY

<http://www.stomabags.com/fluids-and-electrolytes-with-anostomy>

Source: It's in the Bag, Niagara Ostomy Assoc. Feb. 2015 via Ostomy Halifax Gazette and Winnipeg Inside Out

Electrolytes are ionic mineral solutions that transmit electricity. Electrolyte balance refers to the combined levels of the different electrolytes found in the blood. Extraction of the large intestine impairs the body's ability to assimilate electrolytes and nutrients. Therefore, people that have undergone ostomy diversion surgery including colostomy, ileostomy and urostomy are more inclined to suffer electrolyte deficiencies. Especially those with an ileostomy or a urostomy need to watch for persistent diarrhea, vomiting, sweating, nausea and high fever. Ostomy patients' diets must ensure proper intake of fluids and foods containing potassium and sodium. The latter ingredient is important, but it does not require major efforts to acquire as it is present in most foods. As a note of caution, if dizziness or signs of dehydration appear, immediately drink a sports drink or an electrolyte beverage. Use sports drinks only as a boost. Electrolyte drinks may be made at home with water, salt, salt substitute for potassium, and baking soda.

Problems related to Electrolyte Imbalances.

DEHYDRATION: Symptoms: Extreme thirst, dry mouth, nausea, decreased urine, fatigue, shortness of breath, headaches, dry eyes and abdominal cramping.

Solution: Increase ingestion of fluids (water sports drink (Gatorade), electrolyte solution (Pedialyte). Drink throughout the day at least 8-10 glasses of 8 oz. each. All liquid counts: milk, juices, and water. Abstain from sugary drinks. They may result in osmotic diarrhea and weight gain.

SODIUM DEPLETION: Symptoms: Nausea and vomiting, headache, confusion, lethargy, fatigue, appetite loss, drowsiness, leg cramps, coldness of arms and legs, feeling of faintness.

Solution: Increase foods and beverages high in sodium, such as soups, bouillon, sports drink (Gatorade), electrolyte solution (Pedialyte). Examples of some foods high in sodium: Broth, buttermilk, canned soups, canned vegetables, cheese, soy sauce, table salt, tomato juice, pickles.

POTASSIUM DEPLETION: Symptoms: Muscle weakness, confusion, irritability, fatigue, gas, shortness of breath, chronic diarrhea.

Solution: Increase foods and beverages high in potassium such as oranges, orange juice, bananas, and sports drinks (Gatorade), electrolyte solution (Gastrolyte, Pedialyte). Examples of some foods high in Potassium: Black-eyed peas, bananas, bouillon, chicken, fish, oranges, pinto beans, raisins, tomato or vegetable soup, veal, watermelon, yogurt.

WHAT'S NORMAL ... ANSWERS from YOUR STOMA to YOU

Source: Coos Bay & Evansville Re-Route, July 98, via Winnipeg Inside/Out
What is normal for my stoma? This is a frequently asked question. Here are some answers from your stoma to you.

My color should be a healthy red. I am the same color as the inside of your intestine. If my color darkens, the blood supply might be pinched off. First make sure your skin barrier/wafer is not too tight. If I should turn black (very unlikely—but it happens occasionally), seek treatment AT ONCE. Go to an Emergency Room if you cannot readily locate your doctor. (Be sure to TAKE AN EXTRA POUCH ALONG so you can remove the pouch for doctors to examine the stoma).

I might bleed a little when cleaned. This is to be expected. Do not be alarmed. Just be gentle please, when you handle me. Just wash the skin around me - gently.

If I am an ileostomy, I will run intermittently and stool will be semi-solid. If you should notice that I am not functioning after several hours and if you develop pain, I might be slightly clogged. Try sipping warm tea and try getting in a knee-chest position on the bed or on the floor. (Have your shoulders on the floor and your hips in the air. Rock back and forth in an attempt to dislodge any food that might be caught). If I do not begin to function after about an hour of this, call your physician. If you cannot locate him/her readily, go to an emergency room. In the meantime, I might have begun to swell. Remove any pouch with a tight wafer and replace it with a flexible one with slightly larger stoma opening.

If I am a colostomy located in the descending or sigmoid colon, I should function according to what your bowel habits were before surgery. I can be controlled in most cases with diet and/or irrigation. My stool will be fairly solid.

If I am a colostomy in the transverse colon, I will have a more loose stool than a descending or sigmoid colostomy. Because there is less remaining colon in this case to absorb water and solidify the stool, its consistency will be closer to that of an ileostomy.

