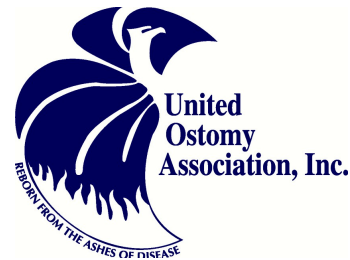


UOASL MEETING SCHEDULE

marybethakers@excite.com



- July 9-13 **Youth Rally in Boulder, CO**

- July 11* St. Luke's 2:00PM -Inst of Health Educ.,
Coloplast Product Presentation, Amy Faulkenberry Rm 1&2

- August 1 St. Luke's 7:00PM -Institute of Health Education
Skin Care - Dr. Richard Bell, Rm 4&5

- August 3 – 6 **UOA National Conference, Anaheim, CA**

- Sept 12* St. Luke's 2:00PM -Inst of Health Educ., Rm 1&2
Colleen Cole RN – Ostomy Skin Care: Basics & Beyond

- Oct 3 Christian Hospital NE 7:00PM Dietrick Building
Breakout Sessions

- Nov 14* St. Luke's 2:00PM -Institute of Health Education,
"Are You Prepared?" Living with an Ostomy Rm 1&2

- Dec 5 St. Luke's 6:30PM -Institute of Health Education
HOLIDAY MEETING - Lower Atrium & Auditorium

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

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

Publication Deadline: August 25, 2005

Send articles to: Mary Beth Akers
8 Harneywold, St. Louis, MO 63136
314/522-8523

LIVE AND LEARN

Summer 2005

President's Message

Dear members,

Another quarter has come and gone, and I hope this newsletter finds you healthy and happy. We had a wonderful product fair, thanks to Sheila Kramer, Betsy Naeger, and all the board of directors. It was a great evening of inspiration and information. Thank you goes to all the industry representatives that made the evening such a success.

A Reminder: consider attending the National Conference in Anaheim, CA, Aug 3 through the 6, 2005. Come join us in Southern California for interesting sessions, and meeting hundreds of ostomates from all over the country.

Our program director is busy working on next year's schedule. If you have ideas on program or speakers, please let Betsy Naeger know your thoughts at the next meeting. It is at St. Luke's on July 11th, at 2 PM. Youth Rally is just around the corner and Mary Beth will be attending with Kate Lobstein, counselor, and two campers.

The annual American Cancer Society's Relay for Life is also on the calendar. Bill Lawson will have more information in the newsletter for members interested in this great fundraiser. Come join us at Laumeier Sculpture Park on June 24-25.

I will be going to Anaheim in June to make sure the conference is a big hit, and will be at the July meeting. Hope to see you soon.

Susan Burns, Chapter President

RELAY FOR LIFE - ACS

The UOASL team of Bill Lawson, Lee Ann Barcus, Bob and Ginny Mattingly, Walter Fussner, or Herb Boerner will be participating at the Laumeier Sculpture Park on June 24-25th. Cancer survivors are invited to come between 6- 6:30 PM to sign up to participate in the Survivors' Lap at 7 PM, which is the first lap. The survivors and their caregivers will also receive a free T-shirt before and refreshments after their lap.

The purpose is to raise funds for the ACS. Our team of 6 are soliciting sponsors and will have someone on the track all night until dawn. It is a great way to raise funds for helping those with cancer as well as to fund research. For us, it is a great time to gather with friends, make new ones, and remember that we are survivors.

Relay for Life represents our hope that those lost to cancer will not be forgotten, that those who are battling cancer will be supported, and that cancer will one day be eliminated.

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

Have you thought lately about what your local UOASL chapter does for you?

Let us take a moment to refresh your memory.

Your annual dues of \$7.50 helps pay for the following:

Live and Learn – Quarterly publication

Meeting notices/Meeting refreshments

Telephone Book listing for UOA

Visitation Program

Speaker at Product Fair

Office Supplies

Brochures/Literature

Banquet cost above what is charged

Sending Youth to the Youth Rally

Indigent Fund

Honoring the WOCN of the Year

Don't we do a lot with a little? Our Chapter is alive and strong. Consider attending a meeting soon.

**United Ostomy Association's Annual Youth Rally
University of Colorado in Boulder, Colorado.**

Saturday, July 9 through Wednesday, July 13, 2005.