If I am a urinary diversion, I should work almost constantly. My urine should be yellow, adequate in volume and will contain some mucus. If my urine becomes too concentrated or dark, try increasing your fluid intake. If my mucus becomes more excessive than usual, I might have an infection. I will probably also have an odor and you may have a fever. Consult your physician if this happens.

If at any time, you doubt that your stoma is functioning normally, please seek help. The cause needs to be evaluated. If your problem is a serious one, it needs to be corrected, If it isn't serious, you will be relieved to know that your stoma is alive and well.

SUPPLY AND DEMAND

by Joni Schneider, RN CWOON; via Philadelphia (PA) The Journal Ostomy and North Central OK Ostomy Outlook

Clients often have questions regarding pouching supplies. Here are a few of the more common inquires, with advice relating to each of you.

Where do I obtain supplies? Ostomy pouching supplies are considered Durable Medical Equipment (DME) and need to be obtained from a supplier that is licensed to dispense them. Additionally, most insurance companies have a “preferred network provider” where they recommend you obtain supplies. Start with an inquiry of your insurance provider—call the 1-800 number on the back of your insurance card and ask them this question. Your local ostomy nurse is also a good resource to help you find a supplier.

Prescriptions for ostomy supplies need to be submitted by a physician, but your ostomy nurse can provide the order information. Different ostomies require different pouching supplies, and your nurse can guide you toward appropriate options.

When should I reorder my supplies? It could take about a week to obtain supplies after placing an order with your Supplier. Plan ahead and have a backup plan for unexpected situations. Reorder supplies when you have no fewer than three pouches on hand.

I need more supplies than my insurance gives me. What do I do?

Medicare and Medicaid determine the quantity of ostomy supplies allowed based on the type of ostomy. They determine the amount “usually” medically necessary. Individual patient needs may vary and change over time. Your provider can clearly document why you require excess quantities and submit a “Letter of Necessity” to your insurance for consideration. Purchasing supplies with “out of pocket” payment may be necessary. You could also contact ostomy supply manufacturers. Many of them provide support in the form of trial samples and have programs to assist if you do not have insurance coverage.

Frequently Ostomy clients tell me they change pouches more often than recommended “just because.” While the practice of changing pouches routinely before they leak is preferred, there is no advantage to changing more often than advised. It is expensive and can frequently cause adhesive injuries to your peristomal skin.

Should I always carry extra pouches? Pouch wear time can be unpredictable with the best stomas, and failures never happen at a convenient time. Always carry an emergency kit stocked with supplies needed for a pouch change. Bring this along to any clinic or hospital you visit. Hospitals generally stock a “generic” pouch but might not have your specific supply.

TIPS OF THE DAY!

Via The Picture Frame, Greater Orlando

- Drinking orange juice or cranberry juice can help control output odor - as well as eating parsley!
- Foods that thicken stool: Applesauce, Bananas, Cheese, Boiled Milk, Pasta, Pretzels, Rice, Bread, Yogurt.
- Lengthy sitting in one place can force the pouch contents upward around the stoma and cause leakage. Getting up occasionally will help.
- In general, the less an ostomate eats the more gas is produced. A quick arm across the stoma will usually silence if it is operating at a wrong time.
- Wash plastic pouches in cold water. Hot water makes them stink permanently.
- If you wear a two piece system make sure you snapped the pouch and wafer together securely. Give a little tug on the pouch to test the lock.

Can You Still Drink Alcohol?

(UOACHicago, The New Outlook, June, 2014)

Yes! And you may find that gastrointestinal upsets associated with alcohol that used to occur before surgery are now gone with the removal of the diseased bowel. A word of caution however: those with ileostomies are at greater risk of dehydration when drinking alcohol. Have water on the side, or extra juice along with your drink. Unless a fair amount of the large colon was removed, colostomates are in little danger of dehydration when drinking liquor. Urostomates need not fear dehydration, but you will be making more trips to the bathroom to empty your appliance. Beer and carbonated drinks can produce gas. Some medications are less effective if taken with alcohol -- be sure to follow instructions. Alcohol may give you loose output or extra output, or it may have no effect on waste at all. In some people, with or without an ostomy, this makes the bowels more watery and a few may find that some restriction is necessary, though it is always worth experimenting. Everybody's different. One woman reported in January that, at Christmas, she found that her ileostomy would stand up to port, sherry, gin and cider, but (regretfully) she said, "It wouldn't take beer". A year later, she reported: "It's all right now - it can take beer as well!"

The nerve(s) of those stomas!

posted by user "Mike ET" on the UOAA Discussion Board

The question or comment about stomas lacking sensory nerves, or the more broadly stated claim that stomas have no nerves, is a myth that dies very hard. Allow me to borrow from one of my presentations that partly ad-dresses this issue: "...most of the information carried by gastro-intestinal primary afferent neurons is not consciously perceived. This is nicely demonstrated by tests on fistula patients who report no sensation when the healthy stomach is probed or in patients that have had the intestinal lining cut to take a biopsy." quoted from: Am J Physiol Gastrointest Liver Physiol 277:922-928, 1999. John B. Furness, Wolfgang A. A. Kunze and Nadine Clerc. page G924.

Additionally, we have: "There are more than 100 million nerve cells in the human small intestine, a number roughly equal to the number of nerve cells in the spinal cord. Add in the nerve cells of the esophagus, stomach, and large intestine and you find that we have more nerve cells in our bowel than in our spine. We have more nerve cells in our gut than in the entire remainder of our peripheral nervous system." quoted from: The Second Brain by Michael Gershon, M.D. page Xiii.

Alas, stomas do have nerves!

So, now let us put to rest the misstatement about the bowel and nerves, and bother to reeducate those who have misspoken early on. There are nerves; but the sensory nerves of the bowel between the esophagus and the rectum, for certain types of painful stimuli, such as cutting or cautery, are either very low in number and caliber or the brain is not readily able to perceive the pain. Of course, one can still be a pain in the a**; however, this is a topic for other times and places.

FOR THOSE WHO USE FACEBOOK AND TWITTER

The National UOAA is on both!

To find us on Facebook, go to Facebook.com/UOAA nc.

To follow us on Twitter, go to Twitter.com/UOAA,
or while logged in, search for @UOAA.

UOAA also has a Social Blog! You can find our blog at
blog.ostomy.org.

Germes Are Everywhere

Sources: BCBSIL, FDA, Mayo Clinic

Now is the time of year when germs are at their peak. Germs spread person to person through coughing, sneezing or simply talking. That's because droplets from an infected person get into the air and are inhaled by people nearby. And they can land on anyone or anything within three feet. Illness-causing germs are often spread when a person touches a surface or object that is contaminated with germs and then touches his or her eyes, nose or mouth. Germs can live for hours on surfaces such as handrails, doorknobs, telephones, desks and tables.

Frequent hand-washing is one of the best ways to avoid getting sick and spreading illness. Although it's impossible to keep your hands germ-free, washing your hands frequently can help limit the transfer of bacteria, viruses and other microbes. Hand-washing requires only soap and water or an alcohol-based hand sanitizer—a cleanser that doesn't require water. Is one better than the other?

Soap and Water — The idea of washing hands to prevent the spread of germs in hospitals didn't "germinate" until about 1846, when a doctor made the connection between the spread of germs and the number of women dying of "childbed fever." Despite the evidence of the connection, the idea didn't take off right away. Although washing hands gradually became a more regular practice, it took until the 1980s to get national hand-washing guidelines in place.

What's the best way to wash your hands? Wet your hands with warm or cold running water. Then apply liquid, bar or powder soap and lather it up by rubbing your hands vigorously for at least 20 seconds. A common way to get the time right is to sing the "Happy Birthday" song twice while you wash your hands.

Remember to scrub all surfaces of your hands and wrists, including the backs of your hands and wrists, between your fingers, and under your fingernails. Be sure to rinse well and dry your hands with a clean or disposable towel or an air dryer. Use a towel or your elbow to turn off the faucet when you can.

Hand Sanitizer — Hand sanitizers can be spotted in purses, backpacks and desktops everywhere. It's a portable way to wash when soap and water aren't available. Choose hand sanitizers that are 60% alcohol. Alcohol-based hand sanitizers can kill bacterial pathogens and some viruses. But they do not work against norovirus, a common virus that can cause serious illness.

While alcohol-based hand sanitizers are considered a safe, effective alternative when you can't wash with soap and water, there are concerns about hand sanitizers that contain triclosan. Triclosan is the main antibacterial ingredient in nonalcoholic hand sanitizers. Triclosan does not protect against

viruses or fungi. (Colds are caused by viruses, not bacteria.) According to the Food and Drug Administration, hand sanitizers that contain triclosan or triclocarbon may be aiding the growth of antibiotic-resistant germs.