Mary Beth Akers, UOASL, Youth Chair 314-522-8523.

Look for pictures and articles in the Fall issue.

Product Fair Update

Thanks to all our Sponsors: Dr. Todd Arends, Dr. Gregory Brabbee, Dr. Richard Blath and Associates, Dr. Jim Fleshman and Associates, Dr. Ira Kodner, and Dr. Philip Robbins.

And to our Exhibitors: American Cancer Society, Calmoseptine, Colopalst, Convatec, Hollister, Medical West Healthcare Center, St. Louis, Medical Supply, Salk, and WOCN St. Louis Affiliate.

Congratulations to Bob and Ginny Mattingly, the winners of the package to The Original Springs Hotel and Bath in Okawville, Illinois.

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

Visit the **UOA Website:** www.uoa.org

**For access to information on cancer 24 hours a day, call the
AMERICAN CANCER SOCIETY**

1-800-ACS-2345 or visit the web at www.cancer.org

HELPFUL HINTS

Via: Metro MD

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 but leave much of the feces still in the colon, along with most of the water. Periodic evacuation may follow. This is not really 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 and 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 or you will gain weight. Never skip meals in order to lose weight. An ileostomy keeps working whether the ostomate has eaten or not.

For Urostomies: If it is necessary to have a urinalysis, remind the nurse to take the specimen directly from the stoma, not from the appliance. If you are out of Uri-Kleen, soaking your urinary pouch in straight white vinegar for thirty minutes will kill all common bacteria found in urine. Mucous in the urine is normal. The ileal conduit is made of mucous secreting intestinal tissue. It doesn't stop doing its job even though it is transporting urine.

Added Tip: If you use a two-piece system, the pouch may not be totally secured when you snap it on and could fall off when half full. Make sure the pouch is snapped to the flange securely. Start snapping it together at the bottom and work your way to the top. Give a little tug on the pouch to test its lock, but make sure you hold the faceplate/wafer so you don't break the seal.



2005 UOA National Conference

August 3-6
Anaheim, CA

There is still time
to register online
at uoa.org or call
1-800-826-0826

A Father

A Father is someone that is forced to endure childbirth without an anesthetic. A father is someone that growls when it feels good and laughs loud when scared half to death. A Father never feels worthy of the worship in his child's eyes. A Father is never quite the hero his daughter thinks; never quite the man his son believes him to be; and this worries him so he works too hard to try to smooth the rough places in the road for those of his own who will follow him. A Father is someone who gets very angry when the first school grades aren't as good as he thinks they should be. He scolds his son, though he knows it's the teacher's fault!

Fathers are what give daughters away to another man—an idiot who isn't nearly good enough—so they can have grandchildren who are smarter than anybody's. Fathers make bets with insurance companies about how long they will live. One day he loses, and the bet is paid off to the part of him he leaves behind.

I don't know where a Father goes when he dies, but I've an idea after a good rest, he won't just sit on a cloud and wait for the girl he's loved and the children she bore. He'll be busy there too,

repairing stairs, oiling gates, improving streets and smoothing the way.

(Author unknown)

THOSE FIRST FEW APPLIANCE CHANGES

By: An “old timer” Via: Up Front 12/99 &
Indianapolis , IN Chapter

Zinging through another change the other day, my mind wandered, as it often does when I am doing some routine chore. I’ve had an ileostomy for more than ten years and have had more than 600 appliances. I use the typical two-piece with a flexible wafer that sticks to my abdomen. What I got to thinking about was a problem I had with my very first few appliances—getting the old one off. To work right, the wafer has to stick really well; otherwise it will come loose and make a mess, usually at the worst time and place. The problem I had was that it hurt to pull off the used wafer. I still remember the first one I had to remove. It was only a few days after surgery, and the nurse came in to teach me about changing the appliance. After she left, I went to work, but every time I tugged at the wafer, it hurt like “h***”, just like pulling a giant Band-Aid off tender skin. It took a half-hour, “ouching” the whole time. I was extremely depressed when I finally got done. “How am I ever going to live with this?” I thought. Nowadays, removing the wafer takes about three seconds and is so routine there’s almost no sensation; in fact, my problem is keeping my mind on what I am doing. One detail that makes a big difference was a tip from my nurse, “instead of grabbing the wafer and pulling on it, you hold one edge in one hand and push the skin away with the other hand.” Believe me, it works! The reason I am writing this note is to reassure you if you are just starting out with an ostomy. Every appliance you change will get easier, and the pain of getting each appliance off your tender skin keeps getting less and less. Stick with it—you will get past this too!

Memorial

*Walter Finke (4/05) Past Board Member, Member of the Medical Community Contact Program, Past President of the Alton Chapter.
Please let us know if you hear of ones we forget.

Shield Your Body from Cancer

Taken from the UOA Website

Modern testing is discovering cancer at early stages, and effective treatment is extending and saving lives. That’s good news. The only thing better would be to prevent cancer in the first place. Review this good advice about keeping cancer away:

*Eat a lot of fruits and vegetables. They’re among the most powerful medicines known to humankind, able to prevent cancer and prolong life.

*Reduce fat consumption. Countless studies have shown that a low-fat diet and moderate exercise help to prevent many types of cancer.

*Stop smoking. You’ve heard it a thousand times, but the fact remains that smoking is responsible for most cases of lung and throat cancers.

*Limit alcohol to two drinks a day. You’ll be much less likely to get cancer of the liver.

*Cut back on pickled, smoked and barbecued foods. Many contain carcinogens, which may cause stomach cancer.

*See your doctor. Cancer prevention includes testing and counseling from your doctor as well as routine examinations.

For more information on preventing cancer, visit

www.SavonCancer.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.

For a visitor call Betsy Naeger, 314-725-1888.

* Lactose Tolerance Test: A test dose of lactose is ingested and blood sugar determinations are made over several hours. If no lactose is present, the blood sugar does not change.

* Hydrogen Breath Test: When lactose is broken down by the colon's bacteria, hydrogen is released which then passes out through the lungs. The amount of hydrogen after a lactose meal can indicate a problem.

* Stool Acidity Test: When lactose breaks down to lactic and other acids in the colon, the resulting acidity can be detected by a simple measurement of stool acidity.

* The Home Do-It-Yourself Test: You may want to do a test of your own at home. First avoid milk and lactose-containing foods for several days. Then on a free morning, such as Saturday, drink two large glasses of skim or low-fat milk (14 oz). If symptoms develop within four hours, the diagnosis of lactose intolerance is fairly certain.

Treatment: Therapy is dependent on whether a patient is willing to tolerate the symptoms. If the symptoms are mild, just avoiding large amounts of dairy products may be enough. If symptoms are more intolerable, there are two options. First, all food should be carefully checked for lactose. This can be a chore and you may have to be quite a detective, since foods such as bread, bakery goods, cereals, instant potatoes, soups, lunch meats, salad dressings, pancakes, biscuits, cookies and candy may contain hidden lactose.

Even prescription and over-the-counter drugs may contain lactose. You must become a label reader, looking for and avoiding milk and lactose. Buying products, such as milk, which have had the enzyme added to them and buying over-the-counter lactose tablets that can be taken with meals to replace the enzyme the body no longer has, is a good way of controlling symptoms.

"Love me when I least deserve it,
because that's when I really need it."

Swedish Proverb

HAVING SKIN PROBLEMS?

Via: Metro MD, & S. Brevard, FL. Ostomy Newsletter

Skin problems are usually caused by improperly fitting pouches, leakage of stool on the skin, hair follicle irritation, perspiration, or the misuse of skin barriers. An important aspect in preventing skin problems is keeping a seal. To keep a pouch on irritated skin, it is necessary that the skin is dry. When the skin is irritated, it does not remain dry and cannot be dried with a cloth. A basic method of drying the skin includes a warm heat lamp or hair dryer. "Heat lamp" refers to any type of lamp with a maximum 25-watt bulb placed at least one foot away from the stoma and allowed to shine for only 10 minutes. You will find a desk lamp good to use. Cover the stoma with a piece of damp tissue or cloth to prevent a drying effect directly to it. Never use a sun lamp. This is an ultraviolet light and will burn your skin. If you have had radiation therapy to the skin around your stoma, do not use any lamp or light to dry your skin. A hair dryer of less than 850 watts may be used if there is a cool setting. If you find you need to purchase any new skin products listed under remedies, it would be advisable first, to call your ET nurse for suggestions. You may be familiar with the use of one or two products from your hospitalization. If you are comfortable using them, go ahead. Rash can be located under the tape, under the face plate and on any part of the skin where the pouch comes into contact with the skin. A generalized reddish appearance that covers an entire area, similar to a diaper rash, will be seen. It may be caused by a leaking appliance; perspiration, allergies to tape or hair follicle irritation. To remedy, use a hair dryer to the skin (low setting); sprinkle a small amount of powder (karaya, stomahesive) on the skin, wipe off the excess, then blot with a skin sealant to seal the powder to the skin. Make sure it's dry before applying the faceplate. Wearing a pouch belt too tight