And remember that even alcohol-based hand sanitizers can't work where you can see dirt. It cannot clean past the dirt. Although old-fashioned soap and water is your best choice for really getting clean, if you can't get to a sink quickly, an alcohol-based sanitizer is a good alternative.

When Should You Wash? — No matter how you wash your hands, here are a few good times to clean up:

- Before preparing food and eating
- Before inserting or removing contact lenses
- Before and after treating wounds, giving medicine, or caring for a sick or injured person
- After using the bathroom or changing a diaper
- After touching an animal or animal toys, leashes or waste
- After handling garbage, household or garden chemicals or potentially contaminated clothes
- After blowing your nose, coughing or sneezing into your hands
- Shaking hands
- Whenever your hands look or feel dirty

Thanks to The New Outlook, Ostomy Assoc. of Greater Chicago

(Editor's Note — It has been strongly recommended that everyone change from outside shoes to inside shoes upon returning home. If one thinks about it, how do we know what kinds of germs are lurking on the many places where we have been walking and then we bring them into the house, play on the rug with the children and animals, etc. etc. [Vacuum cleaners don't kill germs.] Food droppings are on the kitchen floor and then transferred to other rooms, etc. It's frightening to think about. Many, many cultures have the excellent habit of changing from outside shoes to inside shoes or slippers and I think we can all learn something from them.) Via The Pouch, Northern Virginia

You Can Help Prevent Colorectal Cancer

Ival Secrest, Chair, UOAA ASG Advisory Board, January 2016

As an OSTOMATE, CANCER SURVIVOR OR FAMILY MEMBER you can play an important part in the national effort to make sure 80 % of adults ages 50 and older are regularly screened for colorectal cancer by 2018. The UOAA has joined the National Colorectal Cancer Roundtable in this 80% By 2018 effort, but there is an equally important role that you can play. Think of it, you could help save over 200,000 lives. Colorectal cancer is the second leading cause of cancer death in the United States among men and women combined, yet **it's one of the most preventable.**

UNITED OSTOMY ASSOCIATION OF GREATER ST. LOUIS

Our mission at UOASL is:

- To offer the opportunity to persons who have had colostomies, ileostomies, urostomies, or alternate procedures to meet with others who share similar challenges of adjustment and for sharing of ideas and knowledge.
- To aid the ostomate in recovery and rehabilitation.
- To provide educational opportunities to medical, nursing, and lay groups through lectures, demonstrations, and exhibits regarding care of the Ostomy patient.
- To provide the ostomate with volunteer services and social activities.
- To provide hospital visits to the patient, before and / or after surgery, at the request of the patient's physician.
- To maintain close contact with appliance manufacturers, also local pharmacies.
- To provide information about the availability of products to ostomates and the medical profession.

**ARTICLES AND INFORMATION PRINTED IN THIS
NEWSLETTER ARE NOT NECESSARILY ENDORSED BY
THE UOASL AND MAY NOT BE
APPLICABLE FOR EVERYBODY.
PLEASE CONSULT YOUR DOCTOR OR WOCN (ET) FOR
THE ADVICE THAT IS BEST FOR YOU.**



AFFILIATION
UNITED OSTOMY ASSOCIATIONS
OF AMERICA
1-800-826-0826 www.ostomy.org

SPONSOR
AMERICAN CANCER SOCIETY
4207 Lindell Blvd.
St. Louis, MO 63108
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Membership Benefits:

Education **Mutual Support from Fellow Ostomates**
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Product Information **Local Meetings and Programs**
Ostomy Guide Books and Informative Literature
“Live and Learn” Our Own Publication

CHAPTER MEMBERSHIP APPLICATION FORM

NAME: _____

SPOUSE'S NAME: _____

ADDRESS: _____

CITY: _____

STATE: _____ ZIP CODE: _____ - _____

PHONE: HOME: (____) _____ OFFICE (____) _____

OCCUPATION _____ e-mail _____

YEAR OF SURGERY: _____ DATE OF BIRTH: ____/____/____

Type of ostomy: **Please check all applicable information**
 Colostomy Ileostomy Urostomy
 Continent Ileo Continent Uros
 Other (Specify): _____
Meetings: Send meeting notices Don't send meeting notices
Help: Would like to help on Phone Committee
 Other Activities _____
Assistance Request *Complimentary Membership*
Medical Profession Doctor RN,WOCN Other _____

UOASL Chapter Membership Dues: (Effective Jul 2006)
\$12.00 annual

Make check payable to U.O.A.S.L.
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