may also break the seal. If the rash does not clear up in two to three days, consult an ET nurse. Ulcerated areas can appear anywhere on the stoma because the stoma opening of the pouch was too small and/or activities were causing the faceplate to rub or cut into the stoma. To remedy, enlarge the size of the pouch opening. (The opening should be at least 1/8 inch larger than the stoma.) Evaluate your activities; you may need a different size or shaped face plate; loosen your belt; if too tight, the belt may cause the face plate to press into the stoma. If this does not help in clearing up the ulcerations around the stoma in two to three days, consult an ET nurse. Infected or irritated hair follicles under the face plate, raised red areas (similar to acne) at the shaft of the hair follicle, are caused by not keeping the area under the faceplate shaved. To remedy this, you must let the irritation improve before removing anymore hair by shaving or cutting. Use a hair dryer and/or very low heat lamp to dry the skin if oozing is present Use a skin barrier between skin and pouch adhesive until irritation improves. If irritation doesn't clear in two to three days, consult your ET nurse. Weeping skin can prevent a pouch or a skin barrier from adhering to the skin for long periods. If your skin is severely irritated and weeping, it may be necessary to change your pouch more frequently to prevent leaking and further damage.

INFECTION IN UROSTOMIES

Via: Johnstown UOA Newsletter

Germs are all over the world, but when they are in the urinary tract, either in the conduit, the urethras or the kidneys, they're in an abnormal location and that is what causes an infection. What causes infection? Mostly the reasons are unexplainable. Why do some people get more colds than others? Infections can be caused by an obstruction, kidney stones, tumors, cysts or scar tissues. Almost synonymous with obstructions is infection and then too often comes stone formation. You can't get rid of the infection. It's kind of a cycle that goes around and around. Infection can be caused by urine being forced back to the kidneys through the

conduit. This could be done by falling asleep with the appliance full of urine and accidentally rolling over on the pouch, causing urine to be forced back into the stoma, through the urinary tract with tremendous pressure. Invariably the urine in the appliance will be contaminated. In general, to prevent and treat infections, you need a good flow of urine much like a stream. That not only dilutes the bacteria of germs in the urine, but also helps wash them out. Two and one half quarts of liquids daily is required for the average adult.

LACTOSE INTOLERANCE

By: Dorothy Vaillancourt, RN, CETN,

Many people are bothered by this problem, some to mild degree, others to a great degree, and still others who may even become incapacitated by it. What is Lactose Intolerance? Lactose intolerance develops when the body has difficulty digesting whole and skim milk and other dairy products. Lactose is a milk sugar and like most sugars, it is broken down by enzymes in the intestinal tract so it can be absorbed as an energy source. The enzyme that breaks down lactose is 'lactase'. When the intestine does not contain lactase, then lactose intolerance can occur. Who has lactose intolerance? Infants and children have the enzyme lactase so they can digest mother's milk. However, lactase begins to disappear in many people. Some ethnic groups are more likely to develop lactose intolerance. Seventy-five percent of African-Americans, Jewish, Native Americans, Mexicans, and 90 percent of Asians are apt to develop the condition.

When undigested lactose reaches the colon, it is broken apart by bacteria. Lactic acid and other acidic chemicals result. It's these products that create the symptoms of lactose intolerance. The symptoms include nausea, abdominal cramps, rumbling, bloating, rectal gas and diarrhea. They usually occur 30 minutes to two hours after eating lactose-containing foods. The severity of symptoms usually depends on the amount of lactose ingested and

how much of the enzyme lactose remains in the intestinal tract.

Diagnostic Tests;

To make a definitive diagnosis, one of several tests may be needed: